



Congress Must Protect People with Disabilities - Pass H.R. 3730 to Clarify Exemption of Complex Rehab Manual Wheelchair Accessories from Competitive Bidding

Issue

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. This application violates Congress' intent embedded in legislation passed in 2008 (MIPPA) and would take away access for people with significant disabilities who require this specialized equipment.

Thankfully Congress has been working on the broad issue and passed temporary delays in 2015 and 2016. To provide a permanent fix, Senators Bob Casey (D-PA) and Rob Portman (R-OH) along with Representatives Lee Zeldin (R-NY) and John Larson (D-CT) introduced 2017 legislation in the Senate (S.486) and the House (H.R. 1361). These bills had strong bipartisan support, ending June 2017 with 22 Senators and 104 Representatives signed on.

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 in that people with disabilities who use Complex Rehab manual wheelchairs now have less access to needed accessories than those using Complex Rehab power wheelchairs. There should be equal access.

It is important to recognize the label "accessories" is a Medicare policy term that does not properly convey that Complex Rehab wheelchair 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 the person with a disability.

The negative consequences of the current situation are not limited to just Medicare beneficiaries. They extend to children and adults with disabilities covered by Medicaid and other health insurance plans since most payers follow Medicare policies. Congressional action is required to provide equal access.

Background

Complex Rehab 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.

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.

CMS has elected to group heterogeneous products under a single HCPCS billing code and as a result the same code includes both Standard wheelchair accessories and Complex Rehab wheelchair accessories. Complex Rehab wheelchair accessories are different technologically, designed to meet a unique clinical need, and are costlier to provide than Standard products. CMS is taking information obtained through the competitive bidding of accessories used on Standard wheelchairs and inappropriately applying that pricing to Complex Rehab accessories that were not part of the CBP.

Congressional Action Needed

This Complex Rehab “manual” wheelchair situation is a lingering issue that was not addressed in CMS’ June 23, 2017 policy correction. Accordingly, Congressional action is needed to stop CMS’ inappropriate application of CBP pricing and ensure equal access for Medicare beneficiaries and others with significant disabilities who rely on individually configured Complex Rehab manual wheelchairs.

Representatives Zeldin and Larson, along with 41 original cosponsors, introduced H.R. 3730 on September 11, 2017 to replace the previous broader bill (H.R. 1361) and focus just on accessories used with Complex Rehab manual wheelchairs. This legislation must be passed as soon as possible.

To sign on as a cosponsor to H.R. 3730, please contact Matt Scott (Matthew.Scott@mail.house.gov) with Representative Zeldin's office or Sylvia Lee (Sylvia.Lee@mail.house.gov) with Representative Larson's.

The National Coalition for Assistive and Rehab Technology (NCART) works to ensure individuals with disabilities have adequate access to Complex Rehab Technology and related supporting services. For additional information visit www.ncart.us.

National Patient, Consumer, and Medical Professional Groups Supporting H.R. 3730	
Academy of Spinal Cord Injury Professionals	ACCSES
Amer. Academy of Physical Medicine & Rehab	American Association on Health and Disability
American Cochlear Implant Alliance	American Congress of Rehabilitation Medicine
American Foundation for the Blind	American Medical Rehabilitation Providers
American Occupational Therapy Association	American Physical Therapy Association
American Therapeutic Recreation Association	Amputee Coalition
Assoc. of the Blind and Visually Impaired (AER)	Assoc. of Assistive Technology Act Programs
Brain Injury Association of America	Caregiver Action Network
Christopher and Dana Reeve Foundation	Clinician Task Force
Lakeshore Foundation	National Assoc. of Orthotics and Prosthetics
National Assoc. for Support of Long Term Care	National Council on Independent Living
National Disability Rights Network	National Multiple Sclerosis Society
Paralyzed Veterans of America	RESNA
Spina Bifida Association	The Arc of the United States
The Myositis Association	Unite 2 Fight Paralysis
United Cerebral Palsy	United Spinal Association