

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.

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## 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

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## 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-

1       ties, to consider the range of services furnished by  
2       complex rehabilitation technology suppliers, and to  
3       recognize and account for the complexity and unique  
4       nature of the equipment itself.

5                 (5) A significant factor responsible for such ac-  
6       cess challenges is that individually-configurable CRT  
7       items do not have a distinct payment category under  
8       the Medicare program, but instead are classified  
9       within the broad category of durable medical equip-  
10      ment (DME). CRT items serve patients with serious  
11      medical conditions that require a broader range of  
12      services and specialized personnel than what is re-  
13      quired for standard DME. Customizable CRT items  
14      also require more resources in the areas configuring,  
15      training, and education to ensure appropriate use  
16      and to optimize results.

17                 (6) Unlike most DME, a medical model incor-  
18       porating an interdisciplinary team approach is nec-  
19       essary to ensure proper customization and use of a  
20       CRT item. This team typically includes a physician,  
21       a licensed physical or licensed occupational therapist  
22       (with no financial relationship with the CRT sup-  
23       plier), a qualified CRT professional, the individual  
24       using such item, and sometimes a caregiver for such  
25       individual.

(8) Congress and the Centers for Medicare & Medicaid Services have previously recognized the benefits of a separate classification for unique, customized products. In 2008, Congress exempted certain CRT items from inclusion in the Medicare DME competitive bidding program, and Congress has created a separate and distinct benefit category for orthotics and prosthetics (custom braces and artificial limbs), which have their own medical policies, accreditation standards, and payment calculations.

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

(a) NEW CATEGORY.—Section 1861 of the Social Security 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 appropriate design, configuration, and use of such item, 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, adjusting, or adapting the particular complex re-  
9               habilitation technology item for use by such in-  
10              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, E01029, 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 degen-  
4 erative neuromuscular diseases, or injuries or trau-  
5 ma that result in significant physical or functional  
6 needs and capacities.

7           “(ii) Spinal cord injury, traumatic brain injury,  
8 cerebral palsy, muscular dystrophy, spina bifida,  
9 osteogenesis imperfecta, arthrogryposis, amyotrophic  
10 lateral sclerosis, multiple sclerosis, demyelinating  
11 disease, myopathy, myopathy, progressive muscular  
12 atrophy, anterior horn cell disease, post-polio syn-  
13 drome, cerebellar degeneration, dystonia, Hunting-  
14 ton's disease, or spinocerebellar disease.

15           “(iii) Certain types of amputation, paralysis, or  
16 paresis that result in significant physical or func-  
17 tional needs and capacities.

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

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

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

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

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

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

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

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

10     “(3) For purposes of this subsection:

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

15           “(i) maintaining and changing body posi-  
16 tion;

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

19           “(iii) walking;

20           “(iv) moving from place to place using mo-  
21 bility equipment, in a safe and timely manner;

22           “(v) washing one’s self;

23           “(vi) caring for the body;

24           “(vii) toileting;

25           “(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—

“(II) evidence of any CRT evaluation required under clause (i)(II).

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

“(D) COVERAGE DETERMINATIONS.—In developing the standards under subparagraph (A), the coverage of CRT items with respect to 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 PROFE-  
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 capac-  
2                         ities of individuals for a CRT item in  
3                         collaboration with the clinical team;

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

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

11                         “(iii) TRIAL EQUIPMENT.—The sup-  
12                         plier of the CRT item provides the qual-  
13                         ified individual with appropriate equipment  
14                         for trial and simulation, if a physician, li-  
15                         censed physical therapist, or licensed occu-  
16                         pational therapist determines that the pro-  
17                         vision of such equipment is necessary.

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

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 Secretary evidence of accreditation by an accreditation organization designated under subparagraph (C) demonstrating that the supplier is complying with such standards.

6                         “(C) DESIGNATION OF INDEPENDENT ACCREDITATION ORGANIZATIONS.—Not later than the date that is one year after the date on which the Secretary implements the quality standards under paragraph (3), the Secretary shall designate and approve one or more independent accreditation organizations that—

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

15                         “(ii) the Secretary has determined have the capability to assess whether suppliers of CRT items meet the quality standards established under paragraph (3).

19                         “(5) CODING SYSTEM FOR COMPLEX REHABILITATION TECHNOLOGIES.—

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

1 scribed in section 1861(iii)(2) for CRT items  
2 for which payment may made under this sub-  
3 section.

4 “(B) TREATMENT OF EXISTING PROD-  
5 UCTS.—

6 “(i) IN GENERAL.—With respect to  
7 CRT items for which payment was avail-  
8 able under this title before the effective  
9 date of the amendments made by Ensuring  
10 Access to Quality Complex Rehabilitation  
11 Technology Act of 2013, the Secretary  
12 shall assign such items to a code in the  
13 coding subset established under subpara-  
14 graph (A).

15 “(ii) UPDATES.—After the initial as-  
16 signment under clause (i), the Secretary  
17 may decide to reassign additional product  
18 categories, or items within those cat-  
19 egories, that exist before the date of the  
20 enactment of this subsection to the CRT  
21 coding subset.

22 “(iii) CONSULTATION.—Before mak-  
23 ing reassessments of CRT items under  
24 clause (ii), the Secretary shall consult with  
25 suppliers and manufacturers of such items.

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

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

13                         “(II) the item was previously  
14                        verified to meet the code requirements.  
15

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

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

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

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—

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.

