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PMC SUPPORTS CMS CHANGE OF NCD FOR POWER MOBILITY PRODUCTS AND SERVICES

Coding Proposal Lacks Reimbursement Component and May Add Unnecessary Complexity

(Washington, DC) - The Power Mobility Coalition (PMC), a nationwide association of manufacturers and suppliers of motorized wheelchairs, supports the proposed change in National Coverage Determination (NCD) for power mobility recently announced by the Centers for Medicare and Medicaid Services (CMS). In their draft decision memo, CMS indicated that they were abandoning the often misinterpreted and overly restrictive “bed or chair-confined” criteria for a functional ambulation standard that would consider a beneficiary’s ability to ambulate safely around the home to accomplish activities of daily living. The functional ambulation standard was recommended by CMS’ Interagency Wheelchair Working Group (IWWG), a group of federally-employed physicians, therapists, research and policy experts who reached this recommendation after examining peer-reviewed scientific data, expert opinion and public comments.

Moreover, the PMC agrees with CMS that there needs to be clear and consistent guidelines to determine eligibility. In addition to the change in the NCD, PMC members are calling on CMS for clear and reasonable documentation requirements to support eligibility determinations. Toward this end, the PMC requests that the current physician-certified Certificate of Medical Necessity (CMN) be revised to reflect the new NCD criteria and, consistent with Congressional intent, remain the Medicare “document of record” when processing Medicare power mobility claims. As PMC Director Eric Sokol explains, “CMS is hoping to apply more exacting clinical standards and an algorithmic formula to determine eligibility and proper wheelchair placement. Such a formula should be reflected in a revised CMN to ensure that suppliers will have more than a reasonable expectation that beneficiaries with a physician-certified CMN meets eligibility criteria for the type of mobility device specified by the healthcare provider.”

The PMC was disappointed, however, that the NCD did not address the “in the home” restriction. The PMC is supportive of expanding coverage criteria for power mobility to activities conducted outside the home. In addition, power mobility beneficiaries should not lose their homebound status if they use this assistive technology to leave the home. The PMC vows to continue to work with advocacy groups to get legislation introduced in Congress to lift this harmful restriction.

While the PMC supports efforts to ensure proper payment for power mobility equipment and services, the new coding initiative that was released along with the NCD announcement fails to provide any reimbursement information for any of the 49 new proposed codes. The PMC is concerned that an increased number of codes could add unnecessary complexity to the system, especially as the Medicare program moves toward competitive bidding for durable medical equipment, including power mobility. As Sokol warns, “The more codes for power mobility could translate into an administrative nightmare for both suppliers and the agency as they have to

accept bids for 49 products under national competitive bidding, and that's just for power wheelchairs!"

Further the PMC urges CMS to solicit manufacturer and supplier input when developing individual payment ceilings for each of the new codes. Drastic cuts in payment could impact beneficiary access and turn suppliers overseas to purchase product. As PMC Director Sokol notes, "Failure to be inclusive in this process could lower reimbursement to the point of driving suppliers out of the market, especially in rural and underserved areas. Suppliers would also be forced to look beyond American manufacturers if margins were drastically cut."

Lastly, the PMC is looking forward to CMS releasing final rules on the face-to-face examination requirement and working with CMS' Provider Advisory Oversight Committee (PAOC) to design an accreditation process. The PMC believes that such steps, combined with the anti-fraud provisions already included in the program, will go a long way in eradicating unscrupulous suppliers and fly-by-night operators from ripping-off beneficiaries and taxpayers. As PMC Counsel Steve Azia observes, "Accreditation will ensure that there is a meaningful barrier of entry into the Medicare program - not many crooks will have the ability or resources to successfully complete the accreditation process."

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