



Attention Physicians, Providers, and Suppliers!

Effective October 1, 2006, Medicare will only generate Health Insurance Portability and Accountability Act (HIPAA) compliant remittance advice—transaction 835 version 004010A1—to all electronic remittance advice receivers. For more details, see MLN Matters article SE0656 at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0656.pdf>.

MLN Matters Number: MM5128

Related Change Request (CR) #: 5128

Related CR Release Date: August 25, 2006

Effective Date: June 5, 2006

Related CR Transmittal #: R157PI

Implementation Date: October 16, 2006

Note: This article was revised on November 1, 2006 to change the reference made to the Medicare Program Integrity Manual. This should have reference **Section 5.9** and not Section 5.8. All other information remains the same.

Evidence of Medical Necessity: Wheelchair and Power Operated Vehicle (POV) Claims (Clarification of CR 3952, Transmittal # 128, dated October 28, 2005)

Provider Types Affected

Providers prescribing Power Mobility Devices (PMDs) and suppliers billing Medicare durable medical equipment regional carriers (DMERCs) for PMDs

Background

This Change Request (CR) is a supplement to CR 3952. When CR 3952 was developed and issued, the final regulation had not been published. The final rule was published in the Federal Register on April 5, 2006, and was effective on June 5, 2006. CR5128 contains updated changes based on the final regulation that differ from CR 3952. The key points below outline the changes based on the final regulations that differ from CR 3952. (The web address for the MLN Matters article, MM3952, related to CR3952 is

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3952.pdf> on the CMS website.)

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Key Points

This article and CR5128 provide an update to Section 5.9 Evidence of Medical Necessity: Wheelchair and Power Operated Vehicle (POV) Claims of the *Medicare Program Integrity Manual*.

- Upon review, a written prescription for the PMD must be received by the supplier **within 45 days** after the face-to-face examination.
- For those instances of a recently hospitalized beneficiary, the written prescription must be received by the supplier **within 45 days** after the date of discharge from the hospital.
- The CMN for wheelchairs (signed or unsigned) is no longer needed for claims with a date of service on/after May 5, 2005 that are received on or after April 1, 2006.

Implementation

The implementation date for this instruction is October 16, 2006.

Additional Information

The official instructions, CR5128, issued to your Medicare DMERC regarding this change can be found at <http://www.cms.hhs.gov/Transmittals/downloads/R157PI.pdf> on the CMS website. The revised Section **5.9 Evidence of Medical Necessity: Wheelchair and Power Operated Vehicle (POV) Claims** of the *Medicare Program Integrity Manual* is attached to CR5128.

If you have questions, please contact your Medicare DMERC at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip>

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