

Congress Must Protect Access to Essential Complex Rehab Wheelchair Components

BACKGROUND

Complex rehab wheelchairs and essential components are used by a segment of wheelchair users with significant disabilities such as ALS, cerebral palsy, multiple sclerosis, muscular dystrophy, spinal cord injury and traumatic brain injury. For these wheelchair users, the chair is not complete, usable or even safe without the appropriate complex rehab technology components included.

This specialized equipment is provided through a clinical team model and requires extensive evaluation, configuration, fitting, adjustment, or programming. These individuals have the highest level of disabilities and require individually configured complex rehab wheelchairs and critical wheelchair components to meet their medical needs and maximize their function and independence. Complex rehab components are not mere cup-holders or convenience items but include such items as seating and positioning systems and specialty wheelchair controls. These are medically necessary and integral to the complex rehab wheelchair being functional and useful to an individual living with a significant disability such as SCI for them to maintain their independence and participation in society.

As a temporary measure, Congress passed a one-year delay in 2015 that expired on December 31, 2016 and then passed an additional six-month delay in 2016 as part of the 21st Century Cures Act that will expire on June 30, 2017. To provide permanent protection Congress must pass H.R. 1361/S. 486 because:

- Complex rehab wheelchair components need additional adjustment and fitting and rely on higher-credentialed technicians for those services.
- Medicare is inappropriately using pricing information obtained through its competitive bidding program for standard wheelchair components and applying that pricing to complex rehab wheelchair accessories that were not part of the competitive bidding program.
- This policy change is in violation of Congressional intent when it passed *Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)* which excluded complex rehab power wheelchairs and components from the competitive bidding program.
- This policy change is contrary to Medicare policy after MIPPA which states components (called accessories by Medicare) on complex rehab manual wheelchairs are paid at established fee schedule amounts.
- Medicare is using extremely limited information from a sample size of 174 power wheelchairs in nine cities. Medicare plans to apply this inadequate, 7 year old data to complex rehab wheelchair components used on a national universe of over 15,000 complex rehab power wheelchairs.
- The negative consequences will spread to include other people with disabilities who are covered by Medicaid and private health insurance plans since many insurance payers follow Medicare policy.

In order to avoid major access problems for people with significant disabilities whom rely on specialized features and accessories, Medicare must rescind its November 2014 Final Rule CMS 1614-F detailing how Medicare should use information obtained through the Medicare Competitive Bid Program to adjust the Medicare Fee Schedule for competitively bid (CB) items provided in non-bid areas, which refers to reducing the payment amounts for critical complex rehab wheelchair accessories (such as seat/back cushions, recline/tilt systems, specialty controls). The payment changes were to go into effect January 1, 2016.

REQUEST TO POLICYMAKERS

Co-sponsor and pass H.R. 1361/S. 486 to protect access to complex rehab wheelchairs and essential components required by people with disabilities. House sponsors: Rep. Lee Zeldin (R-NY), Rep. John Larson (D-CT); Senate sponsors: Sen. Robert Casey (D-PA), Sen. Rob Portman (R-OH).