

POSITION PAPER

Separate Benefit Category Needed for Complex Rehab Technology to Ensure Access



Position

A separate benefit category for Complex Rehab Technology should be established within the Medicare program so that access to this critical technology and related services can be assured. The current Medicare durable medical equipment (DME) benefit cannot adequately differentiate complex rehab technology and the related services required. A separate benefit category would appropriately distinguish and address the unique needs of individuals with disabilities and medical conditions who require these Complex Rehab Technology products and services.

Access to Complex Rehab Technology is threatened because of its inclusion in Medicare's outdated coverage and classification system for durable medical equipment. Current Medicare policies fail to adequately address the needs of individuals with disabilities, to consider the 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 Significantly Different from Standard DME

- **Population Served:** Complex Rehab Technology is used by individuals with serious medical conditions different from the traditional elderly Medicare population. This population group, 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, 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 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. In addition, Medicare requires environmental assessments within the home for some Complex Rehab Technology products.

- **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:** The Medicare program requires that 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 Complex Rehab Technology products.
- **More Comprehensive Quality Standards:** The Medicare program has established quality standards that all DME companies must meet to qualify for the Medicare program. The Centers for Medicare and Medicaid Services (CMS) has included additional and more rigorous quality standards with which Complex Rehab Technology companies must comply.

Precedent for Treating Customized 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 the planned 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.

Recommendation

Congress must pass appropriate legislation to establish a new and separate benefit category for Complex Rehab Technology products and services within the Medicare program that recognizes the customized nature of the technology and the broad range of services necessary to meet the unique medical and functional needs of people with disabilities and complex medical conditions.



This initiative is supported by the National Coalition for Assistive & Rehab Technology (NCART), the American Association for Homecare (AAH), the National Registry of Rehab Technology Suppliers (NRRTS), the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA), the Clinician Task Force (CTF), the United Spinal Association (USA), and the Independence Through Enhancement of Medicare and Medicaid Coalition (ITEM). A copy of the related Proposal Paper which contains further details can be downloaded at www.ncart.us. For additional information contact Don Clayback, Committee Chair, at 716-839-9728 or dclayback@ncart.us