Whereas, Complex rehabilitation technology (CRT) products are medically necessary devices individually configured to meet a person’s unique needs, such as custom manual and powered wheelchairs, adaptive seating systems, alternative positioning systems, and other mobility devices; and

Whereas, The primary end users of CRT equipment are individuals with significant and disabling chronic conditions that result in long-term disabilities necessitating the use of properly fitted CRT for maximum independence in mobility and activities of daily living and leisure; and

Whereas, The Centers for Medicare & Medicaid Services (CMS) currently classifies CRT under the broad category of durable medical equipment (DME) that was created more than 50 years ago; and

Whereas, The current DME category does not distinguish technological differences between CRT and other DME, which often results in limited or no access to CRT; and

Whereas, Congress and CMS recognized within the Medicare Improvements for Patients and Providers Act of 2008 the benefit of a separate classification for complex rehabilitation power wheelchairs and related accessories for individuals with complex chronic conditions that are substantially disabling or life threatening and who have a high risk of hospitalization or other significant adverse health outcomes; and

Whereas, Creating a separate classification for CRT would allow CMS to create additional requirements beyond those that currently exist for the fitting and prescribing of CRT; and

Whereas, DME typically is furnished for in-home use, but CRT often is required for optimal transition from a skilled nursing facility or other long-term care facility to a home or a community setting, as well as for continued use in daily living activities; and

Whereas, An individual requiring a stay at a long-term care facility under Medicare Part A will not be provided DME under Medicare Part B during the stay, which results in patients not receiving the necessary CRT; and

Whereas, Many long-term care facilities do not provide CRT due to cost or lack of expertise with CRT configuration; and
Whereas, Limited access to CRT puts an individual at risk for reduced independence and
greater susceptibility to illness, which may result in extended institutionalization, increased
morbidity or even death, increased readmission rates, and increased medical costs; therefore
be it

RESOLVED, That our American Medical Association advocate for the Centers for Medicare &
Medicaid Services to reclassify complex rehabilitation technology as a separate and distinct
payment category to improve access to the most appropriate and necessary equipment to allow
individuals with significant disabilities and chronic medical conditions to increase their
independence, reduce their overall health care expenses and appropriately manage their
medical needs. (New HOD Policy)

Fiscal Note: Not yet determined

Received: 05/22/18

RELEVANT AMA POLICY

Durable Medical Equipment Requirements H-330.945
Our AMA will: (1) continue to seek legislation to prohibit unsolicited contacts by durable medical
equipment suppliers that recommend medically unnecessary durable medical equipment to
Medicare beneficiaries; (2) affirm the concept that members of a physician-led interprofessional
health care team be enabled to perform delegated medical duties, including ordering durable
medical equipment, that they are capable of performing according to their education, training
and licensure and at the discretion of the physician team leader; (3) advocate that the initiators
of orders for durable medical equipment should be a physician, or a nurse practitioner or
physician assistant supervised by a physician within their care team, consistent with state scope
of practice laws; and (4) reaffirm the concept that physicians are ultimately responsible for the
medical needs of their patients.
Citation: (Sub. Res. 205, A-94; Reaffirmed: BOT Rep. 29, A-04; Reaffirmation A-04; Reaffirmed:
BOT Rep. 14, A-13; Modified in lieu of Res. 802, I-13)

Protect Medicare Beneficiary Access to Complex Rehabilitation Wheelchairs D-330.907
Our AMA strongly encourages the Centers for Medicare and Medicaid Services (CMS) to refrain
from implementing policies on January 1, 2016 that would curtail access to complex
rehabilitation technology (CRT) wheelchairs and accessories by applying competitively bid
prices to these specialized devices. In the event that CMS does not refrain from implementing
policies limiting access to CRT wheelchairs, our AMA will encourage Congress to support
legislation (e.g. H.R. 3229) that would provide a technical correction to federal law to clarify that
CMS cannot apply Medicare competitive bidding pricing to CRT wheelchairs.
Citation: (Res. 816, I-15)