Providing Parity in Wheelchair Access for People with Disabilities

BACKGROUND
Complex rehab technology (CRT) both power and manual wheelchairs along with related components (called “accessories” by the Centers for Medicare and Medicaid Services) are used by a small population of people with significant disabilities such as ALS, cerebral palsy, multiple sclerosis, muscular dystrophy, spinal cord injury, and traumatic brain injury. Within the Medicare program individuals who use complex power and manual wheelchairs represent less than 10% of all Medicare beneficiaries who use wheelchairs.

- Complex rehab wheelchair components need additional adjustment and fitting and rely on higher-credentialed technicians for those services.
- The negative consequences of limited access to medically necessary equipment will spread to include people with disabilities who are covered by Medicaid and private health insurance plans since most insurance payers follow Medicare policy.
- In 2008 Congress included language in the Medicare Improvements for Patients and Providers Act (MIPPA 2008) to specifically exempt Complex Power Wheelchairs and accessories from the Medicare DME Competitive Bidding Program (CBP). As a result, both (a) Complex Power Wheelchairs and accessories and (b) Complex Manual Wheelchairs and accessories were excluded from Medicare’s CBP.
- Unfortunately, in 2016 CMS took steps to inappropriately use Medicare CBP pricing to cut payment amounts for accessories used with both Complex Power Wheelchairs and Complex Manual Wheelchairs. This was met with significant protests from national disability, clinician and industry advocacy organizations alike.
- The customized equipment is provided through a clinical team model and requires evaluation, configuration, fitting, adjustment, programming, and ongoing repair and maintenance.
- The small population (7%) of people who require complex manual wheelchairs live with significant disabilities and require individually configured wheelchairs and critical related accessories to meet medical needs, reduce health care costs, and maximize function and independence.

What Medicare calls “accessories” are critical components such as seat/back pressure relieving cushions, positioning devices, recline/tilt systems, and specialty controls. These critical components are what allows the complex rehab wheelchair to be individually configured to meet the unique medical and functional needs of individuals with disabilities.

CMS partially solved this problem on June 23, 2017 by publishing a policy clarification stating it would not use CBP pricing for accessories used with Complex Rehab “power” wheelchair. This resolved the issue for Group 3 Complex Rehab power wheelchairs, but this did not extend relief to accessories used with Complex Rehab “manual” wheelchairs. Consequently, CBP pricing continues to be inappropriately applied to accessories used with complex rehab manual wheelchairs. This creates a major disparity for people with disabilities who use complex rehab manual wheelchairs who now have less access to needed accessories than those using complex rehab power wheelchairs. There must be equal access.

REQUEST TO POLICYMAKERS
Congressional action is needed to ensure equal access for Medicare beneficiaries and others with significant disabilities who rely on individually configured complex rehab manual wheelchairs and accessories.

Urge your Representative to sign on to this Congressional Letter to Protect Access to People with Disabilities. Representatives John Larson (D-CT) and Lee Zeldin (R-NY) are looking for fellow House Members to join them in signing a bipartisan letter to CMS to ensure people with disabilities who use complex manual wheelchairs are treated the same as those using complex power wheelchairs, as Congress affirmed in H.R. 1865 in 2019 which clarified that the CBP exemption was meant to also apply to Complex Manual Wheelchairs and accessories.