

For Immediate Release

**Consumers Voice Concern Over Unjustified Denial of
Medicare Power Mobility Claims**

(Washington, DC) -- For many years, Medicare has reimbursed 80% of the cost of electric wheelchairs and scooters for people with disabilities who cannot safely move about without technology to assist them.

That changed last year when Medicare program administrators sharply restricted the definition of who is eligible for coverage. Until last December, an individual met the coverage criteria if his or her treating physician signed a Certificate of Medical Necessity stipulating that power mobility equipment was needed to enable the beneficiary to complete essential daily activities such as cooking, eating and bathing.

Recently, Medicare has denied thousands of needy beneficiaries' claims. In each case, the treating physician attested on the Certificate of Medical Necessity that the patient needs power mobility equipment to move about the home safely and live independently.

Mr. Frank Paris of Ray City, Georgia and Ms. Vera Brown of Houston, Texas are just two examples of the thousands of actual beneficiaries whose claims were denied by Medicare regional contractors who directly contradicted the treating physician's judgment of the patient's medical need for power mobility.

For several decades, Frank Paris, a 44-year-old patient with cerebral palsy, arthritis, asthma, and kidney disease, missed out on many of the things people in good health take for granted. As his condition deteriorated, with an upper body weakened on the left side and with intensifying pain, weakness and swelling in his lower limbs, Mr. Paris was no longer able to use a manual wheelchair. He faced the prospect of living as a prisoner without mobility. Completely dependent on his wife to push him, Mr. Paris felt useless, like a "doorstop," as he put it.

All that changed after Mr. Paris first obtained a power wheelchair through Medicare. His life was transformed by his new electric wheelchair. For the first time, he was able to "walk the floor" holding his 17-month-old grandchild on his lap, to train and take care of his golden retriever, to help his wife around the house and to attend church services.

A year ago, lightning literally struck. Mr. Paris's wheelchair was destroyed by a power surge during a thunderstorm. It could not be fixed. Incredibly, despite his doctor's authorization, the claim submitted to Medicare to obtain a new chair for Mr. Paris was denied.

Here is Mr. Paris's story in his own words:

"That power wheelchair is my independence. No one on earth, except people who have spent a lifetime with disability, can fully understand what it means to gain the safety and freedom

provided by access to power mobility. I can get into my kitchen. I can cook. I can be a normal human being so long as I have my chair.

"You never know how important some things are until you have to miss them for a while. My legs are useless. I'm a lump, just like a doorstop without the chair. I'd probably be bed confined. My problem with my legs is so intense now that they are actually giving me morphine through a spinal implant. My wife is a stroke survivor. Do you know what it would be like for her to worry about having to get someone to come in and take care of me, put me in the tub, help me get to the bathroom?

"As a logical person, I find Medicare's red tape very hard to understand. There's no logic in counting a few pennies, while burning dollars by the truck load, not to mention the pain and misery involved for people like me. In refusing to pay \$5,000 for an electric wheelchair, Medicare winds up paying four, five, six or ten times that much when a senior falls, breaks a hip and lands in a hospital or nursing home.

"Thank God, the company that supplied my new chair let me keep it even though Medicare refused to reimburse them. Why would the government want to inflict all that suffering and pay much higher costs for hospitals, surgeons and round-the-clock nursing care by denying people who need it access to this equipment?

"I can't tell you what it means to me to be able to hold my wife's hand when we "walk" somewhere, to be able to care for my own dog and to be able to give something back by helping others through my church and, down the road, hopefully tutoring young people who need help. I have independence and am a million times happier because of that chair. "

In 1972, 19-year old Vera Brown was in an automobile accident that left her with a broken back and paralysis in both legs. After 30 years of strain on her arms and hands, Ms. Brown, now 51, no longer has the upper body strength to operate a manual wheel or use an electric scooter. Her physician completed a "certificate of Medical Necessity, concluding that swelling, lower body paralysis and upper limb monoplegia provided clear evidence of Ms. Brown's need for a motorized wheelchair. Incredibly, with no explanation and without ever examining her, Medicare denied Ms. Brown's claim.

Here is Ms. Brown's story in her own words:

"I went to my doctor and told him about the trouble I have been having with my arms and hands. I've been disabled since 1972. I have fallen many times. When I explained to my doctor the cramping in my arms and hands from pushing a manual wheelchair for so long and the problems I have had trying to get on and off a scooter, he suggested a power wheelchair. It has really been a blessing!

"I couldn't do anything without a power wheelchair. I can't even stand up on my own. I need the chair to fix breakfast, keep my apartment clean, run water and make coffee. I feel for other people who can't use their lower bodies, who have pain and swelling in their hands and arms but still don't have access to an electric wheelchair. I know what they are going through.

"My power wheelchair didn't just give me a way to get around. It allows me to be independent and to do the things I need to do here in my own home without constantly worrying about falling and getting injured. It would take away my freedom if I didn't have a power wheelchair. How could I function without it?"

The number of patients qualifying for power mobility benefits under Medicare has fallen nearly fifty percent over the past year. Denials have risen sharply since December 2003, when Medicare's regional contractors announced a "clarification" stating for the first time that the beneficiary may be denied coverage if he or she is able to take even one or two steps. The clarification added that a doctor's sworn statement would no longer be sufficient to document need. A public and congressional outcry ensued and, after several months, Medicare backed off. It announced that the Centers for Medicare and Medicaid Services (CMS) would form an internal review group, host Open Door "listening sessions," and come up with new, more specific guidelines on coverage by the end of this year.

In the interim, people with disabilities of all ages and power mobility suppliers are caught between the congressionally mandated means of determining who is eligible for coverage - the Certificate of Medical Necessity - and a possible new standard with documentation requirements that have not been defined.

To date, many power mobility suppliers have absorbed the cost of enabling deserving and clearly qualified individuals like these to keep their power wheelchairs despite Medicare's denial of claims but it is becoming economically impossible for suppliers to continue to do so. As a result, Americans with limited mobility will suffer increasing risks of falling, incurring serious injury and costly hospitalization. They will also suffer the emotional burden of immobility and forced isolation.

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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