# American Association for Homecare Expects Medicare to Move Past its Deny-at-All-Costs Culture that Routinely Denies Claims for Power Wheelchairs

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WASHINGTON, Sept. 19, 2012 /PRNewswire-USNewswire/ -- Stakeholders are hopeful that 11th-hour changes will smooth Medicare's new prior authorization process for beneficiaries who have prescriptions for power wheelchairs. But the stakeholders, including homecare providers, physicians, and advocates for Americans with disabilities, remain concerned about whether the Centers for Medicare and Medicaid Services (CMS) has done enough to ensure that patient care and services won't be jeopardized by the new program.

Just days before the September 1 start date for the massive prior authorization demonstration project, CMS agreed to a recommendation to allow use of clinical templates. This addressed one of the key factors for ensuring that the prior authorization program is successful.

Unfortunately, CMS didn't include more specifics or examples of acceptable clinical templates that will be permitted to be used by physicians to document their patients' medical need for power mobility devices. The focus now shifts to how CMS will direct its contractors to administer the program. It is critical that providers and physicians obtain clarity from CMS on acceptable clinical templates.

Under the three-year demonstration program, all power mobility claims from Medicare patients in California, Florida, Illinois, Michigan, New York, North Carolina, and Texas must be submitted for prior authorization.  Medicare beneficiaries in these states receive nearly 50 percent of all the power wheelchairs obtained through Medicare each year.

The controversy surrounding the prior authorization program had focused on the massive size of the project, the significantly flawed CMS process for approving power wheelchair claims, and the process for documenting a Medicare patient's medical need for mobility assistance. The program comes at a time when embattled home medical equipment providers are reeling from a barrage of CMS policies ranging from flawe
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