

Protecting Access to Essential Complex Rehab Manual Wheelchairs - Support HR 2293/S. 1223

BACKGROUND

Complex rehab technology (CRT) both power and manual wheelchairs along with related accessories are used by a small population of people with significant disabilities such as ALS, cerebral palsy, multiple sclerosis, muscular dystrophy, spinal cord injury, and traumatic brain injury. Within the Medicare program these individuals represent a small (less than 10% of all Medicare beneficiaries who use wheelchairs) but very vulnerable group of beneficiaries.

Since 2015 national consumer, patient, medical professional, and industry advocacy organizations have been working with the Centers for Medicare and Medicaid Services (CMS) and Congress to stop CMS from inappropriately using Medicare Competitive Bid Program (CBP) pricing to cut payment amounts for accessories used with Complex Rehab wheelchairs.

- Complex rehab wheelchair components need additional adjustment and fitting and rely on higher-credentialed technicians for those services.
- The negative consequences will spread to include other people with disabilities who are covered by Medicaid and private health insurance plans since most insurance payers follow Medicare policy.
- This application violates Congress' intent embedded in legislation passed in the Medicare Improvements and Patients and Providers Act (MIPPA) of 2008 and would take away access for people with significant disabilities who require this specialized CRT manual equipment.
- The specialized equipment is provided through a clinical team model and requires evaluation, configuration, fitting, adjustment, programming, and ongoing repair and maintenance.
- The small population of people who require Complex Rehab wheelchairs have the highest level of disabilities and require these individually configured wheelchairs and critical related accessories to meet their medical needs, reduce their health care costs, and maximize their function and independence.

What Medicare calls "accessories" are critical components such as seat/back pressure relieving cushions, positioning devices, recline/tilt systems, and specialty controls. These critical components are what allows the complex rehab wheelchair to be individually configured to meet the unique medical and functional needs of individuals with disabilities.

CMS partially solved the problem on June 23, 2017 by publishing a policy clarification stating it would not use CBP pricing for accessories used with Complex Rehab "power" wheelchair. This resolved the issue for Group 3 Complex Rehab power wheelchairs, but did not extend relief to accessories used with Complex Rehab "manual" wheelchairs. Consequently, CBP pricing continues to be inappropriately applied to accessories used with complex rehab manual wheelchairs. This creates a major disparity for people with disabilities who use complex rehab manual wheelchairs who now have less access to needed accessories than those using complex rehab power wheelchairs. There should be equal access.

REQUEST TO POLICYMAKERS

Congressional action is needed to ensure equal access for Medicare beneficiaries and others with significant disabilities who rely on individually configured complex rehab manual wheelchairs and accessories. Support HR 2293/S. 1223, introduced by Representatives John Larson (D-CT-01), Lee Zeldin (R-NY-01) and Senators Bob Casey (D-PA) and Rob Portman (R-OH)