Disability Advocates Tell Medicare: Use a Clinical Template to Accurately Document Medical Need for Wheelchairs

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WASHINGTON, July 27, 2012 /PRNewswire-USNewswire/ -- Four national organizations that advocate for people living with disabilities are urging the Centers for Medicare and Medicaid Services (CMS) not to implement a "prior authorization" program for power wheelchairs without including a clinical template for physicians to document patients' medical need for mobility equipment, reports the American Association for Homecare [1]. CMS is the federal agency that administers Medicare and Medicaid.

In recent letters to CMS, the Association of Programs for Rural Independent Living [2] (APRIL), the National Council on Independent Living [3] (NCIL), the United Spinal Association [4] and the American Association of People with Disabilities [5] (AAPD) warned that many Americans with physical disabilities may lose access to mobility devices. The organizations said that a clinical template is needed to address the Medicare program's flawed documentation process that has been sharply criticized by physicians, as well as providers.

"Without a standardized set of data elements or guidance for these physicians and treating practitioners to document the medical needs of their patient, we are deeply concerned that the prior authorization request will be denied upfront by a Medicare contractor even though the medical need exists," wrote Billy Altom, APRIL's executive director. "As a result, beneficiaries will be denied access to independence by the Government until this information is deemed sufficient."

Under the proposed prior authorization program, the CMS will subject all claims for power mobility to a prior authorization process for a period of three years in California, Florida, Illinois, Michigan, New York, North Carolina, and Texas. Medicare patients in these states
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