

113TH CONGRESS
1ST SESSION

H. R. 942

To amend title XVIII of the Social Security Act to provide for coverage and payment for complex rehabilitation technology items under the Medicare program.

IN THE HOUSE OF REPRESENTATIVES

MARCH 4, 2013

Mr. CROWLEY (for himself and Mr. SENSENBRENNER) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act to provide for coverage and payment for complex rehabilitation technology items under the Medicare program.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Ensuring Access to
5 Quality Complex Rehabilitation Technology Act of 2013”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) Individuals with disabilities and significant
2 medical conditions such as Cerebral Palsy, Muscular
3 Dystrophy, Multiple Sclerosis, Spinal Cord Injury,
4 Amyotrophic Lateral Sclerosis, and Spina Bifida ex-
5 perience physical, functional, and cognitive chal-
6 lenges every day.

7 (2) Complex rehabilitation technology items (in
8 this Act referred to as “CRT items”), including
9 products such as complex rehabilitation power wheel-
10 chairs, highly configurable manual wheelchairs,
11 adaptive seating and positioning systems, and other
12 specialized equipment, such as standing frames and
13 gait trainers, enable individuals to maximize their
14 function and minimize the extent and costs of their
15 medical care.

16 (3) Access to CRT items and related services
17 can be threatened by inadequate coding, coverage,
18 and payment policies for such items and services.
19 These policies have restricted access to existing com-
20 plex rehabilitation technology and stifled innovation.
21 Access challenges have increased over the past sev-
22 eral years and, without meaningful change to these
23 policies, will only become greater in the future.

24 (4) Current Medicare policies often fail to ade-
25 quately address the needs of individuals with disabil-

ities, to consider the range of services furnished by complex rehabilitation technology suppliers, and to recognize and account for the complexity and unique nature of the equipment itself.

(5) A significant factor responsible for such access challenges is that individually-configurable CRT items do not have a distinct payment category under the Medicare program, but instead are classified within the broad category of durable medical equipment (DME). CRT items serve patients with serious medical conditions that require a broader range of services and specialized personnel than what is required for standard DME. Customizable CRT items also require more resources in the areas configuring, training, and education to ensure appropriate use and to optimize results.

(6) Unlike most DME, a medical model incorporating an interdisciplinary team approach is necessary to ensure proper customization and use of a CRT item. This team typically includes a physician, a licensed physical or licensed occupational therapist (with no financial relationship with the CRT supplier), a qualified CRT professional, the individual using such item, and sometimes a caregiver for such individual.

1 (7) The Medicare program should recognize the
2 specialized nature of the CRT service delivery model,
3 the required supporting processes and technology-re-
4 lated CRT services, the credentials and competencies
5 needed by the providing suppliers and critical staff,
6 and the related costs involved. A separate benefit
7 category for CRT items would allow for unique cod-
8 ing, coverage, and payment rules and policies that
9 address the unique needs of persons with disabilities
10 and acknowledge the extensive service component.

11 (8) Congress and the Centers for Medicare &
12 Medicaid Services have previously recognized the
13 benefits of a separate classification for unique, cus-
14 tomized products. In 2008, Congress exempted cer-
15 tain CRT items from inclusion in the Medicare
16 DME competitive bidding program, and Congress
17 has created a separate and distinct benefit category
18 for orthotics and prosthetics (custom braces and ar-
19 tificial limbs), which have their own medical policies,
20 accreditation standards, and payment calculations.

21 **SEC. 3. ESTABLISHING SEPARATE BENEFIT CATEGORY FOR**
22 **COMPLEX REHABILITATION TECHNOLOGIES**
23 **WITHIN MEDICARE.**

24 (a) NEW CATEGORY.—Section 1861 of the Social Se-
25 curity Act (42 U.S.C. 1395x) is amended—

1 (1) in subsection (s)(2)—

2 (A) in subparagraph (EE), by striking
3 “and” at the end;

4 (B) in subparagraph (FF), by inserting
5 “and” at the end; and

6 (C) by inserting after subparagraph (FF)
7 the following new paragraph:

8 “(GG) complex rehabilitation technology
9 items (as defined in subsection (iii));”; and

10 (2) by adding at the end the following new sub-
11 section:

12 “Complex Rehabilitation Technology Item

13 “(iii)(1) The terms ‘complex rehabilitation technology
14 item’ and ‘CRT item’ mean an item that—

15 “(A) is designed and configured for a specific
16 qualified individual to meet the individual’s unique—

17 “(i) medical, physical, and functional needs
18 related to a medical condition; and

19 “(ii) capacities for basic activities of daily
20 living and instrumental activities of daily living;

21 “(B) is primarily used to serve a medical pur-
22 pose and is generally not useful to a person in the
23 absence of illness or injury; and

1 “(C) requires certain services to ensure appro-
2 priate design, configuration, and use of such item,
3 including—

4 “(i) an evaluation of needs and capacities
5 and matching of the features and functions of
6 CRT items to the qualified individual who will
7 use such an item; and

8 “(ii) configuring, fitting, programming, ad-
9 justing, or adapting the particular complex re-
10 habilitation technology item for use by such in-
11 dividual.

12 “(2)(A) The Secretary, in consultation with the Di-
13 rector of Office on Disability, the Chairman of the Na-
14 tional Council on Disability, the Executive Director on the
15 Interagency Committee on Disability, the Director of the
16 National Institute on Disability and Rehabilitation Re-
17 search of the Department of Education, and the Co-Chair-
18 men of the Senior Oversight Committee’s Care Manage-
19 ment Reform Team of the Department of Defense and the
20 Veterans Administration, shall, by regulation—

21 “(i) designate items as complex rehabilitation
22 technology items; and

23 “(ii) establish eligibility criteria to determine if
24 an individual is a qualified individual based on the
25 level of physical and functional needs and capacities

1 related to a medical condition or conditions de-
 2 scribed in subparagraph (E).

3 “(B) The items designated as complex rehabilitation
 4 technology items under subparagraph (A)(i) shall include
 5 items which, as of January 1, 2013 , were classified within
 6 the following HCPCS codes: E0637, E0638, E0641,
 7 E0642, E0986, E1002, E1003, E1004, E1005, E1006,
 8 E1007, E1008, E1009, E1010, E1011, E1014, E1037,
 9 E1161, E1220, E1228, E1229, E1231, E1232, E1233,
 10 E1234, E1235, E1236, E1237, E1238, E1239 E2209,
 11 E2291, E2292, E2293, E2294, E2295, E2300, E2301,
 12 E2310, E2311, E2312, E2313, E2321, E2322, E2323,
 13 E2324, E2325, E2326, E2327, E2328, E2329, E2330,
 14 E2331, E2351, E2373, E2374, E2376, E2377, E2609,
 15 E2610, E2617, E8000, E8001, E8002, K0005, K0835,
 16 K0836, K0837, K0838, K0839, K0840, K0841, K0842,
 17 K0843, K0848, K0849, K0850, K0851, K0852, K0853,
 18 K0854, K0855, K0856, K0857, K0858, K0859, K0860,
 19 K0861, K0862, K0863, K0864, K0868, K0869, K0870,
 20 K0871, K0877, K0878, K0879, K0880, K0884, K0885,
 21 K0886, K0890, K0891, and K0898.

22 “(C)(i) The items designated as complex rehabilita-
 23 tion technology items under subparagraph (A)(i) shall in-
 24 clude each item that—

1 “(I) as of January 1, 2013, was classified with-
2 in the HCPCS codes under clause (ii); and

3 “(II) the Secretary, acting in consultation with
4 suppliers and manufacturers of CRT items, deter-
5 mines should be removed from such code and as-
6 signed a new HCPCS code because such item is a
7 complex rehabilitation technology item.

8 “(ii) The HCPCS codes under this clause are the fol-
9 lowing: E0143, E0950, E0951, E0952, E0955, E0956,
10 E0957, E0958, E0960, E0967, E0978, E0990, E1015,
11 E1016, E1028, E1029, E1030, E2205, E2208, E2231,
12 E2368, E2369, E2370, E2605, E2606, E2607, E2608,
13 E2613, E2614, E2615, E2616, E2620, E2621, E2624,
14 E2625, K0004, K0009, K0040, K0108, and K0669.

15 “(D) The Secretary may not designate as a complex
16 rehabilitation technology item—

17 “(i) adaptive equipment to operate motor vehi-
18 cles;

19 “(ii) prosthetic devices described in subsection
20 (s)(8); or

21 “(iii) orthotics and prosthetics described in sub-
22 section (s)(9).

23 “(E) In establishing the eligibility criteria under sub-
24 paragraph (A)(ii), the Secretary shall include appropriate

1 physical and functional needs and capacities arising from
2 any of the following medical conditions:

3 “(i) Congenital disorders, progressive or degenerative neuromuscular diseases, or injuries or trauma that result in significant physical or functional needs and capacities.

7 “(ii) Spinal cord injury, traumatic brain injury, cerebral palsy, muscular dystrophy, spina bifida, osteogenesis imperfecta, arthrogryposis, amyotrophic lateral sclerosis, multiple sclerosis, demyelinating disease, myelopathy, myopathy, progressive muscular atrophy, anterior horn cell disease, post-polio syndrome, cerebellar degeneration, dystonia, Huntington’s disease, or spinocerebellar disease.

15 “(iii) Certain types of amputation, paralysis, or paresis that result in significant physical or functional needs and capacities.

18 “(F)(i) For 2014, the Secretary shall publish—

19 “(I) a list of items designated under subparagraph (A)(i) and the HCPCS codes for such items;
21 and

22 “(II) the eligibility criteria established under subparagraph (A)(ii).

24 “(ii) For 2015 and each subsequent year, the Secretary shall publish any necessary updates to such list (in-

cluding additions of new CRT items and any changes in applicable HCPCS codes) and to such eligibility criteria.

“(G) The Secretary shall make available, on a public Web site, the process by which the Secretary will consider requests from members of the public that the Secretary—

“(i) designate an item as a CRT item under subparagraph (A)(i); or

“(ii) amend the eligibility criteria established under subparagraph (A)(ii).

“(3) For purposes of this subsection:

“(A) The term ‘capacity for basic activities of daily living’ means an individual’s capacity to safely participate in mobility and self-care activities including—

“(i) maintaining and changing body position;

“(ii) transferring to or from one surface to another;

“(iii) walking;

“(iv) moving from place to place using mobility equipment, in a safe and timely manner;

“(v) washing one’s self;

“(vi) caring for the body;

“(vii) toileting;

“(viii) dressing;

1 “(ix) eating;
2 “(x) drinking;
3 “(xi) looking after one’s health; and
4 “(xii) carrying, moving, and handling ob-
5 jects to perform and participate in other activi-
6 ties under this subparagraph and subparagraph
7 (B).

8 “(B) The term ‘capacity for instrumental activi-
9 ties of daily living’ means an individual’s capacity to
10 safely participate in life situations in the home and
11 community, including—

12 “(i) communicating;
13 “(ii) moving around using transportation;
14 “(iii) acquiring necessities, goods, and
15 services;
16 “(iv) performing household tasks;
17 “(v) caring for household members and
18 family members;
19 “(vi) caring for household objects;
20 “(vii) engaging in education, work, employ-
21 ment and economic life; and
22 “(viii) participating in community, social,
23 and civic activities.

24 “(C) The term ‘HCPCS’ refers to the Health
25 Care Procedure Coding System.

1 “(D) The term ‘individually-configured’ means,
2 with respect to an item, that—

3 “(i) the item has a combination of fea-
4 tures, adjustments, or modifications that are
5 specific to the individual who uses such item;
6 and

7 “(ii) the supplier of such item must meas-
8 ure the individual and configure, fit, program,
9 adjust, or adapt the item, as appropriate, so
10 that the item is consistent with—

11 “(I) an assessment or evaluation of
12 the individual by an appropriate licensed
13 clinician;

14 “(II) the written order required under
15 section 1834(p)(2)(B)(i); and

16 “(III) medical condition, physical and
17 functional needs and capacities, and body
18 size of the individual who will use the item,
19 the period for which such individual will
20 need such item, and the intended use of
21 such item by such individual.

22 “(E) The term ‘qualified individual’ means an
23 individual who—

24 “(i) is enrolled under part B; and

1 “(ii) has physical and functional needs and
 2 capacities that arise from a medical condition
 3 that meet the eligibility criteria established by
 4 the Secretary under paragraph (2)(A)(ii).”.

5 **SEC. 4. PAYMENT RULES.**

6 Section 1834 of the Social Security Act (42 U.S.C.
 7 1395m) is amended by adding at the end the following:

8 “(p) COVERAGE AND PAYMENT FOR CRT ITEMS.—

9 “(1) GENERAL RULE FOR PAYMENT.—

10 “(A) IN GENERAL.—Not later than the
 11 date that is one year after the date of the en-
 12 actment of this subsection, subject to subpara-
 13 graph (B), the Secretary shall determine a pay-
 14 ment system that shall apply to CRT items—

15 “(i) with HCPCS codes that were as-
 16 signed to the item under section
 17 1861(iii)(2)(C)(i)(II);

18 “(ii) for which no HCPCS code was
 19 assigned prior to such date; or

20 “(iii) which, prior to such date, was
 21 classified under a miscellaneous HCPCS
 22 code.

23 “(B) CONSIDERATIONS.—In determining
 24 the payment system under subparagraph (A),
 25 the Secretary—

1 “(i) may disregard the freezes on CPI
2 increases to the payment amounts for du-
3 rable medical equipment that occurred be-
4 fore the date of the enactment of this sub-
5 section, when determining the payment
6 amount for CRT items; and

7 “(ii) shall ensure that the payment
8 amounts for CRT items under such system
9 are adequate to provide qualified individ-
10 uals with access to such items and to en-
11 courage innovation, taking into account—

12 “(I) the unique needs of qualified
13 individuals for access to CRT items;

14 “(II) the unique complexity of
15 CRT items; and

16 “(III) the resources and staff
17 needed to provide appropriate
18 customization of CRT items for a
19 qualified individual.

20 “(C) EXCLUSIVE PAYMENT RULE.—This
21 subsection shall constitute the exclusive provi-
22 sion of this title for payment for CRT items
23 under this part or under part A to a home
24 health agency.

1 “(D) LIMITATION ON PAYMENT.—No pay-
2 ment shall be made under this subsection for a
3 CRT item unless such CRT item—

4 “(i) is provided to a qualified indi-
5 vidual;

6 “(ii) meets the clinical conditions for
7 coverage established under paragraph (2);
8 and

9 “(iii) is furnished by a supplier ac-
10 credited pursuant to paragraph (3).

11 “(2) CLINICAL CONDITIONS FOR COVERAGE.—

12 “(A) IN GENERAL.—The Secretary shall
13 establish standards for clinical conditions for
14 payment for CRT items under this subsection.

15 “(B) REQUIREMENTS.—The standards es-
16 tablished under subparagraph (A) shall require
17 the following:

18 “(i) WRITTEN ORDER.—

19 “(I) IN GENERAL.—A qualified
20 ordering practitioner shall provide a
21 written order for a CRT item for a
22 qualified individual before the Sec-
23 retary may provide payment for such
24 item for such individual under this
25 subsection.

1 “(II) CRT EVALUATION.—In the
2 case of a CRT item that is cat-
3 egorized by the Secretary, for pur-
4 poses of the program under this title,
5 as a manual wheelchair or a power
6 wheelchair, and is to be provided to a
7 qualified individual who has a diag-
8 nosis specified under subparagraph
9 (C), the qualified ordering practitioner
10 may not provide a written order under
11 subclause (I) unless the qualified indi-
12 vidual has undergone a CRT evalua-
13 tion conducted by a licensed physical
14 therapist or occupational therapist
15 who has no financial relationship with
16 the CRT supplier.

17 “(ii) DOCUMENTATION OF MEDICAL
18 NECESSITY.—A qualified ordering practi-
19 tioner who provides a written order under
20 clause (i) shall maintain documentation of
21 the medical necessity of such order for a
22 period of seven years and shall make such
23 documentation available to the Secretary
24 upon request. The documentation of med-

1 ical necessity under this clause shall in-
2 clude—

3 “(I) evidence that the individual
4 for whom the order was written has
5 physical and functional needs and ca-
6 pacities related to a medical condition
7 that meet the eligibility criteria estab-
8 lished under section
9 1861(iii)(2)(A)(ii); and

10 “(II) evidence of any CRT eval-
11 uation required under clause (i)(II).

12 “(C) SPECIFICATION OF DIAGNOSIS FOR
13 CRT EVALUATION.—The Secretary, in consulta-
14 tion with relevant parties (including the agen-
15 cies listed in section 1861(iii)(2)(A), physicians,
16 licensed physical therapists, licensed occupa-
17 tional therapists, and suppliers of complex reha-
18 bilitation technologies) shall specify the diag-
19 noses and other medical presentations for which
20 the requirement for a CRT evaluation under
21 subparagraph (B)(i)(II) shall apply.

22 “(D) COVERAGE DETERMINATIONS.—In
23 developing the standards under subparagraph
24 (A), the coverage of CRT items with respect to
25 an individual shall be based on—

1 “(i) the specific medical, physical, and
2 functional needs of the individual;

3 “(ii) the individual’s capacities for
4 safe participation in basic activities of
5 daily living and instrumental activities of
6 daily living in all routinely encountered en-
7 vironments (as such terms are defined in
8 section 1861(iii)(3)); and

9 “(iii) the individual’s expected pro-
10 gression of such needs and capacities.

11 “(E) PAYMENT FOR RESIDENTS OF
12 SKILLED NURSING FACILITIES.—In the case of
13 a qualified individual who is a resident of a
14 skilled nursing facility, payment may only be
15 made under this subsection for a CRT item for
16 such individual if such CRT item is required as
17 part of a plan of care to allow the transition of
18 such individual from the skilled nursing facility
19 to a home or community setting.

20 “(3) ESTABLISHMENT OF QUALITY STAND-
21 ARDS.—

22 “(A) ESTABLISHMENT.—The Secretary
23 shall establish, through regulation, quality
24 standards for suppliers of CRT items. Such
25 standards shall be applied prospectively and

1 shall be published on the Internet Web site of
2 the Centers for Medicare and Medicaid Serv-
3 ices.

4 “(B) CONSULTATION.—In establishing the
5 quality standards under subparagraph (A), the
6 Secretary shall consult with relevant parties (in-
7 cluding clinicians, consumer groups, suppliers,
8 and manufacturers).

9 “(C) REQUIREMENTS OF STANDARDS.—In
10 establishing the quality standards under sub-
11 paragraph (A), the Secretary shall require that
12 the suppliers of CRT items meet the following
13 requirements:

14 “(i) DME STANDARDS AS MINIMUM.—
15 The supplier complies with all of the
16 standards that are applicable to suppliers
17 of durable medical equipment under sub-
18 section (a)(20) and suppliers of medical
19 equipment and supplies under subsection
20 (j).

21 “(ii) QUALIFIED CRT PROFES-
22 SIONAL.—The supplier of a CRT item
23 makes available, in each service area
24 served by such supplier, at least one quali-
25 fied CRT professional to—

1 “(I) analyze the needs and capacities of individuals for a CRT item in
2 collaboration with the clinical team;
3

4 “(II) assist in selecting an appropriate CRT item for such individual,
5 given such needs and capacities; and
6

7 “(III) provide technology-related training to such individual in the
8 proper use and maintenance of the
9 CRT items.
10

11 “(iii) TRIAL EQUIPMENT.—The supplier of the CRT item provides the qualified individual with appropriate equipment
12 for trial and simulation, if a physician, licensed physical therapist, or licensed occupational therapist determines that the provision of such equipment is necessary.
13
14
15
16
17

18 “(iv) INFORMATION ON REPAIR.—The supplier of the CRT item provides the qualified individual with written information on the service and repair of the CRT
19 item provided to such individual.
20
21
22

23 “(v) REPAIR.—The supplier of a CRT
24 item—

1 “(I) makes available, in each
2 service area served by such supplier,
3 at least one qualified CRT service
4 technician to service and repair CRT
5 items that—

6 “(aa) are furnished by such
7 supplier; and

8 “(bb) at the time of the
9 need for repair, are located in a
10 service area of the supplier; or

11 “(II) at the time of sale of the
12 CRT item, discloses to the qualified
13 individual that the supplier does not
14 provide repair service for such item
15 and provides contact information for
16 entities that do provide such repair
17 service.

18 “(vi) RENTAL EQUIPMENT.—If pay-
19 ment is allowed under paragraph (6), the
20 supplier of the CRT item provides tem-
21 porary rental equipment to the qualified
22 individual when the supplier is repairing a
23 qualified individual’s CRT item that was
24 paid for under this subsection.

1 “(4) APPLICATION OF STANDARDS AND AC-
2 CREDITATION PROGRAM FOR SUPPLIERS OF CRT
3 ITEMS.—

4 “(A) IN GENERAL.—

5 “(i) REQUIREMENT FOR PROVIDER OR
6 SUPPLIER NUMBER.—The Secretary shall
7 not provide a supplier of CRT items with
8 a provider or supplier number to submit
9 claims for payment under this title unless
10 the supplier is in compliance with the
11 standards under paragraph (3).

12 “(ii) REQUIREMENT FOR PAYMENT.—
13 Payment shall not be made under this part
14 for CRT items furnished by a supplier un-
15 less the supplier is in compliance with the
16 standards under paragraph (3).

17 “(B) APPLICATION OF ACCREDITATION RE-
18 QUIREMENT.—In implementing quality stand-
19 ards under paragraph (3), the Secretary shall
20 require suppliers furnishing CRT items, on or
21 after one year after the standards are published
22 under such paragraph, directly or as a subcon-
23 tractor for another entity—

24 “(i) to comply with such standards;
25 and

1 “(ii) to have submitted to the Sec-
 2 retary evidence of accreditation by an ac-
 3 creditation organization designated under
 4 subparagraph (C) demonstrating that the
 5 supplier is complying with such standards.

6 “(C) DESIGNATION OF INDEPENDENT AC-
 7 CREDITATION ORGANIZATIONS.—Not later than
 8 the date that is one year after the date on
 9 which the Secretary implements the quality
 10 standards under paragraph (3), the Secretary
 11 shall designate and approve one or more inde-
 12 pendent accreditation organizations that—

13 “(i) are approved under subsection
 14 (a)(20)(B); and

15 “(ii) the Secretary has determined
 16 have the capability to assess whether sup-
 17 pliers of CRT items meet the quality
 18 standards established under paragraph (3).

19 “(5) CODING SYSTEM FOR COMPLEX REHABILI-
 20 TATION TECHNOLOGIES.—

21 “(A) IN GENERAL.—The Secretary shall,
 22 in consultation with suppliers and manufactur-
 23 ers of CRT items, and utilizing existing coding
 24 systems, establish a HCPCS coding subset that
 25 shall utilize and include HCPCS codes de-

scribed in section 1861(iii)(2) for CRT items for which payment may made under this subsection.

“(B) TREATMENT OF EXISTING PRODUCTS.—

“(i) IN GENERAL.—With respect to CRT items for which payment was available under this title before the effective date of the amendments made by Ensuring Access to Quality Complex Rehabilitation Technology Act of 2013, the Secretary shall assign such items to a code in the coding subset established under subparagraph (A).

“(ii) UPDATES.—After the initial assignment under clause (i), the Secretary may decide to reassign additional product categories, or items within those categories, that exist before the date of the enactment of this subsection to the CRT coding subset.

“(iii) CONSULTATION.—Before making reassignments of CRT items under clause (ii), the Secretary shall consult with suppliers and manufacturers of such items.

1 The Secretary shall not require manufac-
2 turers of CRT items for which payment
3 was available under this title before the ef-
4 fective date of the amendments made by
5 the Ensuring Access to Quality Complex
6 Rehabilitation Technology Act of 2013 to
7 submit requests for reassignment of the
8 code for such product to the coding subset
9 under subparagraph (A) as long as—

10 “(I) no changes have been made
11 to the code definitions, required code
12 characteristics or test requirements;
13 and

14 “(II) the item was previously
15 verified to meet the code require-
16 ments.

17 “(C) REMOVING COMPLEX REHABILITA-
18 TION TECHNOLOGY FROM DME CODES.—The
19 Secretary shall, in consultation with suppliers
20 and manufacturers of CRT items—

21 “(i) remove from the coding subset for
22 durable medical equipment any CRT items
23 that are included in the coding subset
24 under subparagraph (A); and

1 “(ii) assign new codes to such CRT
2 items for purposes of including such items
3 in the subset under subparagraph (A).

4 “(D) NEW TECHNOLOGY.—

5 “(i) IN GENERAL.—The Secretary
6 shall update as needed the HCPCS level II
7 process used to modify the code set to in-
8 clude CRT items for the purposes of estab-
9 lishing new codes and determining prod-
10 ucts to be classified as CRT items. In de-
11 termining if a product is a CRT item, the
12 Secretary shall consider—

13 “(I) if the product is novel;

14 “(II) the clinical application of
15 the product; and

16 “(III) the ability of the product
17 to address the unique needs and ca-
18 pacities of a qualified individual.

19 “(ii) INCLUSION OF CODES IN LIST.—

20 The Secretary shall include the codes es-
21 tablished in clause (i) in the list under sec-
22 tion 1861(iii)(2)(F).

23 “(E) MISCELLANEOUS CODE FOR INNOVA-
24 TION AND LOCAL COVERAGE DETERMINA-
25 TIONS.—The coding subset established under

1 subparagraph (A) shall include at least one mis-
2 cellaneous code for items not otherwise classi-
3 fied.

4 “(6) REPLACEMENT OF CRT ITEMS.—

5 “(A) IN GENERAL.—Payment shall be
6 made for the replacement of a CRT item (or for
7 the replacement of any part of such item) with-
8 out regard to continuous use or useful lifetime
9 restrictions established under section
10 1834(a)(7)(C) for items of durable medical
11 equipment if a qualified ordering practitioner
12 determines that the provision of a replacement
13 item (or a replacement part of such an item) is
14 necessary because—

15 “(i) there was a change in the physio-
16 logical condition of the qualified individual
17 to whom such item was provided;

18 “(ii) there was an irreparable change
19 in the condition of the CRT item (or, in
20 the case of the replacement of a part, in
21 the part of the CRT item); or

22 “(iii) the CRT item requires repairs
23 and the cost of such repairs would be more
24 than 50 percent of the cost of a replace-
25 ment of the CRT item.

1 “(B) DEFERRAL TO PROVIDERS.—

2 “(i) IN GENERAL.—Subject to clause
3 (ii), if a qualified ordering practitioner de-
4 termines that a replacement of the CRT
5 item, or the replacement of a part of a
6 CRT item, is necessary pursuant to sub-
7 paragraph (A), the replacement item or
8 part is deemed to be reasonable and nec-
9 essary for purposes of section
10 1862(a)(1)(A).

11 “(ii) EXCEPTION FOR ITEMS UNDER 3
12 YEARS OLD.—If the CRT item that is
13 being replaced (or the part of the CRT
14 item that is being replaced) under subpara-
15 graph (A) is less than 3 years old (cal-
16 culated from the date on which the quali-
17 fied individual began to use the CRT item
18 or part), the Secretary may require the
19 qualified ordering practitioner to provide
20 confirmation of necessity of the replace-
21 ment item or replacement part, as the case
22 may be.

23 “(7) PAYMENT FOR TEMPORARY RENTAL.—

24 “(A) IN GENERAL.—If a CRT item owned
25 by a qualified individual needs to be repaired,

1 payment may be made under this subsection for
 2 the temporary rental of a CRT item while the
 3 CRT item owned by such individual is being re-
 4 paired.

5 “(B) BASIS; LIMITATION.—Payment per-
 6 mitted under subparagraph (A) shall be made
 7 on a monthly basis, and the period of rental
 8 may not exceed two months.

9 “(C) PAYMENT AMOUNT.—The amount of
 10 payment allowed under subparagraph (A) for a
 11 month for the rental of a CRT item shall be 10
 12 percent of the purchase price for the CRT item.

13 “(8) DEFINITIONS.—For purposes of this sub-
 14 section:

15 “(A) HCPCS.—The term ‘HCPCS’ refers
 16 to the Health Care Procedure Coding System.

17 “(B) QUALIFIED CRT PROFESSIONAL.—

18 “(i) IN GENERAL.—The term ‘quali-
 19 fied CRT professional’ means an individual
 20 who—

21 “(I) is certified by the Rehabili-
 22 tation Engineering and Assistive
 23 Technology Society of North America
 24 as an assistive technology professional
 25 or is certified by another organization

1 designated by the Secretary (acting in
2 consultation with relevant parties) as
3 providing a certification that is equiv-
4 alent to, or more stringent than, the
5 assistive technology professional cer-
6 tification; and

7 “(II) beginning two years after
8 the establishment of the designation
9 under clause (ii), achieves an addi-
10 tional designation that demonstrates
11 the individual’s competencies and ex-
12 perience in supplying CRT items.

13 “(ii) ESTABLISHMENT.—Not later
14 than one year after the date of the enact-
15 ment of this subsection, the Secretary, act-
16 ing in consultation with relevant parties,
17 shall establish the additional designation
18 under clause (i)(II).

19 “(iii) RELEVANT PARTIES.—For pur-
20 poses of this subparagraph, the term ‘rel-
21 evant parties’ includes clinicians, consumer
22 groups, CRT suppliers, and CRT manufac-
23 turers.

1 “(C) QUALIFIED CRT SERVICE TECHNI-
2 CIAN.—The term ‘qualified CRT service techni-
3 cian’ means an individual who—

4 “(i) is factory-trained by the manufac-
5 turers of the CRT items being offered by
6 the supplier of such items;

7 “(ii) is trained and educated (includ-
8 ing through on the job training) to assem-
9 ble, fit, program, service, and repair CRT
10 items; and

11 “(iii) on an annual basis, completes at
12 least 10 hours of continuing education spe-
13 cific to the assembly, fitting, programming,
14 service, and repair of CRT items.

15 “(D) QUALIFIED INDIVIDUAL.—The term
16 ‘qualified individual’ has the meaning given
17 such term in section 1861(iii)(3)(E).

18 “(E) QUALIFIED ORDERING PRACTI-
19 TIONER.—The term ‘qualified ordering practi-
20 tioner’ means a physician (as defined in section
21 1861(r)), a physician assistant, nurse practi-
22 tioner, or a clinical nurse specialist (as those
23 terms are defined in section 1861(aa)(5)).”.

1 **SEC. 5. CONFORMING AMENDMENTS.**

2 (a) EXCLUSION FROM THE IN-HOME USE LIMITA-
 3 TION FOR DME.—Section 1861(n) of the Social Security
 4 Act (42 U.S.C. 1395x(n)) is amended by adding at the
 5 end the following: “For 2014 and subsequent years, such
 6 term does not include complex rehabilitation technologies
 7 (as defined in subsection (iii)).”.

8 (b) EXEMPTION FROM COMPETITIVE ACQUISI-
 9 TION.—Section 1847(a)(7) of the Social Security Act (42
 10 U.S.C. 1395w–3(a)(7)) is amended by adding at the end
 11 the following new subparagraph:

12 “(C) CRT ITEMS.—For 2014 and subse-
 13 quent years, complex rehabilitation technology
 14 items (as defined in section 1861(iii)).”.

15 (c) EXEMPTION FROM SNF CONSOLIDATED BILL-
 16 ING.—Section 1888(e)(2)(A)(iii) of the Social Security Act
 17 (42 U.S.C. 1395yy(e)(2)(A)(iii)) is amended by adding at
 18 the end the following:

19 “(VI) Complex rehabilitation
 20 technology items (as defined in section
 21 1861(iii)) if delivered to an inpatient
 22 for use during the stay in the skilled
 23 nursing facility as part of the plan of
 24 care to allow the transition of such
 25 qualified individuals from the skilled

1 nursing facility setting to the home
2 and community.”.

3 (d) PAYMENT EXCLUSIONS.—Section 1834(a) of the
4 Social Security Act (42 U.S.C. 1395m(a)) is amended—

5 (1) in paragraph (4), by adding at the end the
6 following sentence “For 2014 and subsequent years,
7 the items covered by this paragraph shall not include
8 complex rehabilitation technology items (as defined
9 in section 1861(iii)).”; and

10 (2) in paragraph (7)(A), by adding at the end
11 the following: “For fiscal year 2014 and subsequent
12 years, the previous sentence shall not apply to
13 power-driven wheelchairs that are designated as
14 CRT items under section 1861(iii).”; and

15 (3) in paragraph (16), by inserting at the end
16 the following: “The Secretary shall impose (and,
17 may, as allowed by the second sentence of this para-
18 graph, waive) the requirements of the first sentence
19 of this paragraph to suppliers of complex rehabilita-
20 tion technology items, except that, in order to avoid
21 duplicate bonds, the Secretary shall not impose such
22 requirements with respect to suppliers of complex re-
23 habilitation technology items if such suppliers also
24 participate in the Medicare program as suppliers of
25 durable medical equipment.”.

1 (e) REQUIREMENTS FOR SUPPLIERS OF MEDICAL
2 EQUIPMENT AND SUPPLIES.—Section 1834(j)(5) of the
3 Social Security Act (42 U.S.C. 1395m(j)(5)) is amend-
4 ed—

5 (1) by redesignating subparagraphs (E) and
6 (F) as subparagraphs (F) and (G), respectively;

7 (2) by inserting after subparagraph (D) the fol-
8 lowing new subparagraph:

9 “(E) complex rehabilitation technology
10 items (as defined in section 1861(iii));”.

11 **SEC. 6. EFFECTIVE DATE.**

12 The amendments made by this Act shall apply to
13 items and services furnished on or after January 1, 2014.

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