

## **Power Wheelchair Industry Seeks Clarity from CMS on Medicare Coverage Issues, Wants to Ensure New Policy Will Restore Coverage Benefits**

April 6, 2004 - Representatives of the **power wheelchair** industry said today that questions still remain regarding the coverage policy for patients requiring **power wheelchairs**, even though the Centers for **Medicare and Medicaid (CMS)** reaffirmed that they are rescinding a December statement that restricted coverage.

At a meeting with **CMS** last week, speakers representing the industry, as well as organizations advocating for Americans with disabilities cited the need for **CMS** to clarify the coverage guidelines that will now be implemented. **CMS** officials, however, declined to do so at the meeting. They insisted the December clarification hadn't changed any policies and was withdrawn only because of the confusion it had caused.

"CMS needs to clarify what criteria will be used to determine Medicare coverage for power wheelchairs," said Mal Mixon, chairman and CEO of Invacare Corp. "There must be a realization that their December policy change did have an impact: Many patients who met the previous criteria for coverage had their claims denied. CMS needs to ensure that those patients will now be approved for coverage again."

Further, Mixon said that CMS should develop a national coverage policy for motorized wheelchairs, saying it should bring the policy in line with current medical research and practice, while addressing CMS' concerns about limiting fraud. "Patients and the industry need some definitive guidelines," he said. "CMS should convene a high level meeting with clinicians, consumers and industry to help develop an appropriate and medically based clarification of the Medicare coverage policy."

The December policy had established that any patient able to walk a single step, regardless of the threat to their health, could not qualify for a Medicare reimbursement for a power wheelchair. This affected patients with cardiopulmonary diseases, who are often endangered if they walk. Other patients with progressive neurological diseases, such as multiple sclerosis, would not be covered until they are confined to a bed or chair.

Moreover, comments by CMS staff during the meeting last week indicate they may be using a misinterpretation of language in the Social Security Act as a reason not to address some of the coverage concerns raised by the clinical community and disability advocates.

Referring to a provision in the Social Security Act that places a strict definition on equipment that is needed for a patient to function in their home, Michael

Hammes, chairman and CEO of Sunrise Medical, said, "It is particularly troubling that CMS is misinterpreting legislative language in the Social Security Act regarding 'in the patient's home' to defend their current coverage policy. Senators and Congressmen have sent letters to CMS outlining a need for this issue to be resolved because their constituents are suffering. We are all hoping that new CMS Administrator Mark B. McClellan can step in and give leadership to this issue."

Hammes also asserted that "it is critical that the National Coverage policy be changed to bring this important benefit in line with current medical best practice for millions of seniors and people with disabilities."

Moreover, Bryan Dylewski, CEO of Mobility Products Unlimited, LLC, noted that a major issue still exists with the role that a physician's "progress notes" play in determining Medicare eligibility. He maintains that it is sensible to use a broader standard, rather than one that is so narrow.

"Our concern is that the patient's progress notes are being used exclusively as the determinant of medical necessity for a power wheelchair," Dylewski said. "We recognize that the progress notes are an excellent source of information regarding a patient's condition. However, we also know that physicians do not customarily chart in ways that document all the elements of medical necessity for a power wheelchair. We suggest that when the medical record is silent, equal weight be given to supplemental documentation prepared by the physician or another qualified clinician."

CMS has provided an email address, [mroperations@cms.hhs.gov](mailto:mroperations@cms.hhs.gov), for suppliers and patients to use to notify them of claims that have been wrongly rejected.

"Clearly, CMS is now focusing on this issue," said Scott Meuser, CEO of Pride Mobility Products Corp. "The industry appreciates that it is now on their agenda, and we thank the Members of Congress who have helped to make that happen with their letters and phone calls. Now, we need to all work together to come up with a policy that is satisfactory for all parties."

-----

The Restore Access to Mobility Partnership is a coalition of organizations and companies representing power wheelchair providers and manufacturers. Its members include: the American Association of Homecare; Invacare Corporation; the MED Group; Mobility Products Unlimited, LLC; Pride Mobility; The SCOOTER Store; and Sunrise Medical.