

## NCART Position Paper

### *Separate Recognition Needed for Complex Rehab Technology within State Medicaid Programs*

#### **Position**

Separate recognition and coverage for Complex Rehab Technology (CRT) should be established within State Medicaid programs so that access to these critical products and related services can be assured. The current inclusion of these products within the broad durable medical equipment (DME) category cannot adequately differentiate complex rehab technology and the related services required. Separate recognition and treatment would appropriately distinguish and address the unique needs of individuals with significant disabilities and medical conditions who require these CRT products and services.

Access to Complex Rehab Technology is threatened because of its inclusion in the outdated coverage and classification system for durable medical equipment. Current Medicaid policies fail to adequately address the needs of individuals with disabilities, to recognize the wide range of services furnished by Complex Rehab Technology companies, and to incorporate the complexity and unique nature of the equipment itself. The implications of continuing to define Complex Rehab Technology 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.

#### **Background**

The DME benefit was created over forty years ago to address the medical equipment needs of elderly individuals. Over the years available technology has advanced and now includes complex rehab power wheelchairs, highly configurable manual wheelchairs, 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 medical conditions such as, but not limited to, Cerebral Palsy, Muscular Dystrophy, Multiple Sclerosis, Spinal Cord Injury, Amyotrophic Lateral Sclerosis (Lou Gehrig's disease), and Spina Bifida. Suppliers who furnish this highly specialized technology provide products and services which are unique and different than standard DME.

#### **Complex Rehab Technology is Very Different from Durable Medical Equipment**

- **Population Served:** Complex Rehab Technology is used by children and adults with significant disabilities and medical conditions. This population group 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 more specialized personnel than what is required for standard DME. The provision of CRT is done through an interdisciplinary team consisting of, at a minimum, a Physician, a Physical

Therapist or Occupational Therapist, and a Rehab Technology Professional (referred to as the CRT Team). Devices in this category require a technology assessment completed by a certified Rehab Technology Professional employed by a Complex Rehab Technology Company. This involves matching the medical and functional needs of the individual with the appropriate products. Simulations or equipment trials are often used to ensure that the items are appropriate and meet the person's identified needs. Because the equipment is complex and becomes an extension of the person, fitting, training, and education requires more time than standard DME items.

- **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.
- **Specialized Staff:** Complex Rehab Technology 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.

**Precedent for Treating Customized Devices Differently**

At a federal level, Congress has acknowledged CRT products are unique and more specialized than standard DME. In 2008 Congress passed legislation exempting complex rehab power wheelchairs from inclusion in the Medicare DME competitive bidding program recognizing that such inclusion would jeopardize access to this customized technology. In addition, CMS has recognized the unique nature of other customized products and services and created a separate and distinct 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 calculation. The provision of CRT is very similar to that of O&P and the same distinct recognition is needed for CRT.

**Recommendation**

State Medicaid programs should establish separate recognition and coverage for Complex Rehab Technology products and services that incorporates the customized nature of the technology and the broad range of services necessary to meet the unique medical and functional needs of people with significant disabilities and complex medical conditions.



This initiative is supported by the National Coalition for Assistive & Rehab Technology (NCART). For more information contact Don Clayback, Executive Director, at 716-839-9728 or [dclayback@ncart.us](mailto:dclayback@ncart.us) or visit [www.ncart.us](http://www.ncart.us).