



CMS Must Rescind New Medicare Policy Announcement That Takes Away Access to Important Technology for People with Disabilities and Issue Needed Clarification

In December 2016, the PDAC and DME MACs issued a joint publication indicating that titanium wheelchair frames and patient weight capacity upgrades were not separately billable to Medicare. The article indicates these features were included in the initial fee schedules developed for manual wheelchairs. This is the most recent example of policy changes and re-interpretations over the past few years, and at an increasing pace, implemented by CMS and its contractors that eliminate access. This policy announcement prevents Medicare beneficiaries with disabilities from obtaining complex rehab technology (CRT), even if they are willing to pay for upgrades themselves.

PROBLEM

This most recent change published by the Medicare Part B contractors (the PDAC and the DME MACs) announced that all manual wheelchair codes, including the ultra-lightweight manual wheelchairs (K0005), are inclusive of: (1) all materials (specifically, titanium) and (2) patient weight capacities in excess of 250 pounds. They contend these features were included in the base reimbursement amount established in 1993.

These capabilities and materials were not widely available in 1993 and for years suppliers have used a “not otherwise classified” code to bill for these additional costs and many payers, including Medicare, approved them. For Medicare, if suppliers provided & billed for such items, beneficiaries could choose to pay the difference themselves in cases where coverage was denied, but not anymore.

There are numerous examples of other negative policy changes, such as components previously billed and paid separate from mobility bases being categorized as “included in the base price of the mobility device” without any increase to the base payment rate to cover the increased cost. These changes go into effect without stakeholder input or comment and often with very little notice. Given the changes relate to the national code set used by all payers (HCPCS), the changes often impact not just Medicare beneficiaries, but also people with disabilities enrolled in Medicaid and private insurance plans.

These changes prevent access to critical technologies that are important for people with disabilities and even take away the option for beneficiaries to make decisions regarding necessary equipment if they are willing to pay to upgrade in order to obtain the technology.

REQUIRED ACTION

To ensure Medicare beneficiaries and others with disabilities can continue to have access to this critical technology CMS must take the following actions: (1) rescind this most recent policy announcement and (2) issue a policy clarifications stating: (a) Suppliers can use K0108 to bill for titanium for wheelchairs coded as K0005 and (b) Suppliers can use K0108 to bill for heavy duty upgrades to K0004, K0005 and E1161 manual wheelchair codes.

Following the above action, CMS and its contractors should work with stakeholders to establish mechanisms to achieve the goals of the program without preventing people with disabilities from obtaining the equipment they need.

The National Coalition for Assistive and Rehab Technology (NCART) works to ensure individuals with disabilities have adequate access to Complex Rehab Technology and the related supporting services. For additional information visit www.ncart.us or contact info@ncart.us.