



July 9, 2015

Submitted Electronically Via CodingComments@cms.hhs.gov

Andy Slavitt, Acting Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
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RE: Miscellaneous Code Comments on Medicare Proposed Payment Changes

Administrator Slavitt:

The Independence Through Enhancement of Medicare and Medicaid (ITEM) Coalition writes to comment on the *Healthcare Common Procedure Coding System (HCPCS) Codes Used for Processing Medicare Claims for Miscellaneous Durable Medical Equipment (DME)*. The ITEM Coalition is a national consumer and clinician-led coalition advocating for access to and coverage of assistive devices and technologies for persons of all ages with injuries, illnesses, disabilities and chronic conditions. Our members represent individuals with a wide range of disabling conditions, as well as the providers who serve them, including such conditions as multiple sclerosis, paralysis, hearing and speech impairments, cerebral palsy, visual impairments, spinal cord injuries, brain injury, stroke, spina bifida, myositis, limb loss, Osteogenesis Imperfecta (“OI”), and other life-altering conditions.

ITEM believes that adequate and appropriate HCPCS codes are the foundation for coverage and payment policies that ensure the best health outcomes for Medicare beneficiaries. We recognize the challenge and conflicts that can occur in trying to properly administer the program as it relates to the primary Medicare beneficiary population. However, **it is imperative that CMS take into account the needs of Medicare beneficiaries who are eligible for the program based on disability, when considering changes to the HCPCS codes used for processing Medicare claims for miscellaneous DME.**

In terms of ensuring access to specialized technology, such as Complex Rehab Technology (CRT), for people with high level disabilities, the importance of an appropriate HCPCS coding system cannot be overstated. CRT products include medically necessary and individually configured manual wheelchairs, power wheelchairs, seating systems, and other adaptive equipment such as standing devices and gait trainers. This specialized equipment requires evaluation, configuration, fitting, adjustment, or programming to meet the individual’s medical needs and maximize function and independence.

With that in mind, ITEM is pleased to see attention being given to the area of DME miscellaneous codes. ITEM generally agrees with the need for more HCPCS codes for miscellaneous DME and otherwise not classified wheelchair components and accessories. Additional codes would allow for more accurate tracking, and allow Medicare and other payers to identify new HCPCS coding needs.

Under the proposed coding changes, CMS is proposing 6 new HCPCS codes:

- 1) KXXX1- Durable Medical Equipment, Miscellaneous, the Purchase Price Does Not Exceed \$150
- 2) KXXX2- Durable Medical Equipment, Miscellaneous, the Purchase Price Exceeds \$150
- 3) KXXX3- Wheelchair Component or Accessory, Miscellaneous, the Purchase Price Does Not Exceed \$150
- 4) KXXX4- Wheelchair Component or Accessory, Miscellaneous, the Purchase Price Exceeds \$150
- 5) KXXX5- Repair Part For Use With Beneficiary Owned Durable Medical Equipment, Other Than Wheelchair, Not Covered Under Supplier Or Manufacturer Warranty, Not Otherwise Specified
- 6) KXXX6- Repair Part For Use With Beneficiary Owned Wheelchair, Not Covered Under Supplier Or Manufacturer Warranty, Not Otherwise Specified

ITEM believes the coding and payment changes proposed will negatively impact people with disabilities in a disproportionate way, due to the small number of people that may need any one item. Utilization is typically low for many important CRTs. As a result, these items are less likely to meet CMS's threshold for a unique HCPCS code.

The impact to Medicare beneficiaries with disabilities will be adverse. Pricing certain items in a manner that will make them very unlikely to be provided to these beneficiaries is not in the interests of patients and will harm access to care. Furthermore, making accessories to wheelchairs capped rental if they cost over \$150 is very inefficient for suppliers, especially because the wheelchair bases may be paid in a lump sum. This will also contribute to a lack of access for Medicare beneficiaries.

In the area of miscellaneous codes, ITEM recommends that CMS consider a different way of stratifying the technology. Rather than using payment categories to differentiate codes, ITEM recommends that CMS use the following descriptors/differentiators to properly segregate the products under the following codes:

- 1) KXXX1- Durable Medical Equipment, Miscellaneous
- 2) KXXX2- Durable Medical Equipment, Component or Accessory
- 3) KXXX3- Standard Wheelchair, Component or Accessory, Not Otherwise Classified
- 4) KXXX4- Complex Rehabilitative Wheelchair, Component or Accessory, Not Otherwise Classified
- 5) KXXX5- Standard Wheelchair, Repair Part for Use with Beneficiary Owned, Not Covered Under Supplier or Manufacturer Warranty, Not Otherwise Specified

- 6) KXXX6- Complex Rehabilitative Wheelchair, Repair Part for Use with Beneficiary Owned, Not Covered Under Supplier or Manufacturer Warranty, Not Otherwise Specified

CMS indicates that fee schedules will be developed for KXXX1-KXXX4. **ITEM disagrees with the idea of developing a fee schedule for miscellaneous HCPCS codes.** Not only are these codes used to bill a wide range of products, as new codes are created and new technology brought to market, the products that are being billed under these codes will change. To develop a fee schedule is not a feasible option, as miscellaneous codes vary so much. Such a fee schedule will create a barrier to innovation and access to existing technology.

In conclusion, ITEM wishes to restate our opposition to the proposed changes – as these changes will negatively impact Medicare beneficiaries with disabilities. We request that CMS reconsider revision to the current system of codes, so as to better address the problem you seek to remedy. Thank you for consideration of our comments.

For more information on ITEM Coalition, please contact the ITEM Steering Committee (listed below) or Sara Rosta, ITEM Coalition Coordinator, at (202) 466-6550 or Sara.Rosta@ppsv.com.

Sincerely,

ITEM Coalition Steering Committee

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