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HEADLINE: RAMP Applauds Court Decision on Medicare Claims, But Warns That More Changes Needed;
CA Fed. Court Limits Documents Required for Processing Claims

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BODY:

A coalition of **power wheelchair** suppliers and manufacturers today applauded a Federal Court ruling that limits the documents required for processing Medicare claims, saying it reinforces their call for the Centers for Medicare and Medicaid Services (CMS) to overhaul the coverage policy for powered mobility equipment.

The U.S. District Court for the Eastern District of California ruled last week that CMS, an agency under the US Department of Health and Human Services, could not require that suppliers submit additional medical records of patients to document the need for **power wheelchairs**. Instead, Senior Judge Lawrence K. Karlton said Congress made it clear that a Certificate of Medical Necessity, a form created by CMS, was the only document required for payment.

For months, many Medicare payment claims across the country have been delayed, or even denied, because of requests for more documentation. While Judge Karlton's ruling may only directly impact the district where his court has jurisdiction, it sends another clear message to CMS that its method of processing claims is seriously flawed and that the current Medicare coverage policy is both confusing and inconsistent.

The industry coalition, known as Restore Access to Mobility Partnership (RAMP), has asked CMS to clarify the coverage policy, as well as institute a documentation process that does not delay payments or deny equipment to those who need it. In the court case, Judge Karlton ruled that the government must pay approximately \$800,000 in claims that were supported by a Certificate of Medical Necessity, but did not have additional medical records for patients. A California supplier, Maximum Comfort Inc., had sued after the government refused to pay. (Maximum Comfort, Inc. v. Thompson, U.S. District Court for the Eastern District of California, No. Civ. S-03-1584 LKK/PAN, June 30, 2004; Judge's ruling is available at <http://www.rampcoalition.org/WASHINGT.PDF>)

"For several years, we have cited problems with the coverage policy and said the documentation burden placed on the suppliers is unreasonable," said Michael Hammes, chairman and CEO of Sunrise Medical. "As CMS works to revise the codes and coverage policy, the industry would like to work with the agency to develop a Certificate of Medical Necessity that will adequately meet the needs of the agency, as well as the suppliers and the patients."

Mal Mixon, chairman and CEO of Invacare Corp., noted that the documentation issue is one of several problems with the CMS coverage policy. In December, CMS adopted a clarification saying that powered wheelchairs were reimbursable only if the patients

could not take a single step in their home. This included patients with cardiopulmonary disease whose lives could be endangered if they walked. In addition, patients with progressive neurological diseases, such as multiple sclerosis, could be denied **power wheelchairs** until they were completely immobile. When the industry and advocates for people with disabilities sharply criticized the policy, CMS retracted it in March.

"Since the retraction in March, CMS has said it will address some policy issues by the end of the year, but that puts many patients and suppliers in limbo for at least another five months," Mr. Mixon said. "At this point, suppliers don't know what claims will be paid and which ones won't, meaning that some patients are going without the mobility equipment they need because suppliers can't afford to provide chairs to patients that will ultimately not be paid by Medicare."

Further, Scott Meuser, chairman and CEO of Pride Mobility Products Corp., said that CMS must find a way to give a more functional definition to the present policy that a patient must be bed or chair confined to qualify. The current Certificate of Medical Necessity attempts to address this by asking if a patient requires a wheelchair to move around their residence, but the coverage criteria are at times interpreted differently by claims processors in different regions of the country. The end result is an inconsistent application of the coverage policy.

"CMS heard various comments from clinicians at a recent CMS- sponsored forum citing the bed or chair confined standard as the biggest flaw in the coverage policy. Although CMS is demonstrating its willingness to work with the industry, it needs to take into consideration this information when developing its clinical coverage guidance," Mr. Meuser said. "The court decision indicates that the Certificate of Medical Necessity is the required document to determine medical necessity and therefore, this decision should guide CMS in taking a national review of its documentation requirements to insure that mobility equipment is available to the people who need it."

The court, said Bryan Dylewski, CEO of Mobility Products Unlimited, LLC, "has fixed one problem, in one small area of the country. The reality is that we need for CMS to fix the problems across the entire country. That's the only way that we can be sure that Americans with disabilities have access to the equipment that can increase their mobility."

Restore Access to Mobility Partnership is a coalition representing **power wheelchair** providers and manufacturers. Members include: the American Association for Homecare; Invacare Corporation; the MED Group; Mobility Products Unlimited, LLC; Pride Mobility; and Sunrise Medical.
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