



Congress Must Protect People with Disabilities - Pass H.R. 3730 / S. 486 to Clarify Exemption of Critical Complex Rehab Wheelchair Components from Competitive Bidding

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 Bid 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. To provide a permanent fix, 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 in the Senate (S. 486) and the House (H.R. 1361 and H.R. 3730). These bills have strong bipartisan support with 25 Senators and 104/113 Representatives signed on, respectively.

CMS partially solved the problem on June 23, 2017 by publishing a policy clarification stating it would not use CBP pricing for accessories used with Complex Rehab "power" wheelchair. This resolved the issue for Group 3 Complex Rehab power wheelchairs but did not extend relief to critical components/accessories used with Complex Rehab "manual" wheelchairs. CBP pricing continues to be inappropriately applied to these items when used with Complex Rehab manual wheelchairs. This creates a major disparity in that people with disabilities who use Complex Rehab manual wheelchairs have less access to needed 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 are what allows the Complex Rehab wheelchair to be individually configured 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 health insurance plans since most payers follow Medicare policies. Congressional action is required to provide equal access.

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 10% of all Medicare beneficiaries who use wheelchairs, but who 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.

Congressional Action Needed: The core issue is this Complex Rehab “manual” wheelchair situation was not addressed in CMS’ June 23, 2017 policy correction. Accordingly, Congressional action is needed to stop CMS’ inappropriate application of CBP pricing and ensure equal access for Medicare beneficiaries with significant disabilities who rely on individually configured Complex Rehab manual wheelchairs.

On September 11, 2017 Representatives Zeldin and Larson, along with 41 original cosponsors, introduced H.R. 3730 to replace the previous broader bill (H.R. 1361) and focus just on accessories used with Complex Rehab manual wheelchairs. To cosponsor, contact Matt Scott (matthew.scott@mail.house.gov) at Representative Zeldin's office or Sylvia Lee (sylvia.lee@mail.house.gov) with Representative Larson.

The Senate bill (S. 486) addresses accessories used with both complex manual and complex power wheelchairs and would provide a statutory permanent prohibition on CMS applying CBP pricing to accessories used with all complex wheelchairs. To cosponsor this legislation, contact Gillian Mueller (gillian_mueller@casey.senate.gov) or Seth Gold (seth_gold@portman.senate.gov).

Congress must pass H.R. 3730 and S. 486 to protect people with disabilities’ access to the specialized Complex Rehab manual wheelchairs they depend on.

The National Coalition for Assistive and Rehab Technology (NCART) works to ensure individuals with disabilities have adequate access to Complex Rehab Technology and related supporting services. For additional information visit www.ncart.us.

Partial List of National Patient, Consumer, and Medical Professional Groups Supporting Passage	
Academy of Spinal Cord Injury Professionals	ACCSES
Amer. Academy of Physical Medicine & Rehab	American Association on Health and Disability
American Cochlear Implant Alliance	American Congress of Rehabilitation Medicine
American Foundation for the Blind	American Medical Rehabilitation Providers
American Occupational Therapy Association	American Physical Therapy Association
American Therapeutic Recreation Association	Amputee Coalition
Assoc. of the Blind and Visually Impaired (AER)	Assoc. of Assistive Technology Act Programs
Brain Injury Association of America	Caregiver Action Network
Christopher and Dana Reeve Foundation	Clinician Task Force
Lakeshore Foundation	National Assoc. of Orthotics and Prosthetics
National Assoc. for Support of Long Term Care	National Council on Independent Living
National Disability Rights Network	National Multiple Sclerosis Society
Paralyzed Veterans of America	RESNA
Spina Bifida Association	The Arc of the United States
The Myositis Association	Unite 2 Fight Paralysis
United Cerebral Palsy	United Spinal Association