

A separate benefit category for complex rehabilitation technology (CRT) must be created to ensure beneficiary access to critical CRT products and services. The current durable medical equipment (DME) benefit is inadequate for meeting the rehabilitation needs of individuals who require complex rehabilitation technology.

To insure the provision of high quality and effective care, CRT and services must be provided in conjunction with a highly skilled interdisciplinary team of qualified health care providers including occupational therapy practitioners, physicians and rehabilitation technology suppliers.

The provision of complex rehabilitation technology and services is a critical component of high quality care for individuals with complex disabling conditions including Stroke, Cerebral Palsy, Muscular Dystrophy, Parkinson's disease, Multiple Sclerosis and ALS among others. Recent advances in available technologies and interventions are allowing individuals with very complex conditions to achieve a level of functional independence and quality of life that would have been nearly impossible a decade ago.

Occupational therapists bring a unique skill set and expertise to the provision of optimal care in the arena of complex rehabilitation technology. This skill set allows occupational therapists to identify patients' medical, physical and functional needs, synthesize assessment findings, match those findings with the most appropriate and effective technologies to ensure successful outcomes, and medically justify them for the purposes of funding. Occupational therapy practitioners also participate in the fitting and training in use of CRT as well as follow-up to ensure continued functional use of the equipment, as part of an interdisciplinary team effort. Current legislation in the 112th Congress would improve access to CRT and AOTA urges swift passage of the Ensuring Access to Quality Complex Rehabilitation Technology Act (H.R. 4378).

Background

CRT is currently categorized as DME and defined as an item that is able to withstand repeated use, can normally be rented and can be used by successive patients including crutches, walkers, and other basic products and supplies. This DME definition does not adequately represent CRT products and associated services which are defined as medically necessary, individually configured devices that require evaluation, configuration, fitting, adjustment or programming. The current DME benefit category and related coverage, payment and coding policies are grossly inadequate for inclusion of CRT products and services.

The DME benefit was created over forty years ago to address the medical equipment needs of elderly individuals. Over the years available technology has advanced, yet

Medicare policy has not kept pace. CRT and services are by nature very different from DME, yet they are grouped together with one set of coverage, coding and payment policies.

CRT is utilized for individuals with long-term impairments and chronic conditions whose needs are different than the traditional Medicare population for whom the DME benefit was designed. They require specially trained professionals, including occupational therapists acting as part of an interdisciplinary team, to evaluate each person individually and make the correct determination of a beneficiary's needs.

Presently individuals with significant physical, functional, and cognitive disabilities are experiencing limited, reduced or denied access to CRT within the Medicare program. Medicare policy by design is geared towards the primary Medicare population of individuals with chronic disease over the age of 65. However, Medicare policy also serves the smaller population of individuals who qualify for Medicare due to permanent disability, young or old. This policy strongly influences Medicaid and private third party payer policies thus impacting virtually all individuals with disabilities. Access to CRT is threatened because of its inclusion in Medicare's outdated classification system for DME.

Recommendations

Congress should pass legislation to establish a new separate benefit category for CRT and services within the Medicare program. The legislation should recognize the complex and customized nature of the technology required to meet the medical and functional needs of individuals with disabilities and complex medical conditions. In addition the law should specifically recognize the full spectrum of qualified services necessary to the provision of high quality and effective care, including occupational therapy. In particular AOTA urges Congress to pass the Ensuring Access to Quality Complex Rehabilitation Technology Act (H.R.4378).