

# **Complex Rehab Technology**

***United Spinal's ROCH***

***June 27, 2016***

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# What Is CRT

- ❑ Medically necessary and individually configured:
  - Specialized manual and power wheelchair systems
  - Adaptive seating and positioning systems
  - Other specialized items (standing devices, gait trainers)
- ❑ Only 9% of Medicare WCs – Not what is seen on TV!
- ❑ Requires evaluation, configuring, fitting, adjustment, training, or programming
- ❑ Provided through an interdisciplinary clinical and technology team (physician, therapist, ATP)
- ❑ Designed to meet the individual's specific and unique medical, physical, and functional needs

# Manual WCs - Complex vs. Standard



- **Complex Manual WCs** - 5% of Medicare
- Intended for long-term use
- High Adjustability
- Provides Positioning
- Accommodates Orthopedic Needs
- Provides Pressure Management

- **Standard Manual WCs** - 95% of Medicare
- Intended for short-term use
- Minimal to Zero Adjustability
- Provides NO Positioning
- NO Accommodation of Orthopedic Needs
- Provides NO Pressure Management

# Power WCs - Complex vs. Standard



- **Complex Power WCs** - 22% of Medicare
- NOT what's advertised on TV
- Intended for Progressive Diagnoses
- Advanced Electronics and Controls
- Provides Positioning
- Accommodates Orthopedic Needs
- Provides Pressure Management
- Offers Ventilator Accommodation



- **Standard Power WCs** - 78% of Medicare
- Intended for Ambulatory Limitations
- Basic Joystick Drive ONLY
- Provides NO Positioning
- NO Accommodation of Orthopedic Needs
- Provides NO Pressure Management
- NO Ventilator Accommodation

# Key CRT Leg Talking Points

- ❑ CRT is critical to people with high level disabilities to meet their medical needs and maximize function and independence
- ❑ Small population of people/products that need distinction (only 9% of Medicare wheelchairs)
- ❑ Bills will protect/improve CRT access and elevate standards and safeguards to protect the Medicare program and beneficiaries
- ❑ Bills have strong bipartisan Congressional support and broad support from national consumer and medical professional groups

# Year End 2015 Action

- ❑ *Patient Access and Medicare Protection Act (PAMPA) S. 2425* - last bill passed in Congress. Captured misc. Medicare fixes before adjourning.
- ❑ Included 1 year delay in application of CB pricing to accessories for Group 3 Complex Power Wheelchairs ***and required June 1 GAO Report***
- ❑ Did **not** include a delay for accessories used with Complex Manual Wheelchairs
- ❑ Still need H.R. 3229 / S. 2196 passed in 2016

# 2016 CRT Legislation

- 1) Immediate Need To Protect CRT Accessories-  
**H.R. 3229 / S. 2196:** Stop inappropriate Medicare application of DME Competitive Bid information **by December 31<sup>st</sup>** to cut payment rates for accessories (critical components) used on Complex Rehab Wheelchairs
- 2) Comprehensive Improvement-  
**H.R. 1516 / S. 1013:** Create Separate Benefit Category for CRT within Medicare and implement needed improvements in coverage, coding and standards



# H.R. 3229 / S. 2196

## Protect Complex WC Accessories

- ❑ Legislation to stop CMS from INAPPROPRIATELY applying DME Competitive Bid pricing to CRT wheelchair accessories (critical components)
- ❑ Impacts 171 wheelchair accessory codes with payment reductions ranging from 10% to over 40%
- ❑ CMS does not have authority to do this; beyond scope of Final Rule, violates 2008 legislation (MIPPA) AND subsequent CMS policies
- ❑ MAJOR disruption in access to CRT manual and power wheelchairs w/ Medicare AND other payers



# Accessory Bill Co-Sponsors

- ❑ House bill H.R. 3229- Introduced by Rep. Lee Zeldin (R-NY)  
--- **122** Reps. signed on; 77 Rs and 45 Ds; 17 on Ways & Means Committee; 16 on Energy & Commerce Committee (**38 adds in 2016**)
- ❑ Senate bill S. 2196- introduced by Sens. Bob Casey (D-PA) and Rob Portman (R-OH)  
--- **19** Sens. signed on; 9 Rs and 10 Ds; 8 on Finance Committee; 5 on HELP Committee
- ❑ Co-sponsor list by state in your handouts

# Accessory Bill Talking Points

- ❑ Accessories are the **critical components** that allow a CRT wheelchair to be individually configured
- ❑ These major cuts (10% to 40%) will not only hurt Medicare beneficiaries, but will flow to other payers
- ❑ GAO Report confirms data and CRT differences
- ❑ In making these cuts CMS is going against Congressional intent that CRT should be protected
- ❑ **Permanent fix must include accessories on CRT Power and on CRT Manual wheelchairs**

# H.R. 1516 / S. 1013

## “Ensuring Access to Quality CRT Act”

- 1) Creates separate category for CRT within the Medicare DMEPOS benefit (***similar to Orthotics & Prosthetics***)
- 2) Designates specific HCPCS codes as CRT and allows for creation of NEW codes
- 3) Eliminates “in-the-home restriction” for CRT and adds functional considerations
- 4) Expands clinical evaluation to all CRT mobility bases
- 5) Increases supplier standards: “enhanced” ATP credential staff and requires repair capabilities
- 6) Allows nursing home residents to access CRT if part of move to community residence
- 7) Clarifies exemption of CRT from competitive bidding

# SBC Bill Co-Sponsors

- ❑ House bill H.R. 1516- introduced by Reps. Jim Sensenbrenner (R-WI) and Joe Crowley (D-NY) --- **164** Reps. signed on; 69 Rs and 95 Ds; 23 on Ways & Means Committee; 21 on Energy & Commerce Committee
- ❑ Senate bill S. 1013- introduced by Sens. Thad Cochran (R-MS) and Chuck Schumer (D-NY) --- **15** Sens. signed on; 6 Rs and 9 Ds; 4 on Finance Committee; 3 on HELP Committee
- ❑ Co-sponsor list by state in your handouts

# Why SBC Is Needed

- ❑ **Access to CRT is threatened** because its differences from DME are not recognized
- ❑ Changes are needed (coding, coverage, standards) to fully recognize **the specialized nature of CRT** and the medical and functional needs of the individuals who rely on it
- ❑ A Separate Benefit Category (SBC) will improve and protect access within Medicare and then **flow to Medicaid and other payers**

# Broad Support from National Consumer/Clinician Groups

- ❑ Over 50 national groups signed on – all the biggies: *United Spinal Association, National Multiple Sclerosis Society, ITEM Coalition, ALS Association, Muscular Dystrophy Association, National Council on Independent Living, Paralyzed Veterans of America, Christopher and Dana Reeve Foundation, American Association of People with Disabilities, and others*
- ❑ Full list of groups is in your handouts

# “Cost” of CRT Bills

- ❑ Awaiting Congressional Budget Office (CBO) “official” scoring on both bills – CBO estimates are made based on a 10 year projection
- ❑ **WC Accessory Bill** – Based on GAO Report information estimate of \$18 Million a year (\$180 Million over 10 years)
- ❑ **Separate Category Bill** - Actuarial firm (Dobson & DaVanzo) estimate of \$5 Million a year (\$56 Million over 10 years)
- ❑ ***Does not include the impact of “savings” from improved access to CRT***



# GAO Report Released June 1

- ❑ Per S. 2425 “delay” – focus on Group 3 Complex Rehab Power Wheelchair accessories
- ❑ Very data driven based on legislative instructions – focused primarily on utilization and payments
- ❑ Positive for CRT- data and narrative confirms CRT information we have been sharing with Congress
- ❑ Estimated cuts for top 10 CRT accessory codes will range from at least 10% to 34% (or more)
- ❑ NCART summary of GAO Report with key take-aways available at [www.ncart.us](http://www.ncart.us)

# 2016 Second Half Leg Strategy

- ❑ Build on CRT support and GAO Report details
- ❑ WC Accessory Bill- secure additional co-sponsors; work with key committees for larger legislation to attach to and pass
- ❑ Separate Category Bill- secure additional co-sponsors; obtain CBO score; work with key committees for larger legislation to attach/pass

# Questions & Discussion

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[www.ncart.us](http://www.ncart.us)

[www.access2crt.org](http://www.access2crt.org)