



## **Medicare Patient Access to Complex Rehabilitation Technology (CRT)**

The Independence Through Enhancement of Medicare and Medicaid (ITEM) Coalition requests that Congress establish a separate benefit category for complex rehabilitation technology within Medicare to ensure beneficiary access to critical assistive devices for beneficiaries with disabling conditions. The current benefit structure presents serious and often insurmountable obstacles for individuals who need to access Complex Rehabilitation Technologies (CRT) to achieve high levels of function in order to achieve good health outcomes, live independently, be employed where possible, care for their loved ones, engage in civic functions, and perform everyday activities.

CRT entail a broader baseline of services than those that are currently referred to under the Medicare program as “durable medical equipment” or “DME.” CRT 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. However, because CRT is currently coupled with the more general DME benefit, these patients face a series of challenges trying to access the appropriate and necessary technologies and services. These challenges include:

- Hindrance of the pairing of an individual’s needs to the appropriate products and technology due to coverage policies that are based on diagnosis instead of a person’s functional needs;
- Severe limitations on devices to be used outside of the home and in the community, due to Medicare’s restrictive interpretation of the “in the home” requirement for DME;
- Threats to patient access by the inclusion of CRT products in Medicare’s DME Competitive Bidding program, a program that could threaten patient access to specialized technology. (While Group 3 complex rehabilitation wheelchairs were exempt from competitive bidding, other items such as configurable manual wheelchairs, tilt-in-space wheelchairs and custom seating and positioning items are still at risk);
- Lack of access to local CRT suppliers and long delays for repairs and maintenance for CRT due to insufficient reimbursement for these specialized devices and services; and
- Reductions in coverage for CRT when State Medicaid programs cut DME benefits.

Congress recognized the difference between DME and CRT when it exempted complex rehabilitation wheelchairs from DME competitive bidding in the Medicare Improvements for

Patients and Providers Act (MIPPA). CRT was exempted from this program to preserve access to these specialized technologies for a patient population that is vulnerable and at-risk. Our proposal to break out a new CRT benefit from the existing DME benefit under the Medicare program would build on that Congressional recognition.

The ITEM Coalition urges Congress to establish a new and separate benefit category for Complex Rehabilitation Technology products and services that recognizes the customized nature of the technology and the range of services necessary to meet the unique medical and functional needs of people with disabilities and complex medical conditions. For more information, please contact Peter Thomas, ITEM Coalition Counsel, at (202) 466-6550.

#### ACCSES

American Academy of Physical Medicine and Rehabilitation  
American Association of People with Disabilities  
American Association on Health and Disability  
American Congress of Rehabilitative Medicine  
American Music Therapy Association  
American Therapeutic Recreation Association  
Amputee Coalition of America  
Association of Assistive Technology Act Programs  
Association of University Centers on Disabilities  
Blinded Veterans Association  
Brain Injury Association of America  
Christopher and Dana Reeve Foundation  
Disability Health Access, LLC  
Disability Rights Education and Defense Fund  
Easter Seals  
Harris Family Center for Disability and Health Policy  
Hearing Loss Association of America  
National Association of County Behavioral Health and Developmental Disability Directors  
National Association of State Head Injury Administrators  
National Council on Independent Living  
National Disability Rights Network  
National Down Syndrome Society  
National Multiple Sclerosis Society  
National Rehabilitation Hospital  
National Spinal Cord Injury Association  
Paralyzed Veterans of America  
Rehabilitation Engineering and Assistive Technology Society of North America  
Spina Bifida Association  
TASH  
The Arc  
United Cerebral Palsy  
United Spinal Association  
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