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Congress of the United States
House of Representatives
Washington, DC 20515-0601

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AND TECHNOLOGY

December 8, 2015

The Honorable Paul D. Ryan
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Nancy Pelosi
Democratic Leader
House of Representatives
Washington, D.C. 20515

Dear Speaker Ryan and Leader Pelosi,

We write today to express urgent concern about upcoming changes to the way Medicare pays for complex rehabilitative wheelchairs and accessories. These changes are scheduled to take effect on January 1, 2016 pursuant to section 1834(a)(1)(F)(ii) of the Social Security Act. The Centers for Medicare & Medicaid Services (CMS) finalized the methodology for adjusting the rates for these items under a rule (CMS 1614-F). We are worried that if CMS implements the rule as it currently stands, beneficiaries could lose access to these crucial products—which is an unacceptable outcome. Congress must act right away to prevent this from happening.

With this in mind, we ask that you consider: (1) delaying implementation of the reduced fee schedule rates for complex rehabilitative wheelchairs and accessories; and (2) require the Government Accountability Office (GAO) to investigate the types of products in the coding for these items. Our hope is that these provisions could be included in the year-end government funding package or any other legislation that will be enacted before next year.

Complex rehabilitative technology (CRT) plays a critical role in the lives of people living with ALS, muscular dystrophy, paralysis, multiple sclerosis, brain injuries, and other disabilities. CRT wheelchairs and accessories are unique products designed to meet the distinct needs of these beneficiaries. The process of making and servicing CRT wheelchairs can be more intensive than it is for standard wheelchairs. For that reason, Congress directed CMS to exclude “Group 3 and above” CRT products from competitive bidding in the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA). Group 2 CRT products, however, were included in the first round of competitive bidding.

In November 2014, CMS finalized a rule that included details about how the agency will use information obtained from the competitive bidding program to adjust the fee schedule amounts for the same items provided in non-bid areas, including a discussion of the application of this use of information to CRT wheelchairs and accessories. In December 2014, CMS issued an FAQ document about the rule, which highlighted the application pricing information obtained from CRT bids to other CRT wheelchairs and accessories. CMS made these pricing determinations based on information about wheelchair accessories (including CRT products) subject to competitive bidding that share the same code under the Healthcare Common Procedure Coding System (HCPCS) with a CRT accessory that is not currently subject to competitive bidding.

In April 2015, 101 members of the House of Representatives wrote a letter to CMS expressing concerns about CMS's decision to apply competitively bid prices to certain CRT wheelchairs and accessories. We noted that the rule could lead to reimbursement cuts of 20 to 50 percent for certain suppliers, thus jeopardizing beneficiary access to these important products. CMS responded to our letter on May 21, 2015. Unfortunately, the agency did not change its position and plans to proceed with the rule. Applying pricing information gleaned from wheelchairs and accessories currently subject to competitive bidding does not always reflect differences between standard and CRT products. Indeed, just because products fall under the same HCPCS code does not mean they are the same or interchangeable. Many CRT accessories should potentially be on separate HCPCS codes that accurately reflect any additional costs and labor associated with making these products.

However, we also acknowledge concerns expressed by CMS that Medicare should not be required to pay different prices for identical or nearly identical accessories depending on whether they are attached to a standard or complex wheelchair. In addition, under Medicare Part B, beneficiaries must pay 20 percent of whatever price the government pays for a given product. Thus, when Medicare pays a higher price for a wheelchair accessory solely because it's attached to a complex chair, those higher costs trickle down to beneficiaries in the form of higher coinsurance.

In order to preserve beneficiary access and ensure the prices paid accurately reflect products' differences, Congress must push CMS to reassess how it determines codes for CRT wheelchairs and accessories. Indeed, Ways & Means Committee Chairman Brady and Ranking Member Levin sent a letter to CMS on November 17, 2015 asking them to provide information on the HCPCS codes affected by this rule including the previous and new Medicare payment amounts. These requests and others indicate a strong interest among members of the House in gathering more information about this issue.

Given the looming January 1, 2016 implementation date, we request Congress delay application of the new rates as it applies to CRT wheelchairs and accessories until June 1, 2017. Furthermore, we ask that Congress require GAO to evaluate CMS coding decisions in this area and submit a report to Congress by January 1, 2017. Specifically, GAO should explain the processes used by CMS for determining the CRT codes.

Congress must act now to prevent this crisis. We owe it to the Medicare beneficiaries who depend on these products to get this right. As always, we welcome your feedback on our request and would appreciate any opportunity to engage in further conversation about how to resolve this very serious situation.

Sincerely,



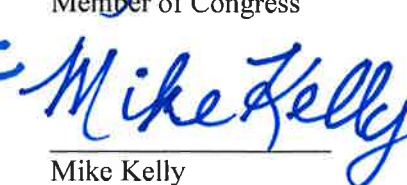
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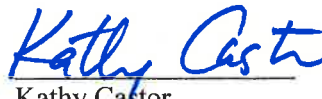
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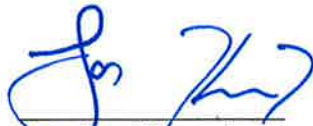

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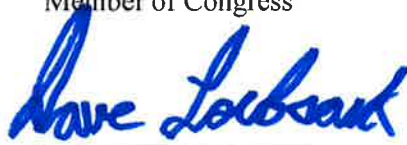

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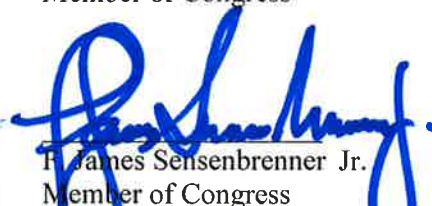

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