

Dear CRT Provider,

Welcome to the 2020 Medicaid Complex Rehab Technology (CRT) Survey. Medicaid coverage and payment policies play a critical role in adequate access to CRT and we need current information to provide effective advocacy. With that in mind, we are conducting this national survey to gather important information regarding CRT policies on a state-by-state basis.

The data collected will enable us to examine the status and trends within state Medicaid programs and identify where advocacy action may be required. We have kept the survey as condensed as possible and appreciate you taking the time to answer these questions so that we can obtain an accurate analysis. If your company operates in more than one state, please complete a separate survey for each.

For this survey, CRT is defined as individually configured manual wheelchairs, power wheelchairs, seating and positioning systems, standing devices, gait trainers, and other adaptive equipment and related accessories.

To make it easier to complete, we suggest you print out a blank copy of the survey [here](#). You can then prepare your answers in advance and return to complete the survey online.

Thanks for helping gather this important data so we can better understand coverage and payment for CRT in your state and identify areas requiring advocacy action. Should you have any questions, please email Mickae Lee at mlee@ncart.us.

* 1. Please indicate the STATE you are supplying information for.

State/Province

* 2. Please supply respondent information.

Name

Company

State/Province

Email Address

* 3. Does the state differentiate CRT items from DME items in policy, regulation, or legislation? If yes, please summarize.

Yes

No

Other (please specify)

* 4. Has the state Medicaid program adopted Medicare payment rates? If yes, please indicate which fee schedule they are using.

Yes

No

Other (please specify)

* 5. If the state Medicaid fee schedule is tied to the Medicare fee schedule, does it incorporate the KU modifier rates for wheelchair accessories? Add comments if needed.

Yes

No

Not Applicable

Other (please specify)

* 6. Does your state Medicaid program use a "cost-plus" methodology to set payment rates? If yes, please summarize.

Yes

No

Other (please specify)

* 7. Have you experienced prior authorization or payment issues with manually priced and/or individually considered codes in the past year? If yes, please summarize.

Yes

No

Other (please specify)

* 8. Does your state Medicaid program use Medicare policies to restrict coverage? If yes, please summarize.

Yes

No

Other (please specify)

* 9. Does your state Medicaid program cover power wheelchair seat elevation and standing? Add comments if needed.

Yes

No

Other (please specify)

* 10. Does your state Medicaid program cover stand-alone standing devices? Add comments if needed.

Yes

No

Other (please specify)

* 11. Do you have problems with Medicaid Managed Care Organizations in your state? If yes, please summarize.

Yes

No

Other (please specify)

* 12. Does your state Medicaid program or third party Managed Care Organizations use third party consultants (such as the DME Consulting Group) in evaluating CRT claims? If yes, please summarize.

Yes

No

Other (please specify)

* 13. Does your state collect sales tax on CRT? Add comments if needed.

Yes

No

Other (please specify)

* 14. Does your state have an "any willing provider" requirement? Add comments if needed.

Yes

No

Other (please specify)

15. Does your company have any relationships with specific advocacy organizations or government officials?
If yes, please summarize.

Yes

No

Other (please specify)

16. Please add any other comments regarding Medicaid and CRT access issues in your state.