



New Medicare Policy Must Be Rescinded

Threatens Access to Specialized Complex Rehab Wheelchair Accessories

Background

In November 2014 the Centers for Medicare and Medicaid Services (CMS) issued Final Rule CMS 1614-F detailing how they will use information obtained through the Medicare Competitive Bid Program (CBP) to adjust the Medicare fee schedule for Competitively Bid (CB) items provided in non-bid areas. A subsequent “Frequently Asked Questions” published in December 2014 by CMS indicates that starting in 2016 they intend to use CB pricing information to reduce the payment amounts for Complex Rehab wheelchair accessories (such as seat/back cushions, recline/tilt systems, specialty controls, etc.).

This is in violation of the Medicare Improvements for Patients and Providers Act (MIPPA 2008) which specifically exempted wheelchair accessories used with Complex Rehab power wheelchairs from the CBP. These are paid at established fee schedule amounts. It also goes against subsequent Medicare policy created following the legislation which provides the same treatment for wheelchair accessories used with Complex Rehab manual wheelchairs. The new lower payment rates could impact up to 171 product codes with reductions from 20% to 50%. This will cause major decreases in the availability (or outright elimination) of individually configured Complex Rehab wheelchair systems that Medicare beneficiaries with significant disabilities rely on.

The existing payment policy for wheelchair accessories used on Complex Rehab wheelchairs must be maintained in order to comply with the legislative mandate and subsequent Medicare policy. This announced policy change must be RESCINDED based on the following:

- It's in violation of Congressional legislation (the Medicare Improvements for Patients and Providers Act of 2008) which exempted Complex Rehab power wheelchairs and accessories from the CBP.
- It's contrary to subsequent Medicare policy created by CMS following the legislation which provides accessories on Complex Rehab manual wheelchairs are paid at established fee schedule amounts.
- It's using information obtained through the CBP that relates to standard wheelchair accessories and inappropriately applying it to Complex Rehab wheelchair accessories that were not part of the CBP.
- The negative consequences will spread to include other people with disabilities who are covered by Medicaid and private health insurance plans since many payers follow Medicare policy.

Action Needed

In order to avoid major access problems for people with significant disabilities who rely on this specialized equipment, CMS must rescind this change and affirm that the current Medicare policy for the payment of wheelchair accessories used on Complex Rehab wheelchairs will be maintained.

The National Coalition for Assistive and Rehab Technology (NCART) works to ensure individuals with disabilities have adequate access to Complex Rehab Technology. For additional information contact Don Clayback, Executive Director, at dclayback@ncart.us or visit www.ncart.us.