Pass H.R. 2408 to Create Separate Benefit Category for CRT

Needed to Protect People with Disabilities Access to Complex Rehab Technology

Overview

A separate benefit category for Complex Rehab Technology (CRT) must be established within the Medicare program to protect people with disabilities' access to this critical technology and supporting services. These specialized products are currently included within Medicare's broad durable medical equipment (DME) benefit category which prevents adequate differentiation of CRT devices to facilitate the establishment of focused policies and safeguards. A separate CRT category will allow for needed improvements in coverage policies, coding, and quality standards to better address the unique needs of people with significant disabilities and chronic medical conditions. These individuals rely on CRT products to manage their medical needs, minimize their health care costs, and maximize their function and independence.

Background

The DME benefit was created over 50 years ago to address the medical equipment needs of elderly individuals. Over time technology has advanced to now include highly configurable manual wheelchairs, power wheelchairs (not the power wheelchairs seen advertised on TV), 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 individually configured to meet the specific medical and functional needs of people with disabilities and chronic medical conditions. These highly specialized products and the related services are unique and significantly different from standard DME.

Because of the current inclusion of CRT in Medicare's outdated DME coverage and classification system, there is not a proper segregation of these products and access to CRT is threatened. Current Medicare policies do not adequately address the unique needs of individuals with disabilities, incorporate the complexity and unique nature of the equipment, or acknowledge the full range of services required in the provision of these products by CRT suppliers. The implications of continuing to classify CRT within the traditional durable medical equipment category are stark. Product choice will be limited and critical services will be curtailed. A full range of products and related services may be unavailable to the individual with a disability, jeopardizing access to the most appropriate equipment and necessary supportive services.

Complex Rehab Technology Is Significantly Different from Standard DME

- Focused on People with Disabilities: Complex Rehab Technology is used by individuals with significant disabilities and medical conditions. The CRT population, who tend to qualify for Medicare based on their disability and not their age, consists of individuals with diagnoses that include, but are not limited to, amyotrophic lateral sclerosis (ALS), cerebral palsy, multiple sclerosis, muscular dystrophy, spinal cord injury, traumatic brain injury, and spina bifida.
- Requires More Clinical/Supplier Personnel, Services, and Time: Complex Rehab Technology requires a broader range of services and specialized personnel than what is required for standard DME. The provision of CRT is conducted through an interdisciplinary team (referred to as the CRT Team) consisting of, at a minimum, a physician, a physical therapist or occupational therapist, and a rehab technology professional (RTP). Devices in this category typically require a clinical evaluation completed by a licensed clinician that identifies the medical and functional needs along with a technology assessment completed by a certified RTP employed by a CRT supplier. The technology assessment involves determining the products and configurations to address the medical and functional needs identified by the clinician. Simulation or equipment trials are often used to ensure that the items are

appropriate and will meet the individual's requirements. Because CRT equipment is complex and in order to meet the specific needs of the individual, the provision process is much more labor and resource intensive than that for standard DME items. This includes the activities of evaluating, selecting, assembling, delivering, fitting, adjusting, training, and education. In addition, Medicare requires environmental assessments within the home for certain CRT products.

- Uniqueness of CRT Devices: These products are individually configured to meet the unique needs and abilities of a specific person. Many of the products require a clinical evaluation, a technology assessment, measuring, fitting, simulations and trials, a mixing and matching of items from different manufacturers, significant training and education, and refitting and additional modifications. The devices also require ongoing maintenance and repairs.
- Requires Credentialed Staff: The Medicare program requires that CRT suppliers 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, configuration, and provision of CRT products.
- More Comprehensive Quality Standards: The Medicare program has established quality standards that all DME companies must meet to qualify for participation in the Medicare program. However, CRT suppliers must also meet additional and more rigorous quality standards given the nature of the equipment provided and the beneficiaries served.

Precedents for Treating Individually Configured Devices Differently

Congress has acknowledged complex rehab power wheelchairs are unique and more specialized than standard DME. In 2008 it passed legislation exempting these products from inclusion in Medicare's DME competitive bidding program recognizing that such inclusion would jeopardize access to this customized technology. In addition, Congress has recognized the unique nature of other customized products and services and created a separate category 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 calculations. This same distinct recognition and segregation is needed for CRT.

Needed Congressional Action

Congress must pass H.R. 2408 to establish a separate benefit category for CRT products and services within the Medicare program and implement other needed changes. This will allow for improvements in coverage policies, coding, and supplier standards to better address the unique needs of the individuals with significant disabilities and chronic medical conditions who rely on these specialized products and related services to manage their medical needs, minimize their health care costs, and maximize their function and independence.

H.R. 2408 has been introduced by Representatives Jim Sensenbrenner (R-WI) and Brian Higgins (D-NY). The staff contacts are Ben Steinhafel (Ben.Steinhafel@mail.house.gov) in Representative Sensenbrenner's office and Jessica Burnell (Jessica.Burnell@mail.house.gov) in Representative Higgins' office.

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A listing of over 50 supportive national consumer and medical professional groups along with other information regarding CRT can be found at www.access2crt.org. For additional information, contact Don Clayback, Steering Committee Chair, at dclayback@ncart.us.