

Pass H.R. 942 / S. 948 to Protect Access to Complex Rehab Technology

Complex Rehab Technology includes specialized wheelchairs, seating and positioning systems, and other adaptive equipment used by people with significant disabilities and chronic medical conditions.



Summary of *Ensuring Access to Quality Complex Rehabilitation Technology Act*

Prepared by the Offices of Rep. Joseph Crowley (NY-14) and Rep. F. James Sensenbrenner, Jr. (WI-05)

H.R. 942

The *Ensuring Access to Quality Complex Rehabilitation Technology Act* would create a separate benefit category under Medicare for complex rehabilitation technology (CRT), which includes products such as complex rehabilitation power wheelchairs, highly configurable manual wheelchairs, adaptive seating and positioning systems, and other specialized equipment, such as standing frames and gait trainers.

CRT items are used by people with significant disabilities and require a broader range of services and specialized personnel than what is required for standard durable medical equipment (DME). Customizable CRT items also require more resources in the areas of evaluation, configuring, training, and education to ensure appropriate use and optimal results. Finally, unlike most DME, an interdisciplinary team approach is necessary to ensure proper customization and use of a CRT item.

A separate benefit category for CRT items allows for unique coding, coverage, and payment rules and policies that address the unique situations of this subset of durable medical equipment and the people with disabilities it serves.

The *Ensuring Access to Quality Complex Rehabilitation Technology Act* would:

- Create a separate category from the current DME category to allow for targeted Medicare policies on complex rehabilitation technology and for improved oversight.
- Separate out billing codes for items classified as CRT and create new billing codes for CRT items currently included in broader codes. For any new billing codes created, the Secretary of Health and Human Services would establish a new payment system, taking into account the unique needs of beneficiaries who need CRT items and the resources and staff needed to provide appropriate customization of CRT items.
- Establish clinical conditions for coverage that ensure these items are being prescribed appropriately, which would include that for any CRT wheelchair, an evaluation be conducted by a licensed physical or occupational therapist with no financial relationship to the CRT supplier. CRT items would be exempt from Medicare's "in-the-home" restriction, which does not address a beneficiary's needs outside the home environment.
- Improve program safeguards by increasing quality standards for suppliers of CRT items above current DME standards, including that each supplier must have qualified staff available to assist beneficiaries with training and repair for their CRT items. Suppliers must also be accredited by an independent accreditation organization demonstrating that they are compliant with these enhanced quality standards.
- Allow beneficiaries in skilled nursing facilities to obtain CRT items if these items are part of a plan of care to allow them to transition from the skilled nursing facility setting to the home and community.

Ensure Access to Complex Wheelchair Products for People with Severe Medical Needs

Supported by multiple patient, medical professional and supplier organizations, including: American Association for Homecare, American Physical Therapy Association, Brain Injury Association of America, Christopher and Dana Reeve Foundation, Easter Seals, National Association for Home Care & Hospice, National Coalition for Assistive and Rehab Technology, National Multiple Sclerosis Society, National Registry of Rehab Technology Suppliers, Paralyzed Veterans of America, United Spinal Association

Dear Colleague,

Individuals with significant medical conditions like cerebral palsy, muscular dystrophy, multiple sclerosis and spinal cord injuries face unique physical and functional challenges and require more than just a standard wheelchair to be able to live their lives freely. Many of these individuals instead rely on complex rehabilitation technology products, such as specialized power wheelchairs, highly configurable manual wheelchairs and adaptive seating and positioning systems, to move and function on a daily basis and to meet their medical needs.

Currently, the Medicare program includes these products in the same category as standard durable medical equipment – i.e. traditional manual wheelchairs. However, individuals who use complex rehabilitation technology products tend to differ from the traditional Medicare population and have vastly different needs. Furthermore, these complex and often customizable products require a broader range of services and specialized personnel, as well as much more training and education for suppliers to ensure appropriate use.

We have introduced the *Ensuring Access to Quality Complex Rehabilitation Technology Act* (H.R. 942) to create a separate benefit category under Medicare for these specific products. This separate category would allow for targeted coverage and payment policies that address the unique situations of this specialized subset of durable medical equipment and the people with disabilities it serves.

Additionally, to help prevent fraud and abuse, our legislation would establish clinical conditions for coverage that ensure these items are being prescribed appropriately. When these items are prescribed, an evaluation must be conducted by a licensed physical or occupational therapist with no financial relationship to the supplier. Additionally, suppliers will have to be accredited by an independent accreditation organization demonstrating that they are compliant with enhanced quality standards. This will improve program safeguards by increasing quality standards for suppliers of these items.

Please join us in ensuring that our constituents have access to quality technology that meets their needs and helps improve their quality of life. To cosponsor, or with any questions, please contact Nicole Cohen at Nicole.Cohen@mail.house.gov or 5-3965 and/or Kara Webster at Kara.Webster@mail.house.gov or at 5-5101.

Sincerely,

Joseph Crowley
Member of Congress

F. James Sensenbrenner, Jr.
Member of Congress

POSITION PAPER

Congress Must Pass H.R. 942 and S. 948

Protect People with Disabilities Access to Complex Rehab Technology



Position

A separate benefit category for Complex Rehab Technology (CRT) must be established within the Medicare program so that continued access to this critical technology and related services can be assured. These specialized products are currently included within Medicare's broad durable medical equipment (DME) benefit category which does not provide adequate differentiation of CRT devices and prevents focused policies and safeguards. A separate benefit category for CRT will provide appropriate segregation to better address the unique needs of individuals with disabilities and chronic medical conditions who require these specialized products. This will allow for needed improvements in coverage policies, coding, and quality standards.

Background

The DME benefit was created over forty years ago to address the medical equipment needs of elderly individuals. Over time technology has advanced to now include highly configurable manual wheelchairs, power wheelchairs (not the wheelchairs you see on TV), adaptive seating and positioning systems, and other specialized equipment such as standing frames and gait trainers. This technology – called Complex Rehab Technology – is prescribed and customized to meet the specific medical and functional needs of individuals with disabilities and chronic medical conditions. These highly specialized products and services are unique and significantly different from standard DME.

Without a proper segregation of CRT, access is threatened because of its inclusion in Medicare's outdated DME coverage and classification system. Current Medicare policies do not adequately address the needs of individuals with disabilities, acknowledge the full range of services furnished by CRT companies, or incorporate the complexity and unique nature of the equipment itself. The implications of continuing to include CRT within the traditional durable medical equipment category are stark. Product choice will be limited and critical services will be curtailed. A full range of services may be unavailable to the individual with a disability, jeopardizing access to the most appropriate equipment and the necessary supportive services.

Complex Rehab Technology Is Significantly Different From Standard DME

- **Population Served:** Complex Rehab Technology is used by individuals with significant disabilities and medical conditions different from those of the traditional elderly Medicare population. The CRT population, who tend to qualify for Medicare based on their disability and not their age, consists of individuals with diagnoses that include, but are not limited to, cerebral palsy, muscular dystrophy, multiple sclerosis, spinal cord injury, amyotrophic lateral sclerosis (Lou Gehrig's disease), and spina bifida.
- **Complex Rehab Technology Services:** Complex Rehab Technology requires a broader range of services and specialized personnel than what is required for standard DME. The provision of CRT is conducted through an interdisciplinary team (referred to as the CRT Team) consisting of, at a minimum, a physician, a physical therapist or occupational therapist, and a rehab technology professional (RTP). Devices in this category require a technology assessment completed by a certified RTP employed by a CRT company. This assessment

involves matching the medical and functional needs of the individual with appropriate products. Simulations or equipment trials are often used to ensure that the items are appropriate and meet the individual's identified needs. Because the equipment is complex and becomes an extension of the person, fitting, training, and education requires much more time than standard DME items. In addition, Medicare requires environmental assessments within the home for certain CRT products.

- **Uniqueness of Complex Rehab Technology Devices:** Many of the products require a physical evaluation, a technology assessment, measuring, fitting, simulations and trials, a mixing and matching of products from different manufacturers, significant training and education, and refitting and ongoing additional modifications. The devices are configured to the individual.
- **Specialized Staff:** The Medicare program requires that CRT companies employ specialized and credentialed staff to analyze the needs of individuals with disabilities and assist in the selection of the appropriate equipment. These credentialed personnel, called Assistive Technology Professionals (ATP), are certified by the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) and specialize in the assessment, selection, and provision of CRT products.
- **More Comprehensive Quality Standards:** The Medicare program has established quality standards that all DME companies must meet to qualify for participation in the Medicare program. The Centers for Medicare and Medicaid Services (CMS) has included additional and more rigorous quality standards with which CRT companies must comply.

Congressional Precedents for Treating Customized Devices Differently

Congress has acknowledged complex rehab power wheelchairs are unique and more specialized than standard DME. In 2008 it passed legislation exempting these products from inclusion in Medicare's DME competitive bidding program recognizing that such inclusion would jeopardize access to this customized technology. In addition, Congress has recognized the unique nature of other customized products and services and created a separate classification for Orthotics and Prosthetics (O&P), i.e. custom braces and artificial limbs. CMS acknowledged the specialized service component inherent in custom-fit orthotics and prosthetics and treats O&P as separate and unique with its own medical policies, accreditation standards, and reimbursement calculations. This same distinct recognition is needed for Complex Rehab Technology.

Recommendation

Congress must pass the **Ensuring Access to Quality Complex Rehabilitation Technology Act of 2013 (H.R. 942 and S. 948)** to establish a separate benefit category for CRT products and services within the Medicare program. This will appropriately recognize the customized nature of CRT and make other required changes to better address the unique needs of individuals with disabilities and chronic medical conditions who require these specialized products and related services.



A summary of the legislation, a listing of supportive national consumer and medical professional groups, and other materials can be found at www.access2crt.org. This initiative is led by the National Coalition for Assistive & Rehab Technology (NCART), the American Association for Homecare (AAH), the National Registry of Rehabilitation Technology Suppliers (NRRTS), the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA), the Clinician Task Force (CTF), the United Spinal Association (USA), and the Independence Through Enhancement of Medicare and Medicaid Coalition (ITEM). Contact Don Clayback, Steering Committee Chair, at 716-839-9728 or dclayback@ncart.us for more information.

“Complex Rehab” vs. “Standard” Mobility



Complex Manual WCs (6% of Medicare)

- Intended for long-term use
- High Adjustability
- Provides Positioning
- Accommodates Deformity
- Provides Pressure Management



Standard Manual WCs (94% of Medicare)

- Intended for short-term use
- Minimal to Zero Adjustability
- Provides NO Positioning
- NO Deformity Accommodation
- Provides NO Pressure Management



Complex Power WCs (7% of Medicare)

- Intended for Progressive Diagnoses
- Advanced Electronics and Controls
- Provides Positioning
- Accommodates Deformity
- Provides Pressure Management
- Offers Ventilator Accommodation



Standard Power WCs (93% of Medicare)

- Intended for Ambulatory Limitations
- Basic Joystick Drive ONLY
- Provides NO Positioning
- NO Deformity Accommodation
- Provides NO Pressure Management
- NO Ventilator Accommodation

For more information visit www.ncart.us

National Organizations Supporting H.R. 942 and S. 948

“Ensuring Access to Quality Complex Rehabilitation Technology Act”

- 1) ACCSES
- 2) ALS Association
- 3) American Academy of Physical Medicine and Rehabilitation
- 4) American Association for Homecare
- 5) American Association of People with Disabilities
- 6) American Association on Health and Disability
- 7) American Congress of Rehabilitation Medicine
- 8) American Medical Rehabilitation Providers Association
- 9) American Music Therapy Association
- 10) American Occupational Therapy Association
- 11) American Physical Therapy Association
- 12) Amputee Coalition of America
- 13) American Cochlear Implant Alliance
- 14) American Therapeutic Recreation Association
- 15) Association for Education and Rehabilitation of the Blind and Visually Impaired
- 16) Association of Assistive Technology Act Programs
- 17) Association of University Centers on Disabilities
- 18) Blinded Veterans Association
- 19) Brain Injury Association of America
- 20) Caregiver Action Network
- 21) Center for Medicare Advocacy, Inc.
- 22) Christopher and Dana Reeve Foundation
- 23) Clinician Task Force
- 24) Disability Health Access
- 25) Disability Rights Education and Defense Fund
- 26) Easter Seals
- 27) Harris Family Center for Disability and Health Policy
- 28) Hearing Loss Association of America
- 29) Helen Keller National Center for Deaf-Blind Youths and Adults
- 30) ITEM Coalition
- 31) Myositis Association
- 32) National Association of County Behavioral Health and Developmental Disability Directors
- 33) National Association for Home Care & Hospice
- 34) National Association of State Head Injury Administrators
- 35) National Coalition for Assistive and Rehab Technology
- 36) National Council on Independent Living
- 37) National Disability Rights Network
- 38) National Down Syndrome Society
- 39) National Family Caregivers Association
- 40) National Multiple Sclerosis Society
- 41) National Registry of Rehabilitation Technology Suppliers
- 42) National Rehabilitation Hospital
- 43) Paralyzed Veterans of America
- 44) Perkins School for the Blind
- 45) Rehabilitation Engineering and Assistive Technology Society of North America
- 46) Spina Bifida Association
- 47) TASH
- 48) The Arc of the United States
- 49) United Cerebral Palsy Association
- 50) United Spinal Association
- 51) Unite 2 Fight Paralysis

For more information on Complex Rehab Technology visit www.access2crt.org