

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-03 Medicare National Coverage Determinations	Centers for Medicare & Medicaid Services (CMS)
Transmittal 65	Date: FEBRUARY 23, 2007
	Change Request 5372

Subject: INDEPENDENCE iBOT 4000 Mobility System

I. SUMMARY OF CHANGES: This CR updates the section 280.15, as it relates to the recent national coverage determination (NCD) memorandum for the INDEPENDENCE iBOT 4000 Mobility System. CMS will provide coverage for the Standard Function of the INDEPENDENCE iBOT 4000 Mobility System, which meets the definition of durable medical equipment under section 1861(n) of the Social Security Act, as a wheelchair used in the patients home that is reasonable and necessary for beneficiaries who have a personal mobility deficit sufficient to impair their participation in mobility-related activities of daily living in customary locations in the home.

This addition of section 280.15 is an NCD. NCDs are binding on all carriers, fiscal intermediaries, quality improvement organizations, qualified independent contractors, the Medicare Appeals Council, and administrative law judges (ALJs)

New / Revised Material

Effective Date: July 27, 2006

Implementation Date: April 2, 2007

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	1/Table of Contents
N	1/280.15/INDEPENDENCE iBOT 4000 Mobility System

III. FUNDING:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

**Unless otherwise specified, the effective date is the date of service.*

Number	Requirement	Responsibility (place an "X" in each applicable column)											
		A / B	D M E	F I	C A R R I E R	D M R C	R E H I	E D C	Shared-System Maintainers				OTHER
		M A C	M A C						F I S S	M C S	V M S	C M S	
	iBOT 4000 Mobility System.												
5372.4.1	Contractors shall use the following messages when denying/rejecting claims: Medicare Summary Notice 15:20 and Claim Adjustment Reason Code 96, Non-covered charges.		X										
5372.5	Contractors shall not search for and adjust claims that have been paid prior to the implementation dates. However, contractors shall adjust claims brought to their attention.		X										

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)											
		A / B	D M E	F I	C A R R I E R	D M R C	R E H I	E D C	Shared-System Maintainers				OTHER
		M A C	M A C						F I S S	M C S	V M S	C M S	
5372.6	<p>A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.</p> <p>Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.</p>		X										

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below:

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	NA

B. For all other recommendations and supporting information, use this space:

V. CONTACTS

Pre-Implementation Contact(s): Linda Smith at 410-786-5650 or Linda.Smith@cms.hhs.gov

Post-Implementation Contact(s): Appropriate RO

VI. FUNDING

A. For Fiscal Intermediaries, Carriers, and the Durable Medical Equipment Regional Carrier (DMERC), use only one of the following statements:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

B. For Medicare Administrative Contractors (MAC), use only one of the following statements:

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**Medicare National Coverage
Determinations Manual
Chapter 1, Part 4 (Sections 200 – 310.1)
Coverage Determinations**

Table of Contents

(Rev. 65, 02-23-07)

280.15– INDEPENDENCE iBOT 4000 Mobility System (Effective July 27, 2006)

280.15 - INDEPENDENCE iBOT 4000 Mobility System (Effective July 27, 2006)

(Rev. 65; Issued: 02-23-07; Effective: 07-27-06; Implementation: 04-02-07)

A. General

The INDEPENDENCE iBOT 4000 Mobility System is a battery-powered mobility device that relies on a computerized system of sensors, gyroscopes, and electric motors to allow indoor and outdoor use on stairs as well as on level and uneven surfaces. The mobility system incorporates a number of different functions, including: a) Standard Function that provides mobility on smooth surfaces and inclines at home, work, and in other environments; b) 4-Wheel Function that provides movement across obstacles, uneven terrain, curbs, grass, gravel, and other soft surfaces; c) Balance Function that provides mobility in a seated position at an elevated height; d) Stair Function that allows for ascent and descent of stairs, with or without assistance; and e) Remote Function that assists in the transportation of the product while unoccupied. In Standard Function, the INDEPENDENCE iBOT 4000 Mobility System functions like a traditional power wheelchair. The mobility device can be programmed for Standard Function only to meet the assessed needs of the user.

B. Nationally Covered Indications

Effective for services performed on and after July 27, 2006, the Centers for Medicare & Medicaid Services (CMS) finds that the evidence is sufficient to determine that the Standard Function of the INDEPENDENCE iBOT 4000 Mobility System meets the definition of Durable Medical Equipment (DME) under section 1861(n) of the Social Security Act (the Act) as a wheelchair used in the patient's home that is reasonable and necessary for beneficiaries who have a personal mobility deficit sufficient to impair their participation in mobility-related activities of daily living (MRADL), such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home. Determination of the presence of a mobility deficit will use an algorithmic process, as outlined in Chapter 1, Part 4, Section 280.3 of this manual.

C. Nationally Non-covered Indications

Effective for services performed on and after July 27, 2006, CMS has reviewed the evidence and concludes that the 4-Wheel, Balance, Stair and Remote Functions of the INDEPENDENCE iBOT 4000 Mobility System do not meet the definition of DME under section 1861(n) of the Act.

D. Other

N/A

(This NCD last reviewed July 2006)