



## ***HELP RESTORE ACCESS TO POWER WHEELCHAIRS!***

***URGE MEDICARE TO RESCIND NEW POLICY THAT HARMS  
BENEFICIARIES BY SEVERELY RESTRICTING WHEELCHAIR ACCESS***

### **THE GOAL:**

The Centers for Medicare and Medicaid Services (CMS) must rescind its recent bulletin and medical review strategy that severely restricts Medicare coverage of power wheelchairs. This new policy unfairly punishes seniors and people with disabilities by denying them access to needed power and manual wheelchairs.

### **THE ISSUE (Recent Changes):**

**THE DEPARTMENT OF HEALTH AND HUMAN SERVICES IS SEVERELY RESTRICTING ELIGIBILITY FOR POWER WHEELCHAIRS.** On September 9, 2003, the Centers for Medicare and Medicaid Services (CMS) and the Office of the Inspector General (OIG) at the Department of Health and Human Services announced an initiative to curtail the growth of Medicare payments for power wheelchairs. As part of this initiative, CMS and its Durable Medical Equipment Regional Carriers (DMERCs) issued “clarifying” bulletins that *unfairly and significantly limit patient access to wheeled mobility and apply these new standards retroactively.*

### **NEW POLICY PENALIZES ANY PATIENT WHO CAN TAKE MORE THAN ONE STEP EVEN WITH THE ASSISTANCE OF A CANE, CRUTCH, OR WALKER.**

Under the new, current policy, any patient who can take more than one step, even with the assistance of a cane, crutch, or walker, to transfer from a bed to a chair may be considered “ambulatory” and therefore would not qualify for a manual or power wheelchair.

Any patient who has a condition other than muscular or neurological weakness in the upper extremities will not qualify for a power wheelchair including: patients with cardiopulmonary disease whose limbs allow them to walk but whose lives would be at risk if they do, may no longer qualify for power wheelchairs. Patients with progressive neurological diseases with waxing and waning symptoms, such as multiple sclerosis and ALS, will also be denied wheeled mobility until they become 100% bed or chair confined.

Because of this new policy, all of these patients may be faced with moving to nursing homes or assisted living facilities prematurely, relying completely on caregivers to accomplish activities of daily living, and possibly incurring fractures through falls. Furthermore, hospital stays and nursing home visits will cost taxpayers significantly more money than providing power wheelchairs.

### **THIS NEW POLICY WILL DO LITTLE TO COMBAT FRAUD AND MUCH TO HARM DESERVING BENEFICIARIES WHO NEED POWER WHEELCHAIRS TO MAINTAIN THEIR INDEPENDENCE AND QUALITY OF LIFE.**

### **TAKE ACTION – YOU CAN MAKE A DIFFERENCE!**

Contact your elected leaders in Congress and at CMS (Medicare) and demand that they rescind the new wheelchair coverage policy. Punishing innocent beneficiaries and compromising their quality of life is not how our government should combat fraud. Enclosed you will find contact information for your representatives in Washington D.C. and a copy of the September 9<sup>th</sup> “clarification. For additional information, please visit our website [www.millers.com](http://www.millers.com).

Sincerely,

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President



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