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PMC DISAPPOINTED IN FINAL RULE FOR POWER MOBILITY DEVICES
Mobility Group Concerned that Claims Process for PMDs Lacks Objectivity and Clear Documentation Requirements

The Power Mobility Coalition (PMC), a nationwide association of manufacturers and suppliers of power wheelchairs and motorized scooters, expressed disappointment in the final rule on “Conditions of Payment for Payment of Power Mobility Devices” 71 Fed. Reg. 17,021 (April 5, 2006) issued today by the Centers for Medicare and Medicaid Services (CMS). The final rule, while expanding the timeframe for suppliers to receive prescriptions from healthcare practitioner from 30 to 45 days, codifies many of the problematic aspects of the interim final rule (IFR) that eliminated the physician-certified Certificate of Medical Necessity (CMN) and provided no clear documentation guidance to PMD suppliers. In addition, by initially issuing the rule as an IFR, CMS denied PMD stakeholders the opportunity for meaningful notice and comment before the rule was implemented.

The PMC is most disappointed that CMS failed to address stakeholder concerns by failing to introduce any objective criteria or a clear documentation requirement. “By eliminating any objectivity in the PMD claims process, CMS contractors now have the discretionary authority to deny any and all claims,” stated PMC Director Eric Sokol. This discretionary authority could also have a chilling effect on suppliers, resulting in the potential for qualified beneficiaries to be denied necessary PMDs. “Our goal is to achieve some balance and work toward a system that has some objective criteria in which lawful suppliers can comply and have a reasonable expectation of reimbursement,” Sokol said.

The final rule also establishes a physician payment for providing suppliers with proper documentation, but the PMC is concerned that physicians and health practitioners are unaware of the rule change and that CMS and its contractors have, for the most part, failed in communicating these changes and setting out the documentation needed to support a PMD claim to physician groups. As PMC Counsel Stephen Azia notes, “[D]espite its intent, this rule will ultimately place suppliers, not physicians, in the role of determining what documentation supports the claim and if the physician’s prescription is valid. This would be like allowing your pharmacist to determine whether you really need a prescribed medication.”

The PMC will continue to work with other PMD stakeholders and others to ensure a measure of objectivity and clear documentation requirements in the Medicare PMD claims process.

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