

From the Medicare Learning Network @ CMS:

## **PROVIDER ALERT: STOPPING ABUSE OF THE POWER WHEELCHAIR BENEFIT**

Medicare providers need to be aware of new efforts recently announced by the Centers for Medicare & Medicaid Services (CMS) that are aimed at stopping abuse of the power wheelchair benefit in the Medicare Program. CMS will be taking immediate action to substantially curb abuse by unscrupulous providers who prey on Medicare beneficiaries. In addition, the Department of Health and Human Services' (DHHS) Office of Inspector General (OIG) is investigating the proliferation of durable medical equipment (DME) fraud cases involving inflated billings to Medicare, charges for equipment and supplies not delivered, and the falsification of documents to qualify beneficiaries for wheelchairs and other equipment that they often do not need.

CMS will begin aggressively reviewing applications from companies that seek to provide power wheelchairs to ensure that they meet reputable business standards of operation. CMS will also review its supplier enrollment standards, increase efforts to educate physicians and beneficiaries about the wheelchair benefit, and enhance current coverage and medical review policies to ensure that Medicare pays for wheelchairs when they are absolutely necessary.

Listed below are some of the immediate efforts that CMS is undertaking to stop the widespread and systemic fraud of this benefit:

- To prevent fraudulent suppliers from enrolling with Medicare for the sole purpose of receiving inappropriate payments, CMS will immediately begin aggressively scrutinizing all new applications for supplier numbers. Because of this increased scrutiny, new supplier numbers will not be issued until early 2004.
- CMS will be publishing regulations that will enhance the ability to screen new supplier applications to identify and prevent inappropriate enrollment of suppliers by providing a more detailed screening process, allowing CMS the time needed to properly review applications, and to provide sanctions against suppliers abusing the enrollment process.
- To quickly identify and punish fraudulent suppliers, CMS, Durable Medical Equipment Regional Carriers (DMERCs), and law enforcement agencies will collaborate to process fraud cases and

assure aggressive, timely application of sanctions, and civil or criminal prosecutions. CMS will exercise one of its strongest administrative tools, payment suspensions, to stop the improper hemorrhaging of Medicare dollars.

CMS will finalize regulations revising coverage policy for motorized wheelchairs and scooters to assure that national policy accurately defines the conditions under which Medicare will cover mobility products. This policy will require, for the first time, that a medical provider see the patient before prescribing a wheelchair or scooter. This policy will allow the medical provider to prescribe either a motorized wheelchair or a power-operated vehicle. Under existing policy, only a specialist may prescribe a POV.

- DMERCs will adopt Local Medical Review Policies (LMRP) that accurately portrays the clinical conditions for which mobility products are reasonable and necessary. This will educate suppliers and beneficiaries on when wheelchairs will be paid for by Medicare and will facilitate correct billing and payment for mobility products.
- DMERCs will also adopt a consistent approach to medical review so that when national billing and utilization trends are identified, Medicare knows that only claims that are reasonable and necessary are paid and that national billing problems are resolved in a consistent manner.
- CMS will work with physicians to clarify their prescribing responsibilities and Medicare coverage criteria.

A brochure titled '*Medicare Coverage of Power Wheelchairs and Other Power Operated Vehicles*' that outlines the current Medicare coverage information can be viewed on the Medlearn Web site at:

<http://www.cms.hhs.gov/medlearn/PowerWheelchair.pdf>