



## Differentiating Between Complex Rehab Technology and Standard Mobility Products

### Background

Durable Medical Equipment (often referred to as Home Medical Equipment or HME) includes a wide range of equipment, accessories, services, and supplies to meet the medical needs of patients in the home care setting.

For people with mobility impairments, wheelchairs and power mobility devices provide greater ambulation and function. A wide variety of products are available to meet the individual’s needs, ranging from a standard manual wheelchair to a highly individualized and customized power chair. Each offers components (called “accessories”) that are added to the base chair to meet the individual’s medical needs and to provide greater functionality for the patient.

Technology has advanced to include highly configurable manual wheelchairs, power wheelchairs, adaptive seating and positioning systems, and other specialized equipment such as standing frames and gait trainers. This technology is referred to as Complex Rehab Technology (CRT) and is prescribed and customized to meet the specific medical and functional needs of individuals with disabilities and chronic conditions.

Both standard wheelchairs and CRT require the same process in following the insurance coverage criteria, conducting a patient evaluation, documenting, and filing paperwork for insurance. However, there are key differences in their design, technology, and clinical involvement that make each mobility category unique and appropriate for certain populations. Further, CRT requires additional clinical and billing processes for insurance coverage.

### How CRT Differs from Standard DME

CRT requires a broader range of services and specialized treatment than standard mobility. Standard mobility products differ significantly from their CRT counterparts as illustrated in this graph:

ELEMENTS	Standard Manual Wheelchairs	CRT Manual Wheelchairs	Standard Power Wheelchairs	CRT Power Wheelchairs
<b>END USERS</b>				
<b>Patient Population</b>	Mobility impairment that limits patient’s ability to participate in mobility-related activities of daily living  May include people with: difficulty ambulating in the home; people at the beginning stage of a disease; short-term rehab	Severely disabled, requiring customized mobility equipment to meet needs.  May Include people with: Multiple Sclerosis (MS), paralysis, spinal cord injuries, cerebral palsy, Amyotrophic Lateral Sclerosis (ALS), Spina Bifida, Muscular Dystrophy.	Mobility impairment that limits patient’s ability to participate in mobility-related activities of daily living  May include people with: pulmonary disease, cardiac disease, amputations, people at the beginning stage of a muscular or neuromuscular disease, short-term rehab	Severely disabled, requiring customized mobility equipment to meet needs.  May Include people with: Multiple Sclerosis (MS), paralysis, spinal cord injuries, cerebral palsy, Amyotrophic Lateral Sclerosis (ALS), Spina Bifida, Muscular Dystrophy.
<b>Length of Need</b>	Short- or Long- Term	Permanent/Long-Term	Permanent/Long-Term	Permanent/Long Term

PRODUCT DESIGN				
<b>Individually Configured</b>	Limited/minimal adjustability options to meet the physical needs of the individual	Individually configured device, customized in size (such as seat depth and width) and design (such as tilt and space) to meet “specific and unique medical, physical, and functional needs of an individual.” <sup>1</sup>	Limited/minimal adjustability options to meet the medical and physical needs of the individual.	Individually configured device to meet “specific and unique medical, physical, and functional needs of an individual.” <sup>1</sup>
<b>Positioning Capacity &amp; Pressure Management</b>	<p><b>BASE CHAIR:</b> Basic—Standard configured size and material weight, (such as lightweight chair) and fixed axles.</p> <p><b>ACCESSORIES:</b> Basic options</p>	<p><b>BASE CHAIR:</b> Advanced— Individually configured sizes and material weights (such as ultra-lightweight chair), adjustable axle plates, lateral axle spacing, seat to back angle adjustments. Also includes tilt &amp; space options on certain chairs.</p> <p><b>ACCESSORIES:</b> Advanced options</p>	<p><b>BASE CHAIR:</b> Basic seating adjustments, only accommodates standard electronics</p> <p><b>ACCESSORIES:</b> Basic options</p>	<p><b>BASE CHAIR:</b> Advanced seating adjustments, accommodates advanced electronics with power options, tilt and recline option</p> <p><b>ACCESSORIES:</b> Advanced options including alternate drive controls (such as sip-and-puff and head array).</p>
CLINICAL & PERSONNEL INVOLVEMENT				
<b>Process for Prescribing and Fitting</b>	Physician prescribes standard mobility device, supplier company fills the order for medical criteria after patient assessment and measurements and home assessment.	Prescribing physician works with Physical Therapist or Occupational Therapist and the supplier company’s Assistive Technology Professional (ATP) for measuring, evaluation, configuration, simulations/trials, adjustment, and customization to build a device that meets the patient’s unique mobility needs. Supplier also conducts home assessment.	Physician prescribes standard mobility device, supplier company fills the order for medical criteria after patient assessment and measurements and home assessment.	Prescribing physician works with Physical Therapist or Occupational Therapist and the supplier company’s Rehab Technology Professional (ATP) for measuring, evaluation, configuration, simulations/trials, adjustment, and customization to build a device that meets the patient’s unique mobility needs. Supplier also conducts home assessment.
<b>Supplier Assistive Technology Professional (ATP)</b>	Not Required	Required	Not Required	Required

1) <http://www.nrrts.org/pages/what-is-complex-rehab-technology-crt>

## Different Products, Same HCPCS

The current HCPCS coding system lumps both basic and advanced high-end accessories together in the same HCPCS code. As result, many payors currently do not distinguish CRT from standard mobility products and components (“accessories”) in their coding systems, including Medicare. This has caused reimbursement issues, as the costs of providing and customizing advanced, high-end products is significantly more labor-intensive than providing basic standard accessories.

Below are examples of overly-broad HCPCS that contain both basic accessories used on standard mobility devices and advanced, high-end accessories used on CRT:

HCPCS	Standard Accessory	Advanced Accessory
<b>E0955:</b> Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	 <i>Basic Headrest</i>	 <i>Complex Head Support Systems</i>
<b>E0960:</b> Wheelchair accessory, shoulder harness/straps or chest strap, including any type mountain hardware	 <i>Basic Chest Strap</i>	 <i>Complex Anterior Trunk Support Systems</i>
<b>E0978:</b> Wheelchair accessory, positioning belt/safety, belt/pelvic strap, each	 <i>Basic Lap Belt</i>	 <i>Complex Pelvic Belt</i>

## Examples of Different Mobility Devices



*Manual Standard vs CRT Wheelchair Examples*

*Power Standard vs CRT Wheelchair Examples*