

Medicare 5-Year Replacement Job Aid

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V1	October 22, 2025	Original Creation

Introduction: This job aid provides guidance on the process and required documentation for submitting a Medicare 5-Year replacement wheelchair.

Step One: Validation

Confirm that the base being replaced has the same HCPC code as the base previously paid by Medicare, and that at least five years have passed since the original payment. This verification can be completed through the **Medicare Same/Similar** check.

Step Two: Necessary Documentation

Power Mobility

- **LMN:** Authored by PT/OT. Must include an agreement statement and MD signature. The LMN must document why the current chair cannot be repaired and provide continued medical need and justification for the seating and positioning components.
- **Face-to-Face:**
 - Required when an LMN is not present for standard bases.
 - Must explain why the current chair cannot be repaired and justify the continued need for the chair and seating components.
- **Identical Replacement Document** (Must be scanned into the Funding Packet) When no F2F document is obtained scan the “*Identical Replacement Document*” to satisfy the F2F requirement.
- **Financial Attestation** (if applicable)
- **In-Home Evaluation**
- **SWO** (Detailed page of the PMDSWO)
- **Rent/Purchase** (if applicable)
- **ATP Eval & RESNA Certification (complex bases)**
 - ATP Eval must be on or after the PT/OT date.
 - RESNA certification must be valid and not expired at time of submission, through date of delivery.
- **Validate PECOS**

Manual Mobility

- **LMN (complex bases):** Authored by PT/OT. The LMN must document why the current chair cannot be repaired and provide continued medical need and justification for the seating and positioning components.
- **Progress Notes:** Required when an LMN is not provided for standard manual bases. Must document why the current chair cannot be repaired and provide continued medical need and justification for the seating and positioning
- **Identical Replacement Document** (Must be scanned into the Funding Packet)
- **Financial Attestation** (if applicable)
- **In-Home Evaluation**
- **RX/DWO**
- **ATP Eval & RESNA Certification (complex bases):**
 - ATP Eval must be on or after the PT/OT date.
 - RESNA certification must be valid and not expired at time of submission, through date of delivery.
- **Validate PECOS**

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Step Three: Funding Packet

When creating the funding packet, ensure all required documentation is included, along with the **“Identical Replacement Document”**.

Important: The PGS review process applies a modified version of the Medicare rules when the **“Identical Replacement Document”** is included. If this document is missing, standard Medicare rules will apply. (See attached for reference document)

Step Four: Submission

Follow the standard submission process. No changes are required for Medicare replacement request.

Identical Replacement Document Example

Per CMS Guidelines:

Requesting Replacement with an Identical Item After the Reasonable Useful Lifetime.

NSM Internal Use Only: When requesting a replacement with an identical item after the reasonable useful lifetime, this document must be scanned and uploaded under “Face to Face” Document Title into the work order and must be included in the Funding Packet.