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## MEDICARE SLASHING COVERAGE FOR PATIENTS WHO NEED POWER WHEELCHAIRS

### Industry Group Projects 2004 Medicare Motorized Wheelchair Benefits Will Fall Below 2002 Levels

(Washington, D.C.) -- A coalition of power mobility suppliers today charged that the Centers for Medicare and Medicaid Services (CMS) is violating a clear Congressional mandate in imposing restrictions that have caused a drastic 33 percent reduction in the number of beneficiaries who qualify for power mobility products when compared to 2003 levels. Using data from the Statistical Analysis Durable Medical Equipment Regional Carriers (SADMERC), the Power Mobility Coalition (PMC), a nationwide association of large and small manufacturers and suppliers of motorized wheelchairs and scooters, estimates that Medicare benefits provided for power wheelchairs in calendar year 2004 will total \$760 million, one third less than the amount provided for power chairs in 2003 (\$1.13 billion) and \$100 million less than 2002 levels. These reductions in beneficiaries being served are occurring despite the growing aging population and the increase in conditions such as congestive heart failure that often prevent beneficiaries from being able to safely complete essential daily tasks.

As PMC Director Eric Sokol stated, the cuts in power mobility coverage are counterproductive, since access to motorized chairs produces proven cost savings. A recent study conducted by health care economists RRC, Inc., found that power mobility saves the Medicare program over \$11,000 when compared to similarly situated beneficiaries without power mobility over a three-year period. Sokol added that "the products and services provided by PMC members give freedom and independence back to those who cannot walk. Power mobility allows these beneficiaries to lead more active, full and healthier lives experiencing fewer falls, fewer hospitalizations, and less need for skilled nursing care."

The PMC and its members have supported efforts to fight fraud including the 10 Point Wheeler Dealer Initiative aimed at curbing the abuse in Harris County, TX. Despite these efforts, suppliers have repeatedly witnessed CMS contractors having their desk auditors overrule doctors' decisions and the physician-signed Certificates of Medical Necessity (CMN). "CMS and its regional contractors are using the context of fraud and abuse to harm a great many needy beneficiaries and legitimate suppliers instead of enforcing laws that aim directly at those who are committing fraud," stated Sokol. While in public forums, CMS has signaled its intent to drive reimbursement for power chairs down to 2002 levels, the data show the current restrictions are resulting in deeper cuts, meaning that many needy beneficiaries will not be served and suppliers submitting legitimate claims will not be paid.

More than a decade ago Congress directed Medicare to come up with a single document, known as a Certificate of Medical Necessity (CMN), containing all the information required to determine eligibility for benefits such as power wheel chairs. The interpretation of coverage criteria now being imposed by CMS and its contractors is much narrower than the coverage criteria embodied in the congressionally mandated CMN, which was developed and implemented by the Office and Management and Budget.

Sokol and the PMC are continuing to work with CMS as they revise the coverage criteria but, in the interim, are asking Congress to ensure that qualified beneficiaries continue to receive power mobility products.

*The Power Mobility Coalition (PMC) is an association of suppliers and manufacturers who provide services and mobility equipment such as motorized wheelchairs and scooters, to beneficiaries nationwide*