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.”

**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.