

Preserve Access to Complex Wheelchairs in Medicare

Sign Letter to CMS Requesting Clarification on Reimbursement for Complex Wheelchair Accessories

DEADLINE EXTENDED: Closing COB April 15

Dear Colleague:

Please join us in sending the attached letter to Acting CMS Administrator Andy Slavitt requesting clarification on Medicare payment for accessories used with complex rehabilitative power and manual wheelchairs in order to ensure continued access for Medicare beneficiaries with disabilities.

As part of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), Congress specifically excluded complex rehabilitative power wheelchairs, as well as the related accessories that beneficiaries used with those wheelchairs, from the Medicare durable medical equipment (DME) competitive bidding program. As a result, complex rehabilitative wheelchairs and related accessories have continued to be paid at the established fee schedule amounts in bid and non-bid areas.

However, CMS posted a frequently asked question (FAQ) document online in December, which indicated that the agency intends to apply pricing information obtained from bids for standard wheelchair accessories to complex rehabilitative wheelchair accessories starting in 2016.

The application of competitive bidding pricing to these accessories is contrary to MIPPA and to subsequent CMS policies related to payment for complex rehabilitative manual wheelchair accessories. Clear precedent affirms that these items should continue to be paid at the established fee schedule amounts, as they are today and have been for more than six years during the operation of the competitive bidding program.

We are concerned about the potential negative impact on Medicare beneficiary access to complex rehabilitative wheelchairs and the important accessories used with these devices. A preliminary review of the affected codes suggests that a shift from the current fee schedule to bid program pricing could result in cuts to reimbursements to suppliers by 20 to 50 percent. These accessories are used by people with serious disabilities who depend on individually configured products to meet their unique medical needs and maximize their function and independence.

We invite you to join us in sending a letter urging CMS to review its decision to issue the December 2014 FAQ and request written clarification that these accessories will continue to be paid at Medicare established fee schedule amounts. If you have any questions or would like to sign on to the letter, please contact Elise Conner in Rep. Johnson's office at elise.conner@mail.house.gov (5-5705) or Elizabeth Farrar in Rep. DeGette's office at elizabeth.farrar@mail.house.gov (5-4431).

Sincerely,

Bill Johnson
Member of Congress

Diana DeGette
Member of Congress

Dave Loebsack
Member of Congress

Mike Kelly
Member of Congress

John Larson
Member of Congress

Devin Nunes
Member of Congress

March XX, 2015

Andy Slavitt, Acting Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Acting Administrator Slavitt:

We are writing concerning a recent frequently asked questions (FAQ) document released by the Centers for Medicare and Medicaid Services (CMS) that could prevent Medicare beneficiaries with disabilities from receiving medically necessary complex rehab technology (CRT) as prescribed by their physician.

As part of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA 2008, Section 154), Congress specifically excluded complex rehabilitative power wheelchairs, as well as the related accessories that beneficiaries used with those wheelchairs (such as seat/back cushions, recline/tilt systems, or specialty controls) from the Medicare durable medical equipment (DME) competitive bidding program. Accordingly, CMS did not include those items in Round 1 or Round 2 of the competitive bidding program. In addition, consistent with the spirit of that law, CMS excluded complex rehabilitative manual wheelchairs from Round 2 and implemented a similar policy for accessories used with these wheelchairs. As a result, complex rehabilitative wheelchairs and related accessories have continued to be paid at the established fee schedule amounts in bid and non-bid areas.

In November 2014, CMS issued final rule CMS 1614-F (Medicare Program; End-Stage Renal Disease Prospective Payment System, Quality Incentive Program, and Durable Medical Equipment, Prosthetics, Orthotics and Supplies) to finalize changes to the Medicare DME competitive bidding program. Specifically, the final rule details how CMS will use information obtained from the competitive bidding program to adjust the established fee schedule amounts for competitively bid items provided in non-bid areas.

Following the issuance of that rule, CMS posted an FAQ document online in December. The FAQ document indicates that, starting in 2016, CMS intends to apply pricing information obtained from bids for standard wheelchair accessories to complex rehabilitative wheelchair accessories.

Applying competitive bidding pricing to complex rehabilitative wheelchair accessories is inconsistent with the intent of MIPPA 2008, which specifically exempted wheelchair accessories used with complex rehabilitative power wheelchairs from the competitive bidding program. The application of competitive bidding pricing to complex rehabilitative accessories is also contrary to CMS policies created following the legislation related to payment for complex rehab manual

wheelchair accessories. Clear precedent affirms that these items should continue to be paid at the established fee schedule amounts, as they are today and have been for more than six years during the operation of the competitive bidding program.

We are concerned about the potential negative impact on Medicare beneficiary access to complex rehabilitative wheelchairs and the important accessories used with these devices. A preliminary review of the affected codes indicates that a shift from the current fee schedule to bid program pricing could cut reimbursement to suppliers by 20 to 50 percent. Complex rehabilitative power and manual wheelchairs and the related accessories described above are used by people with serious disabilities including amyotrophic lateral sclerosis (ALS), cerebral palsy, multiple sclerosis, muscular dystrophy, spinal cord injury, and traumatic brain injury. This small population of Medicare beneficiaries with significant disabilities depend on these individually configured products to meet their unique medical needs and maximize their function and independence.

For the reasons discussed above, we urge CMS to review its decision to issue its December 2014 FAQ. We also request that CMS issue written clarification that accessories used with complex rehabilitative power and manual wheelchairs will continue to be paid at Medicare established fee schedule amounts and that such amounts will not be adjusted based on Medicare competitive bidding program pricing.

We appreciate your response by April 30.

Sincerely,

Bill Johnson
Member of Congress

Diana DeGette
Member of Congress

Dave Loebsack
Member of Congress

Mike Kelly
Member of Congress

John Larson
Member of Congress

Devin Nunes
Member of Congress