

REPAIRS FOR POWER WHEELCHAIRS AND SCOOTERS PURCHASED FROM THE SCOOTER STORE

QUESTIONS & ANSWERS

If you are a Medicare beneficiary who purchased a power wheelchair or scooter from The Scooter Store and are having difficulty getting it repaired by other medical equipment suppliers, it is most likely because these businesses are concerned that Medicare will not pay for the repairs.

Why are medical equipment suppliers reluctant to make repairs to power wheelchairs and scooters purchased through The Scooter Store?

The Center for Medicare and Medicaid Services (CMS) is the federal agency that runs the Medicare and Medicaid programs. CMS has certain rules related to payment for durable medical equipment (DME) and services using Medicare funds. Power wheelchairs and scooters are considered DME or “power mobility devices” under Medicare rules. Repairs to these devices are considered services under the rules.

When CMS and the U.S. Department of Justice shut down The Scooter Store, it alleged that the store committed Medicare fraud by submitting false information to CMS. Of greatest concern to DME suppliers is whether The Scooter Store submitted false information to CMS regarding the medical necessity of power wheelchairs and scooters it sold to customers. If these devices were not truly medically necessary at the time of purchase, repairs to that equipment will not be covered by Medicare.

Medical Necessity

To obtain Medicare payment for a power wheelchair or scooter, Medicare beneficiaries must first establish that the equipment is “medically necessary” as that term is defined in the Medicare rules. Medical necessity under Medicare rules is tied to a person’s ability to do typical “activities of daily living” within the home. These include such things as bathing, dressing, meal preparation, eating, housekeeping activities and moving about the home.

There are very specific criteria that need to be met to meet Medicare’s medical necessity requirements. If a power mobility device is not determined to be medically necessary, Medicare will not pay for it. Information regarding the medical necessity of a power mobility device must be submitted to Medicare at the time of purchase. However, Medicare does not keep this information. DME suppliers keep this information. This creates a problem for new suppliers who are asked to repair power wheelchairs and scooters purchased through The Scooter Store.

The new suppliers have no way of getting this information from The Scooter Store. The business no longer exists. They have no way of knowing whether the information The Scooter Store submitted to Medicare on your behalf was false. So, if the new supplier submits a claim to Medicare for repairs to a power wheelchair or scooter purchased through The Scooter Store and Medicare decides that the device was not medically necessary at the time of purchase, it will not pay for the repairs to that power wheelchair

or scooter. Some suppliers will not take that risk. They will insist that you pay for the cost of the repairs and refuse to bill Medicare.

Medicare Billing Rules

The Medicare billing rules are another part of the problem for suppliers asked to repair power wheelchairs and scooters sold by The Scooter Store. When a supplier chooses to bill Medicare for equipment or services, it must follow Medicare billing rules. Under the rules, Medicare sets a certain reimbursement rate for a specific piece of equipment or service. This is usually less than the full retail price.

Medicare then pays 80% of the approved amount and the beneficiary must pay the remaining 20% through other insurance or using their own money. Also, when a supplier seeks Medicare payment for a device or service, it must agree to accept whatever reimbursement amount Medicare sets for that equipment or service as full payment. This is called “accepting assignment.” If the supplier “accepts assignment” for equipment or services and Medicare refuses to cover the cost, the supplier generally cannot go back to the customer to ask for payment.

This requirement means that the supplier who accepts assignment is taking a risk that it might not get reimbursed at all for the equipment or service. Many suppliers simply will not take that risk. To lessen the risk, some suppliers may be willing to bill Medicare for the repairs to a power wheelchair or scooter if the customer signs an “advanced beneficiary notice” or ABN. If a customer has signed an ABN and Medicare denies the claim for payment, the supplier can then bill the customer for the full cost of the repairs. Not everyone can afford to do that.

Multiple Possible Funding Sources

Sometimes people have more than one type of insurance. Some people have both Medicare and Medicaid. Some have Medicare and private insurance. Some may have all three. Different rules apply to the various insurance providers. However, Medicare will not pay for repairs to equipment it did not pay for in the first place. So proving that Medicare paid for your power wheelchair or scooter is very important. While a customer may think that Medicare paid for his or her power wheelchair or scooter, it may be that another insurance program actually paid for it.

Billing insurances is something that the supplier usually deals with. They keep this information on file. But, The Scooter Store is shut down and that information is not available to the new supplier. Information about who paid for equipment or services is also found in the “explanation of benefits” or “EOB” notices sent to beneficiaries when services are paid for by a particular insurance funding source. But, customers rarely keep this kind of information for very long. Without proof that Medicare paid for your power wheelchair or scooter, the new supplier may be unwilling to bill Medicare for repairs.

What information do I need to have if I want medical equipment suppliers to fix my power wheelchair or scooter and bill Medicare for the repairs?

The two most important pieces of information you need if you want a new supplier to make repairs to the power wheelchair or scooter you purchased from The Scooter Store are –

- Proof that Medicare paid for your equipment. A call to Medicare can confirm whether Medicare paid for your power wheelchair or scooter. That number is **1-800-MEDICARE**.
- Proof that the power wheelchair or scooter you have is currently “medically necessary” as defined by the Medicare rules.

Proof of medical necessity at the time of purchase may be difficult, if not impossible, to get. Ordinarily that information would be available through the supplier from whom you purchased your mobility device. But since The Scooter Store is closed down most will not have access to this information. Your medical provider may have this information in your medical records. It is certainly worth asking him or her. However, DME suppliers we talked to strongly recommend that you obtain documentation of your *current* medical need for a power wheelchair or scooter.

How can I get documentation of my current medical need for a power wheelchair or scooter?

Medicare rules require beneficiaries to participate in a “face-to-face examination” by their medical provider to establish the medical necessity for a power wheelchair or scooter. You should schedule an appointment with your medical provider to conduct an in-person updated “mobility evaluation” to determine your current medical need for the power wheelchair or scooter you purchased from The Scooter Store. In his or her evaluation, the provider must answer the following five (5) questions:

1. What is your mobility limitation and how does it interfere with your performance of activities of daily living?
2. Why can't a cane or walker meet your mobility needs in the home?
3. Why can't a manual wheelchair meet your mobility needs in the home?
4. Do you have the physical and mental abilities to transfer into a scooter and to operate it safely in the home? (applies to scooters only)
5. Why can't a scooter meet your mobility needs in the home? (applies to power wheelchairs only)

In addition, the medical provider must supply Medicare with –

- A description of your present condition and past medical history supporting the need for the power wheelchair or scooter; and

- Specific findings from a physical examination relevant to your mobility needs such as height, weight, heart and lung function, arm and leg strength and range of motion, gait, balance and coordination.

If this information is provided at the time repairs are sought, the supplier is more likely to agree to do the repairs and bill them to Medicare.

Other information that that will be helpful, if you have it is -

- The date of service or purchase of the power wheelchair or scooter, including the billing code
 - This information may be obtained directly from Medicare or from the Medicare explanation of benefits (EOB) notice related to your initial purchase, or from purchase paperwork provided by The Scooter Store.
- The name, make, model and serial number of the power wheelchair or scooter
 - This information is available in the manual that generally accompanies your power wheelchair or scooter when it was delivered. You can also find it on the equipment itself.

What if a medical equipment supplier won't fix my power wheelchair or scooter even after I have proof that Medicare paid for it initially and it continues to be a medical necessity for me as defined by the Medicare rules?

You should contact Vermont Legal Aid at 1-800-889-2047.

What do I do if I can't prove that Medicare paid for my power wheelchair or scooter or that it is medically necessary under Medicare rules?

You will need to pay for the repairs yourself.

*This information was developed and provided by the Disability Law Project of Vermont Legal Aid, Inc.
March 5, 2014.*