Cures 2.0: Improve Patient Access to Disposable Negative Pressure Wound Therapy

On behalf of the Independence Through Enhancement of Medicare and Medicaid (ITEM) Coalition, we appreciate the opportunity to provide feedback as you develop the legislative reforms included in Cures 2.0. We thank you for considering our recommendations and look forward to working with your offices.

Request: Reform Payment System for Disposable Negative Pressure Wound Therapy

In keeping with your stated goals of modernizing coverage of innovative medical products and reforming Medicare coding, coverage, and payment, we ask that you include language in the Cures 2.0 package requiring the Centers for Medicare and Medicaid Services (CMS) to reform payment regulations for disposable negative pressure wound therapy (disposable NPWT), in keeping with Congressional intent. Current coding and payment requirements implemented by CMS act as barriers to patient access for this important therapy and increase unnecessary provider burden. Disposable NPWT is often more cost effective, preferred by patients due to its ease of use, and efficacy in treating intractable wounds.

Background

Prior to 2015, Medicare reimbursement for disposable NPWT provided to Medicare home health beneficiaries was included in the home health episodic payment rate, although traditional NPWT is separately reimbursed under the Durable Medical Equipment (DME) benefit. In 2015, Congress created a statutory benefit to reimburse home health agencies (HHAs) separately for disposable NPWT in order to ensure patient access to this treatment, which provides a cost-effective, convenient, and patient-centered alternative to traditional NPWT. In fact, this legislation was originally included in the House-passed draft of the 21st Century Cures Act, and was enacted through the Consolidated Appropriations Act of 2016.

Despite clear congressional intent to increase access to disposable NPWT, CMS' implementation of this benefit has led to underutilization by Medicare beneficiaries in the home setting due to burdensome billing requirements imposed on HHAs. CMS requires HHAs to bill for disposable NPWT using non-standard forms with which HHAs have no prior experience, creating confusion that often prompts providers to avoid using this treatment altogether. Additionally, CMS does not allow home health visits to be reimbursed if the visit is solely for the purpose of providing disposable NPWT, regardless of the patient's need for such treatment.

Rationale for Legislative Action

These burdensome requirements, which result in disparate regulatory treatment of two similar technologies, not only decrease patient access but run counter to Congress' intent in 2015. CMS has refused calls from stakeholders to consider alternative billing methods that would remove these unnecessary barriers to access, thereby creating a further disincentive for physicians and medical technology manufacturers to innovate in disposable technologies. As a coalition comprised largely of consumer and clinical organizations, many of which represent individuals whose conditions may lead to the development of serious skin breakdowns and decubitus ulcers, we are keenly aware of the critical importance of access to appropriate wound therapy.

We urge you to consider including language in the Cures 2.0 package to require CMS to accept charges for disposable NPWT on the standard payment form, and to treat the application of disposable NPWT as a home health visit, the same way that the agency treats traditional NPWT.

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The ITEM Coalition is a national consumer and clinician-led coalition advocating for access to and coverage of assistive devices, technologies, and related services for persons with injuries, illnesses, disabilities, and chronic conditions of all ages. Should you have any further questions, please contact the ITEM Coalition coordinators by email at Peter.Thomas@PowersLaw.com or Joseph.Nahra@PowersLaw.com or by phone at 202-466-6550.

Cures 2.0: Differentiate CRT as a Separate Medicare Benefit Category

On behalf of the Independence Through Enhancement of Medicare and Medicaid (ITEM) Coalition, we appreciate the opportunity to provide feedback as you develop the legislative reforms included in Cures 2.0. We thank you for considering our recommendations and look forward to working with you.

Request: Recognize Complex Rehabilitation Technology (CRT) as a Separate Medicare Benefit Category

In keeping with your stated goals of modernizing coverage of innovative medical products and reforming Medicare coding, coverage, and payment, we ask that you consider including H.R. 2408, the **Ensuring Access to Quality Complex Rehabilitation Technology Act**, in the Cures 2.0 package. This bipartisan legislation, sponsored by Reps. James Sensenbrenner and Brian Higgins, would create a separate Medicare benefit category for complex rehabilitation technology (CRT) within the existing Medicare program to allow CRT to be distinguished from standard Durable Medical Equipment (DME) items such as commodes, hospital beds, and basic wheelchairs for those with short-term needs.

Background

The DME benefit was created over 50 years ago to address the medical equipment needs of Medicare beneficiaries outside of the hospital, i.e., in their homes. Over time, technology has advanced to include highly configurable wheelchairs, complex power wheelchairs, and associated specialized equipment clinically referred to as complex rehabilitation technology or "CRT". CRT is prescribed and individually configured to meet the specific medical and functional needs of individuals with disabilities and chronic conditions, representing approximately 10% of the Medicare mobility-impaired population. These highly specialized medical devices and related services are unique and significantly different from standard DME items, but are not treated as such in the current DME benefit category. CRT's inclusion in Medicare's outdated DME coverage and classification system leads to threatened and diminished access for individuals who need CRT, as Medicare policies do not acknowledge the full range of clinical services furnished by CRT suppliers nor do they recognize the complexity of CRT itself.

Rationale for Legislative Action

A separate benefit category for CRT should be established within the Medicare program to protect individual access to these critical technologies for people with disabilities and chronic conditions. A separate CRT category will allow for needed improvements in coverage policies, coding, and quality standards to better serve the needs of CRT users and maximize their health, function, and independence, while maintaining existing and appropriate standards governing the provision of more standardized and commodity-based DME. Because CRT is already covered by the Medicare program, we do not believe this bill will cost significantly more than the Medicare program already spends with respect to the DME benefit.

We urge you to consider including H.R. 2408 in the Cures 2.0 package to establish a separate benefit category for CRT devices and related services within the Medicare program. This legislation will ensure that Medicare beneficiaries with long-term or permanent mobility impairments have access to the high-quality rehabilitation technology they need to live a more healthy, independent, and functional life.

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Cures 2.0: Ensure Beneficiary Access to Critical Wheelchair Technology

On behalf of the Independence Through Enhancement of Medicare and Medicaid (ITEM) Coalition, we appreciate the opportunity to provide feedback as you develop the legislative reforms included in Cures 2.0. We thank you for considering our recommendations and look forward to working with your offices.

Request: Direct CMS to Cover Seat Elevation and Standing Feature in Power Wheelchairs

In keeping with your stated goals of modernizing coverage of innovative medical products and reforming Medicare coding, coverage, and payment, we ask that you include language in the Cures 2.0 package directing the Centers for Medicare and Medicaid Services (CMS) to recognize seat elevation and standing features in power wheelchairs as covered under the Durable Medical Equipment (DME) benefit. This change would enhance beneficiary access to critical mobility device functions that allow full participation in daily life and remedy a misinterpretation by Medicare contractors that these features are not "primarily medical in nature."

Background

Seat elevation is an "accessory" to power wheelchairs that allows an individual with mobility impairment to raise and lower themselves in the seated position through an electromechanical lift system that is embedded into the power wheelchair itself. This feature is critical in assisting users with transfers from a wheelchair to a commode, bed, or other uneven surface, and allowing for independence in the performance of mobility-related activities of daily living (MRADLs). Standing feature allows an individual to transition safely from a seated to standing position without the need to leave their chair, allowing independent performance of MRADLs and offering the numerous medical benefits of standing.

CMS' national coverage determination (NCD) for mobility assistance equipment (MAE) uses the performance of MRADLs as the standard for coverage under the DME benefit. However, Medicare's regional contractors have taken the position that these features are non-covered because they are not "primarily medical in nature." This position is clearly inconsistent with the NCD for MAE as well as past CMS rulings that accessories to wheelchairs integral to their function are considered DME. This misinterpretation not only presents a burden for patients who are denied access to these features, but for providers who must treat additional secondary conditions that may develop that could have been avoided with the use of these features.

Rationale for Legislative Action

With standing feature and seat elevation, beneficiaries with mobility impairments are able to perform MRADLs and function independently in their home. Without them, they have limited options to perform necessary tasks without assistance, and may also incur increased risk of falls (particularly when transferring from their wheelchair to uneven surfaces) while being denied the medical benefits of standing and movement, such as improved circulation, gastrointestinal tract function, bone density, and vital organ capacity. Due to the inappropriate Benefit Category Determination (BCD) advanced by Medicare's contractors, there is no clear legal pathway for beneficiaries or advocates to challenge this restrictive coverage policy.

We urge you to include language in the Cures 2.0 package directing CMS to reconsider the position of the administrative contractors and deem seat elevation and standing feature as primarily medical in nature and, therefore, durable medical equipment. CMS should then activate the HCPCS codes (E-2300 and E-2301) and develop a reasonable reimbursement rate and coverage policy for these features.

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