



## Pass H.R. 2293 and S. 1223 to Protect Access to Complex Rehab Wheelchairs for People with Disabilities

### *Clarify Exemption from Medicare Competitive Bidding Program*

**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 Bidding Program (CBP) pricing to cut payment amounts for critical components (a/k/a 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.

Congress passed temporary delays in 2015 and 2016 and then in 2017 Senators Bob Casey (D-PA) and Rob Portman (R-OH), along with Representatives Lee Zeldin (R-NY) and John Larson (D-CT), introduced legislation to provide a permanent fix. These bills garnered strong bipartisan support and finished 2018 with 25 and 123 cosponsors, respectively.

CMS partially solved the problem in 2017 by publishing a policy clarification stating it would not use CBP pricing for accessories used with Complex Rehab "power" wheelchairs. This resolved the issue for Group 3 Complex Rehab power wheelchairs but did not extend relief to the same critical components/accessories when used with Complex Rehab "manual" wheelchairs. CBP pricing continues to be inappropriately applied to these items. This creates a major disparity in that people with disabilities who use Complex Rehab manual wheelchairs have less access to critical components than those using Complex Rehab power wheelchairs. There should be equal access for all.

It is important to recognize the label "accessories" is a Medicare policy term that does not properly convey that Complex Rehab wheelchair accessories are in fact "critical components" such as seat/back pressure relieving cushions, positioning devices, recline/tilt systems, and specialty controls. These critical components allow the Complex Rehab wheelchair to be individually configured and adapted 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 insurance plans since most payers use Medicare payment policies as their basis for payment. Congressional action is required to provide equal access to those with severe disabilities who rely on Complex Rehab manual wheelchairs.

**Background:** Complex Rehab power and manual wheelchairs along with related critical components 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 less than 15% of all Medicare beneficiaries who use wheelchairs, but they are a 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 components to meet their medical needs, reduce their health care costs, and maximize their function and independence.

Unfortunately, CMS groups heterogeneous products under a single HCPCS billing code; the same code includes both Standard wheelchair components and Complex Rehab wheelchair components. Complex Rehab wheelchair components 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 components used on Standard wheelchairs and inappropriately applying that pricing to Complex Rehab components that were not part of the CBP.

**Action Needed:** The core issue is the Complex Rehab “manual” wheelchair situation was not addressed in CMS’ 2017 policy correction and still requires a resolution. Accordingly, Congressional action is needed to stop CMS’ inappropriate application of CBP pricing to these Complex Rehab manual wheelchair systems to ensure equal access for the Medicare beneficiaries (and others) with significant disabilities who rely on them.

H.R. 2293 has been introduced by Representatives John Larson and Lee Zeldin; their staff contacts are Nancy Powers Perry ([Nancy.Perry@mail.house.gov](mailto:Nancy.Perry@mail.house.gov)) and Sarah Talmage ([Sarah.Talmage@mail.house.gov](mailto:Sarah.Talmage@mail.house.gov)), respectively. S. 1223 has been introduced by Senators Bob Casey and Rob Portman; their staff contacts are Gillian Mueller ([Gillian\\_Mueller@casey.senate.gov](mailto:Gillian_Mueller@casey.senate.gov)) and Seth Gold ([Seth\\_Gold@portman.senate.gov](mailto:Seth_Gold@portman.senate.gov)), respectively.