Medicare Revises Power Wheelchair Payment Rule

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WASHINGTON — The Centers for Medicare and Medicaid Services has revised its rules and regulations governing reimbursement for power wheelchairs and scooters.

"This interim final rule is a critical step in ensuring that people with Medicare have access to appropriate technology to assist them with mobility," CMS Administrator Mark McClellan, M.D., said in a statement.

The rule change "is part of a comprehensive strategy to help Medicare beneficiaries get the mobility assistance equipment they need while avoiding unnecessary administrative burdens and inappropriate Medicare spending."

CMS officials had been wary of loosening the coverage requirements because of a recent rash of fraudulent wheelchair and scooter claims.

Physicians, as well as other providers, criticized the old reimbursement criteria as too burdensome, inasmuch as they required physicians to provide a certificate of medical necessity before a scooter or wheelchair could be covered for reimbursement.

However, CMS officials were wary of loosening coverage requirements because of a recent rash of fraudulent wheelchair and scooter claims. The fraud reached such a high level that CMS launched its "Operator Wheeler Dealer" campaign to stop it.

Under the new regulations, the medical necessity certificate has been eliminated, but in its place, the agency is requiring certain clinical documentation items from the patient's medical record, along with a written prescription—given within 30 days of the evaluation—issued to the supplier. And the rules keep the requirement that physicians must conduct a face-to-face examination of the patient before prescribing a mobility device.

Medicare already pays for this evaluation visit. However, because of the additional documentation required under the new rules, Medicare is authorizing an additional payment to physicians for preparing the paperwork.

Physicians must include a special billing code on the office visit claim in order to receive this extra payment.

The agency also is removing the requirement that only certain specialists—physiatrists, orthopedic surgeons, neurologists, and rheumatologists—be authorized to prescribe power scooters. Instead, all physicians and treating practitioners will be able to prescribe scooters and power wheelchairs.

The Power Mobility Coalition (PMC), a group of mobility-device manufacturers, organizations expressed concern that the new rules would make it tougher for physicians to comply.

"The PMC agrees with CMS that the treating physician is in the best position to assess the need for power mobility devices, but is concerned that, in order to fully succeed, CMS and its contractors will have to conduct a comprehensive review of the benefit for physicians," the organization said in a statement.

"Physicians may not be fully aware of the analytical standard that will be applied to claims, let alone which of the 49 new product codes most appropriately meets beneficiary needs.

"The PMC also has concerns over the 30-day time frame for submission of a [mobility device] claim after a physician face-to-face visit," the group's statement continued.

"Given the extensive documentation requirement, suppliers, especially those in rural areas, may find the 30-day time frame too tight to obtain and submit all relevant parts of the medical record, as well as the necessary supporting documentation," the statement said.

The new rules, which were published in the Aug. 26 Federal Register, will take effect Oct. 25.

CMS will accept comments on the rules until Nov. 25, and a final rule will be published "at a later date," according to the agency. ■

The interim final rule and accompanying fact sheet can be found online at www.cms.hhs.gov/coverage/wheelchairs.asp.