



AAHomecare Update September 2, 2004

New Power Wheelchair Codes Unveiled At September 1 Open Door Forum

Yesterday, more than 80 parties registered for the open door forum on power wheelchair codes, including manufacturers (Hoveround, Invacare, Pride Mobility, Sunrise Medical), suppliers, and others (Pennsylvania Association of Medical Suppliers, AAHomecare).

Dr. Doran Edwards, medical director for the SADMERC, provided an overview of the proposed revisions of the Level II HCCPS codes. **Pediatric power wheelchair codes were added.** CMS promised to have the pediatric wheelchair codes added onto the website shortly.

The **coding proposal now includes 33 codes**, expanded from the initial 18:

- 5 pediatric codes
- 4 adult lightweight
- 9 standard
- 8 heavy duty
- 4 bariatric
- 3 miscellaneous

CMS informed participants that it plans to have the **codes and coverage guidelines in late spring** and plans for the codes to be implemented by July 2005. CMS told participants there would be an open door forum to discuss codes and coverage policy, once both are finalized. Some of the concerns brought to the attention of CMS by the participants were:

- **Weighting.** Participants expressed concern about the emphasis on weight, especially in light of neurological conditions that might necessitate a different type of modality device. Therefore, participants urged weight not be the determining factor. Dr. Edwards asked the

industry to provide specific examples of neurological conditions for which a proposed code might affect the patient's ability to receive the correct modality device.

- **Testing.** Participants also expressed concern that manufacturers who conducted "test to limit" and did not conduct "test to failure" may need to do more testing, which might not be completed in the time to comply with the codes and coverage criteria, when finalized).

Industry participants appreciated the opportunity to meet with CMS, and they look forward to providing follow-up information.

"I am very happy that CMS has realized the need to add pediatric power wheelchair codes," said Matthew M. Burke, director of operations for Burke Medical Equipment and chair of **AAHomecare's Re/hab and Assistive Technology Council (RATC)**.

"That was one of RATC's major concerns after reviewing their proposal. It is important, though, that CMS exclude pediatric codes from their fee schedule and coverage guidelines. CMS has very little experience purchasing pediatric equipment and probably does not have adequate data to come up with an adequate fee," said Burke. "In addition, many state associations have worked hard to establish reasonable and fair coverage guidelines for pediatric powered mobility. There is no need for CMS to interject additional criteria."

Participants who would like to submit more comments on the codes listed on the CMS website should submit them ASAP to Lorrie Ballantine at lballantine@cms.hhs.gov.

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National Quality Forum Draft Home Health Standards Expected Next Week

The National Quality Forum (NQF), created by Congress to develop consensus quality measurements in the area of health care, is proceeding on a **fast track with approval of a revised set of home health quality indicators**.

Once approved by the NQF membership, the federal government is required to use the product as the definitive set of measurements. CMS will need to update publicly reported measures and the OASIS instrument to reflect any changes, as it deems appropriate.

The NQF home health steering committee, which includes four home health agency executives, met July 20-21 to review and vote on 81 prospective measures. Committee members accepted 29 indicators, some of which have undergone subsequent refinement. Their product will be published in early September, after which the home health community will have 30 days to provide its input. The public's concerns will be conveyed to the full NQF membership, which will have the final vote on the standards. AAHomecare will alert members as soon as it obtains the NQF's product, and will work with colleagues in the industry to develop a home health community consensus response.

Expect recommendations to include additions and deletions to outcomes on which home health agencies will be evaluated as well as on publicly reported measures. Possible additions include:

- ADL/rehab potential and no therapies,
- comprehensive geriatric assessment,
- evaluation of pressure ulcers,
- evaluation of reversible causes of malnutrition,
- asking about falls,
- risk assessment for pressure ulcers,
- documentation of advance directive, surrogate or preferences; and
- caregiver support and patient safety for dementia patients.

Recommended for public reporting are: discharge to the community and improvement in the areas of dyspnea, urinary incontinence, and status of surgical wounds. The Steering Committee would eliminate from public reporting stabilization in bathing and improvement in the areas of confusion frequency, upper body dressing, and toileting.

In addition, hospices would be evaluated in the areas of: comfort within 48 hours; unwanted hospitalizations; and family evaluation of hospice and palliative care in the home.

Contact Ann Howard if you have questions at 703-535-1891 or email annah@aahomecare.org.

Proposed Rule on Exclusions, Appeals

CMS issued a proposed rule in the *Federal Register* on July 23 to **revise the process for excluding providers and suppliers from participation in the Medicare program and the process for appealing** exclusions. The notice addresses the aggravating and mitigating circumstances CMS will consider in deciding whether to impose a program exclusion and the length of any exclusion period.

The proposed rule lays out timeframes for notice of intent to exclude, the time period for the provider or supplier to respond, the right to an in-person meeting, the final notice, appeal of exclusions to an Administrative Law Judge, request for reinstatement, and appeal of a denial of reinstatement. In most cases, exclusions are limited to a period of up to five years, after which reinstatement is usually automatic. Comments are due at CMS on September 21. So we may incorporate your concerns into our comments, **please send input by close of business September 9**. E-mail comments to Ann Howard at ahoward@aahomecare.org.

Federal Register link to rule:
<http://a257.g.akamaitech.net/7/257/2422/06jun20041800/edocket.access.gpo.gov/2004/04-16791.htm>