



Department of Medicaid

John R. Kasich, Governor

John B. McCarthy, Director

Medicaid Transmittal Letter (MTL) No. 3344-16-01

DATE: June 17, 2016

TO: Eligible Medicaid Providers of Wheelchairs
Chief Executive Officers, Managed Care Plans
Directors, County Departments of Job and Family Services

FROM: John B. McCarthy, Medicaid Director

SUBJECT: Revision of Ohio Administrative Code Rules for Wheelchairs

New rule 5160-10-16, "DMEPOS: wheelchairs," sets forth coverage and payment policies for wheelchairs, related accessories, seating options, and wheelchair rental. This rule replaces rescinded rules 5160-10-16 and 5160-10-16.1.

The new rule incorporates many substantive changes:

- The Medicare wheelchair groupings for power mobility devices are adopted. As a result, the current handful of procedure codes in the claim-payment system that represent power wheelchairs are replaced by dozens of additional, item-specific codes, each with its own maximum payment amount (which is often less than the amount currently paid).
- The concept of a basic equipment package is adopted. When a wheelchair is purchased, no separate payment is made for items in the basic equipment package.
- Definitions are clarified or created for key terms: *basic equipment package*, *complex rehabilitation technology (CRT)*, *custom wheelchair*, *customized seating system*, *individualized seating system*, and *need verification*.
- Payment is allowed for a manual wheelchair in addition to a power mobility device if having that backup wheelchair significantly improves an individual's mobility and is cost-effective.
- Payment is allowed for the professional evaluation of an individual's needs for a wheelchair.
- A replacement schedule for equipment, parts, and accessories is established. The distinction between major and minor repairs is eliminated. Need verification rather than prior authorization is applied to most repair requests and to replacement requests that do not exceed the established frequency guidelines. Replacement requests for wear items (e.g., caster bearings, tires, arm pads) are exempted from need verification.
- Maximum payment amounts for equipment, parts, and accessories are specified by formula (a percentage of Medicare fee-for-service allowed amounts).

- A maximum payment amount for labor is established and specified by formula (based in part on a U.S. Bureau of Labor Statistics hourly wage for medical equipment repair technicians and on certain mileage assumptions).
- Three existing wheelchair-related certificates of medical necessity (CMNs) are merged into a single new form.

These changes take effect for dates of service beginning January 1, 2017.

Additional Information

Questions about program coverage of and limitations on DMEPOS should be directed to the DMEPOS Question Line and Voice Mailbox, 614-466-1503.

Questions involving individual recipient eligibility, the submission of a new prior authorization request, the status of an existing prior authorization request, or a previously submitted claim should be directed to the general Provider Help Line, 800-686-1516.

Questions pertaining to this letter should be directed to the Ohio Department of Medicaid:

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