



Cures 2.0: Differentiate CRT as a Separate Medicare Benefit Category

On behalf of the Independence Through Enhancement of Medicare and Medicaid (ITEM) Coalition, we appreciate the opportunity to provide feedback as you develop the legislative reforms included in Cures 2.0. We thank you for considering our recommendations and look forward to working with you.

Request: Recognize Complex Rehabilitation Technology (CRT) as a Separate Medicare Benefit Category

In keeping with your stated goals of modernizing coverage of innovative medical products and reforming Medicare coding, coverage, and payment, we ask that you consider including H.R. 2408, the **Ensuring Access to Quality Complex Rehabilitation Technology Act**, in the Cures 2.0 package. This bipartisan legislation, sponsored by Reps. James Sensenbrenner and Brian Higgins, would create a separate Medicare benefit category for complex rehabilitation technology (CRT) within the existing Medicare program to allow CRT to be distinguished from standard Durable Medical Equipment (DME) items such as commodes, hospital beds, and basic wheelchairs for those with short-term needs.

Background

The DME benefit was created over 50 years ago to address the medical equipment needs of Medicare beneficiaries outside of the hospital, i.e., in their homes. Over time, technology has advanced to include highly configurable wheelchairs, complex power wheelchairs, and associated specialized equipment clinically referred to as complex rehabilitation technology or “CRT”. CRT is prescribed and individually configured to meet the specific medical and functional needs of individuals with disabilities and chronic conditions, representing approximately 10% of the Medicare mobility-impaired population. These highly specialized medical devices and related services are unique and significantly different from standard DME items, but are not treated as such in the current DME benefit category. CRT’s inclusion in Medicare’s outdated DME coverage and classification system leads to threatened and diminished access for individuals who need CRT, as Medicare policies do not acknowledge the full range of clinical services furnished by CRT suppliers nor do they recognize the complexity of CRT itself.

Rationale for Legislative Action

A separate benefit category for CRT should be established within the Medicare program to protect individual access to these critical technologies for people with disabilities and chronic conditions. A separate CRT category will allow for needed improvements in coverage policies, coding, and quality standards to better serve the needs of CRT users and maximize their health, function, and independence, while maintaining existing and appropriate standards governing the provision of more standardized and commodity-based DME. Because CRT is already covered by the Medicare program, we do not believe this bill will cost significantly more than the Medicare program already spends with respect to the DME benefit.

We urge you to consider including H.R. 2408 in the Cures 2.0 package to establish a separate benefit category for CRT devices and related services within the Medicare program. This legislation will ensure that Medicare beneficiaries with long-term or permanent mobility impairments have access to the high-quality rehabilitation technology they need to live a more healthy, independent, and functional life.

The ITEM Coalition is a national consumer and clinician-led coalition advocating for access to and coverage of assistive devices, technologies, and related services for persons with injuries, illnesses, disabilities, and chronic conditions of all ages. For questions, please contact the ITEM Coalition coordinators by email at Peter.Thomas@PowersLaw.com or Joseph.Nahra@PowersLaw.com or by phone at 202-466-6550.