

Advocacy Case Series: Complex Durable Medical Equipment Needs of SCI Patients

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Objectives

- ❑ **Evaluate**: Review a case to understand the purpose of advocacy for complex DME
- ❑ **Identify and Discuss barriers**: to access DME in skilled nursing facilities
- ❑ **Action Plan**: Recommendations for reform

Case Presentation

- ❑ AG is a 65 yr old M with h/o SCI due to a fall in 2013 resulting in paraplegia (T11 AIS B)
- ❑ He was living independently until 2016. No h/o pressure injuries in last 2 yrs.
- ❑ In 2016: He was involved in a MVC resulting in cervical level injury
- ❑ New injury resulted in: C4 AIS A (quadriplegia), motor ZPP to C5

Inpatient Rehab Hospitalization

- ❑ On day 2: OT eval & fitting of power chair & Cushion
- ❑ Power wheel chair w/sip & puff controls to drive, tilt & recline
- ❑ Pressure relieving Jay 2 cushion (**fluid and a contoured base wheelchair cushion**)
- ❑ He was able to drive and perform pressure relief using power controls
- ❑ AG was discharged to SNF as a result we could not prescribe a custom chair for him
- ❑ Skin: No pressure injuries at the time of discharge

Skilled Nursing Facility Stay

- ❑ Pt returned to clinic for a f/u visit w/ gluteal pressure injuries
- ❑ Per patient report---
 - He was given a manual chair & regular foam cushion w/o any eval & fitting
 - He was not able to do pressure relief on this chair
 - SNF didn't provide any assistance with pressure relief
 - AG expressed his concerns to administration which was futile



Follow up:

- ❑ Readmitted to inpt rehab facility for phase 2
- ❑ Daily wound care, Plastic surgery consultation and f/u as an out pt for surgical management of wound
- ❑ Evaluated and ordered custom power chair & cushion
- ❑ Discharged home with family with loaner power chair with chin controls and Roho cushion

Identify and Discuss Barriers to access DME in Skilled Nursing Facility

Medicare Coverage of DME in SNF

- ❑ **Coverage of a beneficiary's SNF stay under Part A** encompasses the overall package of institutional care that the SNF furnishes during the course of the beneficiary's Medicare-covered stay including DME
- ❑ DME rendered to Part A inpatients of a SNF or hospital is covered as part of the prospective payment system and is not separately payable
- ❑ **Medicare Part B Covers DME** for use in beneficiary's home
- ❑ Part B payment would not be available for DME furnished in any part of the institution that is identified as meeting the basic SNF definition, regardless of the type of care that a particular resident may be receiving there

Ref: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/index.html>

Do all Nursing Homes Qualify as a Home?

- ❑ An institution may not be considered a beneficiary's home if it is primarily engaged in providing skilled nursing care & rehabilitation services
- ❑ Thus, if a Medicaid NF is primarily engaged in furnishing skilled care under either clauses (A) or (B) of Section 1919(a)(1) of the Act, it would meet the basic SNF definition and cannot be considered a "home" for purposes of DME coverage
- ❑ Facilities with dual status (SNF and NH) may not qualify as a home
- ❑ CMS and States do not maintain a primary level of care designation for nursing homes that could facilitate accurate claim submission by suppliers & proper claim adjudication by payment contractors

References:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE0745.pdf>

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>

Facility Responsibilities During the Transition Period

- ❑ **A facility remains responsible** for furnishing medically necessary items to a beneficiary for the full duration of a beneficiary's stay
- ❑ **A facility may not delay** furnishing a medically necessary item for the beneficiary's use or treatment while the beneficiary is in the facility
- ❑ **A facility may not prematurely remove** a medically necessary item from the beneficiary's use or treatment on the basis that a supplier delivered a similar or identical item to the beneficiary for the purpose of fitting or training

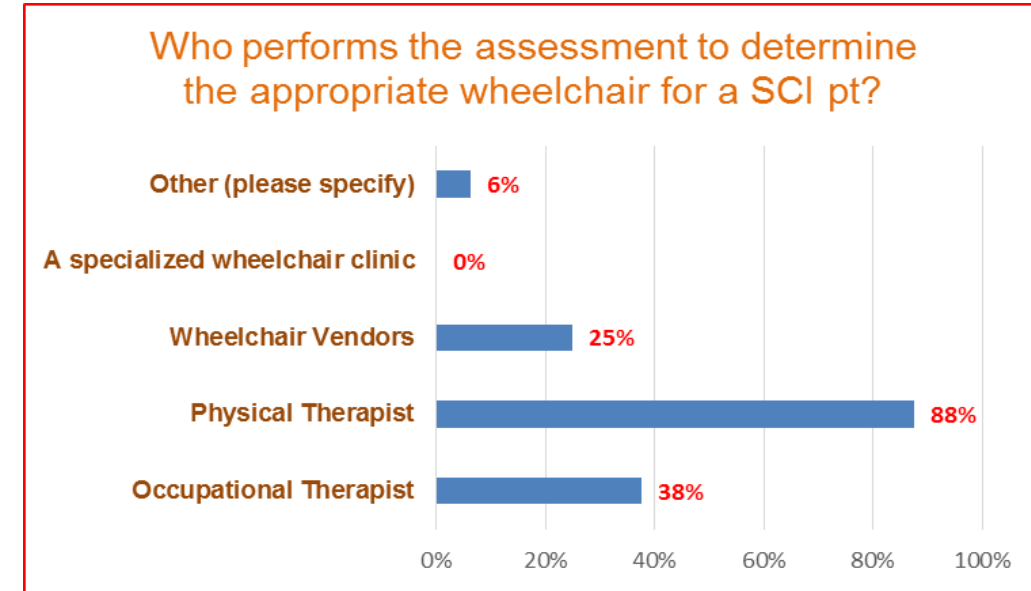
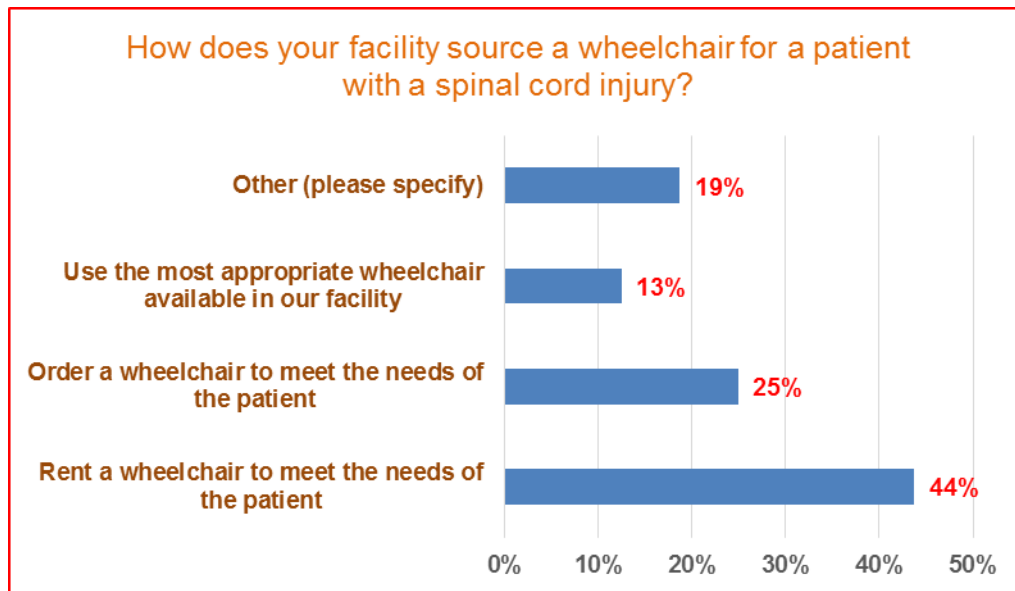
<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/index.html>

Medicaid & Private insurance

- ❑ Medicaid rules vary in each state
- ❑ However, most of the Medicaid programs have similar restrictions on prescription of DME to SNF
- ❑ Private insurances such as HMO plans follow Medicare rules
- ❑ Private insurance benefits vary widely, require review of individual plans

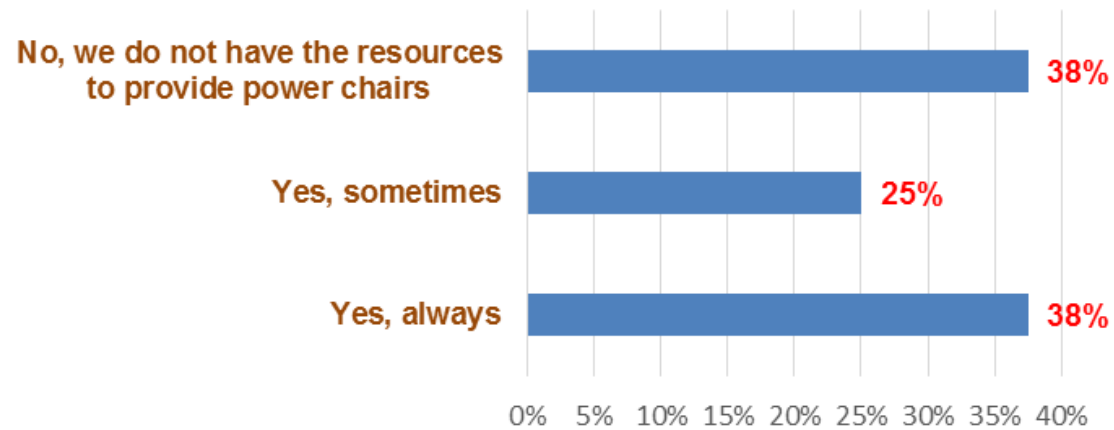
Survey Data from SNF

- N = 16 SNFs
- All 16 admit paraplegic and quadriplegic SCI pts

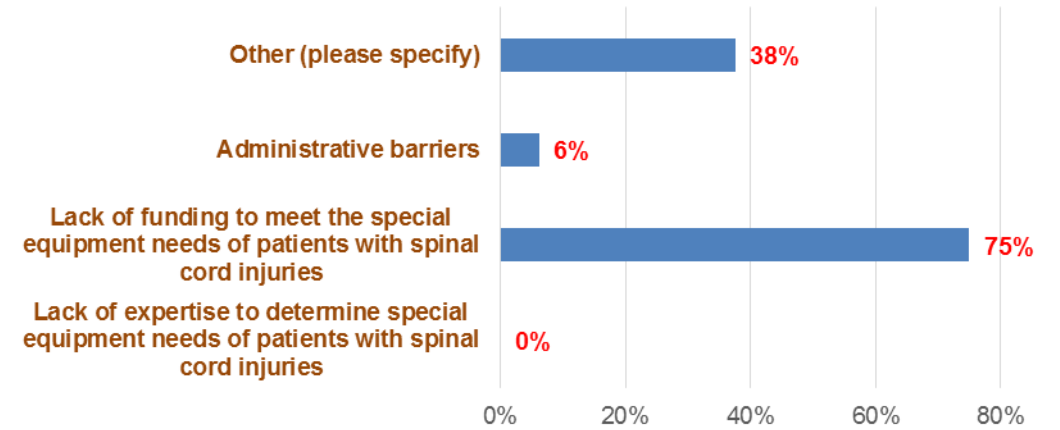


Survey Data from SNF

Does your facility provide or arrange for a power chair for a quadriplegic patient who is capable of using a power chair?



Which of the below barriers are affecting your facility's ability to meet special seating needs of SCI pts?



Does prevention Or treatment Save Money?



- ❑ Management of pressure injuries require more care and resources in addition to decreased quality of life and life expectancy.
- ❑ Pressure ulcers cost \$9.1-\$11.6 billion per year in the US
- ❑ Cost of individual patient care ranges from \$20,900 to 151,700 per pressure ulcer
- ❑ Medicare estimated in 2007 that each pressure ulcer added \$43,180 in costs to a hospital stay
- ❑ **Lawsuits:** More than 17,000 lawsuits are related to pressure ulcers annually. It is the second most common claim after wrongful death and greater than falls or emotional distress.

References:

1. <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb64.jsp>; 2. Nurs Clin North Am 2005;40(2):337-347
3. J Spinal Cord Med 2013;36(6):572-585; 4. Arch Phys Med Rehabil. 2017 Jan 20. pii: S0003-9993(17)30013-8. doi: 10.1016/j.apmr.2016.12.011.

Discussion

- ❑ The treatment of complications related to long-term care of SCI patients is often far more costly than the prevention
- ❑ The provision of a custom power wheelchair with custom cushion and an air mattress to quadriplegic patients is medically necessary and would have prevented the pressure injuries that now require costly intervention
- ❑ Medicare does not allow prescription of such equipment while patients are in a SNF
- ❑ Per Medicare guidelines, a SNF is responsible for providing such equipment, but SNFs typically lack the seating expertise & resources required for complex pts

Action Plan: Recommendations for Reform

So ... What can we do about this?

- Research
- Join others who are actively working on solutions
- Provide the voice of the healthcare provider

Here's the problem:

To CMS ...



Joining others who are working on solutions: H.R. 750

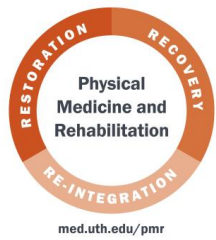
- ❑ **Ensuring Access to Quality Complex Rehabilitation Technology Act of 2017**
- ❑ Creates a separate benefit category for Complex Rehabilitation Technology (CRT)
- ❑ Updates the Medicare DME benefit category which was created over 50 years ago
 - ❑ addresses the unique needs of individuals with disabilities
 - ❑ acknowledges the full range of services furnished by CRT suppliers
 - ❑ incorporates the complexity and unique nature of the equipment itself

Providing the voice of the healthcare provider:

- ❑ If you have 72 seconds to spare ...
 - ❑ go to www.access2crt.org
 - ❑ Click “Email your Members of Congress” link
 - ❑ Enter your demographic information, click “Submit”
 - ❑ Modify the packaged statement if you wish, or simply click “Submit.”

Providing the voice of the healthcare provider:

Step 1- Email your Members of Congress



Enter your address below to help us find your Members of Congress. Make sure you hit the "Remember Me" button so you only need to enter the information once!

Compose Message(s)

Message 1 - Al Green

* Message Subject:

Support Medicare Legislation for Separate Category for CRT

Dear [Recipients],

I am asking you to co-sponsor the "Ensuring Access to Quality Complex Rehabilitation Technology Act" (HR-750) and help get it passed. The bill will create a separate category for Complex Rehab Technology (CRT) within the Medicare program and provide needed improvements in coverage, standards, and safeguards to protect both the people with disabilities who depend on CRT and the Medicare program.

* Your Message:

Complex Rehab Technology includes individually configured wheelchairs, seating systems, and other adaptive equipment prescribed to the specific needs of people with disabilities to address their medical issues, reduce their health care costs, and maximize their function and independence. People who require CRT include those with permanent disabilities such as, but not limited to, ALS, cerebral palsy, multiple sclerosis, muscular dystrophy, spinal cord injury, and traumatic brain injury. It is a small but vital component of Medicare coverage (less than 10% of Medicare wheelchairs). To learn more about CRT visit www.access2crt.org.

Unfortunately these specialized products are classified within the broad DME benefit category even though CRT is very different from standard DME. This legislation will allow better management and segmenting of CRT products. It will also improve access for people with disabilities and strengthen program safeguards. A new CRT category would follow Medicare's current separate category for Orthotics and Prosthetics which segregates customized braces and artificial limbs.

156 words

For questions or to cosponsor H.R. 750 please contact either Erik Kinney in Representative Sensenbrenner's office at erik.kinney@mail.house.gov or Nicole Cohen in Representative Crowley's office at nicole.cohen@mail.house.gov.

Please help people with significant disabilities get the specialized equipment they need by signing on as a cosponsor to H.R. 750. Thank you and I look forward to your response.

* Your Closing

Sincerely,

* Your Name

Matthew Davis, MD

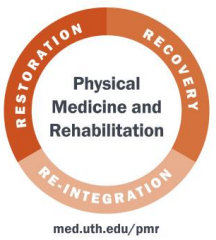
Recipients

U.S. House of Representatives

Rep. Al Green (D-TX)

SUBMIT ►

Providing the voice of the healthcare provider:



People with severe disabilities require custom-fitted, individualized wheelchairs, seating systems, and other adaptive equipment in order to maximize independence and prevent medical complications. These individualized types of wheelchairs represent less than 10% of all Medicare wheelchairs, yet SCI patients often fail to receive the necessary modifications required to provide value-based, prevention-oriented care. As a healthcare provider who cares for patients with Spinal Cord Injury (SCI), I frequently see preventable medical complications related to unmet CRT needs that lead to hospitalizations and surgeries. Wheelchairs that are provided by inexperienced care and that are not custom-fit to the individual often contribute to pressure sores, contractures, scoliosis, pain, spasticity, respiratory dysfunction, and loss of independence and quality of life.

Unfortunately these specialized products are classified within the broad DME benefit category even though CRT is very different from standard DME. The proposed legislation will allow better management and segmenting of CRT products. It will also improve access for people with disabilities and strengthen program safeguards. A new CRT category would follow Medicare's current separate category for Orthotics and Prosthetics which segregates customized braces and artificial limbs.

Providing the voice of the healthcare provider: How many of you have specialty seating clinics?

<http://www.access2crt.org/>

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Show Your Legislator What You Do

Don Clayback
Executive Director
NCART

<http://www.nrrts.org/>

Eight Steps for Organizing a Successful Site Visit with Members of Congress and State Legislators

- 1. Find the contact information; telephone and fax numbers for your Member(s) of Congress and/or State Legislators by going to www.nrrts.org.**
 - Enter your Zip Code in the box in the upper right-hand hand corner and click "Find".
 - Select the name of your U.S. Representative; repeat for each of your two Senators and/or State Legislators.
 - Record the information on the "Contact Worksheet" attached to this document
- 2. Send a Meeting Request/Invitation**

Use the attached template to create a letter or/invitation to request a Congressional site visit. Fax your letter/invitation to both the Member's state/district scheduler and DC office scheduler or State Legislative office at least three weeks prior to when you would like the visit to occur. Be sure to call ahead and get the schedulers' names to include on the fax cover sheet.
- 3. Follow-up on Meeting Request/Invitation**

Call the scheduler to follow-up on your request one week after you fax your letter.



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