MSA MEDICAL SERVICES ADMINISTRATION

Bulletin

Michigan Department of Community Health

Bulletin Number: MSA 10-52

Distribution: Medical Suppliers and Physicians

Issued: December 1, 2010

Subject: Requests for Mobility Device Repairs, Use of Modifiers RA & RB, and Replacement of Durable Medical Equipment (DME) Parts/Components

Effective: Upon Receipt

Programs Affected: Medicaid, Children's Special Health Care Services

This bulletin provides additional information regarding documentation for requests for repair of mobility devices, replacement of DME and the appropriate use of RA and RB modifiers. The documentation requirements indicated in this bulletin apply to beneficiaries served by Fee-for-Service Medicaid. For beneficiaries enrolled in a Medicaid Health Plan (MHP), the provider must check with that MHP for specific documentation or prior authorization requirements.

General policy for all repair requests for mobility devices:

- These requirements apply to manual and power modes of operation.
- Prior authorization is required only for procedure codes as indicated in the provider database.
- All product warranties must be expired prior to requesting the repair.
- The beneficiary must meet all standards of coverage for the mobility device, features and components.
- Additional documentation may be required based upon whether or not Medicaid purchased the mobility device.

Documentation for repair requests if Medicaid purchased the mobility device:

- Submit a written order from the treating physician for the repair that includes confirmation that the present mobility device, features and components continue to meet the beneficiary's current medical condition and functional needs.
- Submit a completed Special Services Prior Approval-Request/Authorization (MSA-1653-B) form. In Box 26, enter the original date of delivery or if unavailable, state the age of the mobility device. In the Comments section describe the overall condition of the mobility device. Indicate the Healthcare Common Procedure Coding System (HCPCS) code to be repaired in Box 21. In Box 20, enter a description of the item, the brand, the product number(s), and serial number(s).

Documentation for repair requests if Medicaid did not purchase the mobility device:

- Submit a written order from the treating physician for the repair that includes confirmation that the present mobility device, features and components continue to meet the beneficiary's current medical condition and functional needs.

- Submit a copy of the original physical therapy/occupational therapy clinical assessment for the mobility device or complete a new Mobility and Seating Evaluation and Justification (MSA-1656) form.

- Submit a completed MSA-1653-B form. In Box 26, enter the original date of delivery or if unavailable, state the age of the mobility device. In the Comments section describe the overall condition of the mobility device. Indicate the HCPCS code to be repaired in Box 21. In Box 20, enter a description of the item, the brand, the product number(s), and serial number(s).

Appropriate use of the RA and RB modifiers:

RB: Replacement of a part of a DME, orthotic or prosthetic item furnished as part of a repair

RA: Replacement of a DME, orthotic or prosthetic item

The RB modifier is required for replacement of component parts and should be reported with the appropriate HCPCS code(s) when requesting repair of a mobility device and component(s). This would include the cost of the part and labor associated with its removal, replacement and finishing.

The RA modifier should be reported with the appropriate HCPCS code of the DME to be replaced. To be reported when replacing a DME item with an identical or nearly identical item.

Requests for replacements of DME:

Medicaid will not authorize coverage of replacement of any DME item or accessory that is requested solely because new technology is available. Replacement or modifications must be medically necessary and required as a result of a change in the medical condition that makes the covered service unusable or contraindicated.

For a complete description of requirements pertaining to requests for replacements of DME items and accessories refer to the Medicaid Provider Manual and the provider database.

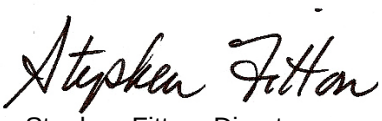
Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



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