

116TH CONGRESS
1ST SESSION

H. R. 2408

To amend title XVIII of the Social Security Act to update and clarify the classification of and applicable payment methodology for complex rehabilitation technology items under the Medicare program, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 30, 2019

Mr. SENSENBRENNER (for himself and Mr. HIGGINS of New York) 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 update and clarify the classification of and applicable payment methodology for complex rehabilitation technology items under the Medicare program, and for other purposes.

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 2019”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) There is a small and specific population of
4 Medicare beneficiaries who have significant disabili-
5 ties and medical conditions who require complex
6 and individually configured medical equipment,
7 items, and technologies. These items and tech-
8 nologies are referred to as complex rehabilitation
9 technology (or “CRT”) and include specialized
10 wheelchairs, specialized seating and positioning, and
11 other types of adaptive equipment and items that
12 are uniquely configured and fitted to the specific in-
13 dividual. Individuals in this population often qualify
14 for Medicare based on their disability (rather than
15 their age) and have significant disabilities and med-
16 ical conditions that may include, but are not limited
17 to, cerebral palsy, muscular dystrophy, multiple scler-
18 osis, spinal cord injury, amyotrophic lateral scler-
19 osis (ALS), traumatic brain injury, and spina
20 bifida. This small population comprises less than 15
21 percent of the Medicare beneficiaries who receive
22 wheelchairs.

23 (2) Current provisions addressing Medicare
24 benefit categories and related definitions do not suf-
25 ficiently define certain complex rehabilitation tech-
26 nology items and do not adequately describe and dis-

1 tinguish these items as compared to other types of
2 Medicare-covered medical items and equipment.

3 (3) This current lack of definitional clarity for
4 complex rehabilitation technology items results in ac-
5 cess challenges for beneficiaries with significant dis-
6 abilities and medical conditions, as these items are
7 often grouped with standardized, nonspecialized
8 products that significantly differ with respect to the
9 complexity and the individualized configuration in-
10 volved, as well as certain evaluation requirements,
11 clinical coverage criteria, and other considerations.

12 (4) To provide adequate access for the small
13 population of Medicare beneficiaries with significant
14 disabilities and medical conditions who require these
15 complex, specialized, and individually configured
16 items a distinct Medicare benefit category for com-
17 plex rehabilitative technology items is needed. This
18 will allow for related improvements to clarify appli-
19 cable coding, coverage, payment, and supplier stand-
20 ards for such items. A separate benefit category is
21 needed to ensure appropriate access to these items
22 for individuals with significant disabilities and med-
23 ical conditions, and will help prevent potential over-
24 utilization of CRT by individuals for whom such
25 items are not medically necessary.

1 **SEC. 3. ESTABLISHING SEPARATE BENEFIT CATEGORY FOR**
 2 **COMPLEX REHABILITATION TECHNOLOGIES**
 3 **WITHIN MEDICARE.**

4 Section 1861 of the Social Security Act (42 U.S.C.
 5 1395x) is amended—

6 (1) in subsection (s)(2)—

7 (A) in subparagraph (GG), by striking
 8 “and” at the end;

9 (B) in subparagraph (HH), by inserting
 10 “and” at the end; and

11 (C) by inserting after subparagraph (HH)
 12 the following new paragraph:

13 “(II) complex rehabilitation technology
 14 items (as defined in subsection (kkk));”; and

15 (2) by adding at the end, the following new sub-
 16 sections:

17 “(kkk) COMPLEX REHABILITATION TECHNOLOGY
 18 ITEM.—

19 “(1) The terms ‘complex rehabilitation tech-
 20 nology item’ and ‘CRT item’ mean an item that—

21 “(A) is designed, manufactured, individ-
 22 ually configured, adjusted, or modified for a
 23 specific individual to meet the individual’s
 24 unique medical, physical, or functional needs
 25 and capacities;

1 “(B) is primarily used to serve a medical,
2 physical, or functional purpose and is generally
3 not useful to a person in the absence of dis-
4 ability, illness, injury, or other medical condi-
5 tion; and

6 “(C) requires certain services to ensure ap-
7 propriate use of such item, including one or
8 more of the following—

9 “(i) an evaluation of the features and
10 functions of CRT items to the specific indi-
11 vidual who will use such an item, as re-
12 quired under section 1834(x)(2)(B)(ii)(II);
13 or

14 “(ii) configuring, fitting, program-
15 ming, adjusting, or adapting the particular
16 complex rehabilitation technology item for
17 use by such individual.

18 “(2)(A) CRT items shall include—

19 “(i) complex rehabilitation manual and
20 power wheelchairs, options, and accessories;

21 “(ii) specialized seating and positioning
22 items, options, and accessories;

23 “(iii) adaptive equipment such as standing
24 frames and gait trainers and options and acces-
25 sories; and

1 “(iv) other items that meet the definition
2 in subparagraph (1), as determined by the Sec-
3 retary.

4 “(B) In determining which items meet the defi-
5 nition of a CRT item under this subsection, the Sec-
6 retary shall review existing and new technologies on
7 at least a yearly basis, and in a manner that takes
8 into consideration technological differences in avail-
9 able items and equipment, as well as the varying
10 clinical needs of individuals who rely on such items
11 and equipment.

12 “(3)(A) Not later than six months after the
13 date of enactment of this subsection, the Secretary
14 shall publish a list of HCPCS codes that meet the
15 definition of CRT items under this subsection. In
16 considering and publishing the list of codes that
17 meet such definition, the Secretary must ensure that
18 the HCPCS code set provides adequate and appro-
19 priate access to existing and new technologies that
20 may improve medical, physical, or functional out-
21 comes for beneficiaries with significant disabilities
22 and medical conditions, taking into consideration
23 technological differences, clinical application, and the
24 unique medical, physical, and functional needs of

1 beneficiaries who rely on medically necessary CRT
 2 items.

3 “(B) In establishing the list under subpara-
 4 graph (A), the Secretary shall—

5 “(i) identify and include existing HCPCS
 6 codes that are exclusively CRT items, including
 7 items that, as of January 1, 2019, were classi-
 8 fied within the following HCPCS codes: E0637,
 9 E0638, E0641, E0642, E0953, E0954, E0986,
 10 E1002, E1003, E1004, E1005, E1006, E1007,
 11 E1008, E1009, E1010, E1011, E1012, E1014,
 12 E1037, E1161, E1220, E1228, E1229, E1231,
 13 E1232, E1233, E1234, E1235, E1236, E1237,
 14 E1238, E1239, E2209, E2291, E2292, E2293,
 15 E2294, E2295, E2300, E2301, E2310, E2311,
 16 E2312, E2313, E2321, E2322, E2323, E2324,
 17 E2325, E2326, E2327, E2328, E2329, E2330,
 18 E2331, E2351, E2373, E2374, E2376, E2377,
 19 E2609, E2610, E2617, E8000, E8001, E8002,
 20 K0005, K0835, K0836, K0837, K0838,
 21 K0839, K0840, K0841, K0842, K0843,
 22 K0848, K0849, K0850, K0851, K0852,
 23 K0853, K0854, K0855, K0856, K0857,
 24 K0858, K0859, K0860, K0861, K0862,
 25 K0863, K0864, K0868, K0869, K0870,

1 K0871, K0877, K0878, K0879, K0880,
2 K0884, K0885, K0886, K0890, K0891, and
3 K0898;

4 “(ii) create and include in the list new
5 HCPCS codes and appropriate code descriptors
6 for CRT items that are currently considered to
7 be included in existing HCPCS codes that in-
8 clude both CRT and non-CRT items, including
9 CRT items that, as of January 1, 2019, were
10 classified within the following HCPCS codes:
11 E0143, E0950, E0951, E0952, E0955, E0956,
12 E0957, E0960, E0967, E0978, E0990, E0995,
13 E1015, E1016, E1028, E1029, E1030, E2205,
14 E2208, E2231, E2368, E2369, E2370, E2605,
15 E2606, E2607, E2608, E2613, E2614, E2615,
16 E2616, E2620, E2621, E2622, E2623, E2624,
17 E2625, K0004, K0009, K0040, K0108, and
18 K0669; and

19 “(iii) create new HCPCS codes for other
20 miscellaneous, otherwise not classified, or cus-
21 tom CRT items.

22 “(C) For each year subsequent to the year dur-
23 ing which the Secretary publishes the list under sub-
24 paragraph (A), the Secretary shall publish any nec-
25 essary updates to such list (including additions of

1 new CRT items and any changes in applicable
2 HCPCS codes and/or code descriptors) as needed to
3 ensure appropriate access to the full range of medi-
4 cally necessary CRT items and technologies.”.

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 “(x) 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 establish a fee
14 schedule that shall apply to CRT items as de-
15 fined at section 1861(kkk) and shall ensure
16 that such fee schedule considers the potential
17 impact on quality, access, and beneficiary liabil-
18 ity, including the likely effects on assignment
19 rates and participation rates, and facilitates ap-
20 propriate access to medically necessary CRT
21 items and technologies.

22 “(B) METHODOLOGY.—In establishing the
23 CRT fee schedule payment system under sub-
24 paragraph (A), the Secretary shall include in
25 such fee schedule, at a minimum, the allowance

1 of purchase of items identified at section
2 1861(kkk)(3) and—

3 “(i) shall set the CRT fee schedule
4 payment amounts for CRT items identified
5 by the codes listed in section
6 1861(kkk)(3)(B)(i) at a purchase price de-
7 rived from payment amounts from the
8 January 1, 2015 Medicare fee schedule
9 plus annual Consumer Price Index-Urban
10 All Item updates for each subsequent year
11 to such items, as applicable, under this
12 section;

13 “(ii) shall calculate the payment
14 amounts for CRT items identified by the
15 codes created pursuant to section
16 1861(kkk)(3)(B)(ii) in accordance with the
17 methodology described in subparagraph
18 (C);

19 “(iii) shall permit the payment
20 amounts for CRT items identified by codes
21 for miscellaneous, otherwise not classified,
22 or custom items, created pursuant to sec-
23 tion 1861(kkk)(3)(B)(iii), to be calculated
24 based on the methodology described in sub-

1 paragraph (C) applied to the specific item
2 billed under this subsection; and

3 “(iv) shall require that payment
4 amounts for CRT items be adjusted annu-
5 ally by the increase in the Consumer Price
6 Index-Urban All Item for the 12-month pe-
7 riod ending the preceding June 30th.

8 “(C) PAYMENT AMOUNT CALCULATION.—

9 For purposes of subparagraph (B)(ii), the
10 methodology described in this subparagraph for
11 calculating payment amounts for CRT items
12 identified by the codes specified in such sub-
13 paragraph is as follows:

14 “(i) Identify commercial price infor-
15 mation (such as manufacturer suggested
16 retail price lists, but not mail order prices
17 or internet retail prices) for CRT items in
18 the applicable code in effect during the
19 base year (which, for purposes of this sub-
20 paragraph is the calendar year ending De-
21 cember 1986), except that if the only avail-
22 able commercial price information is from
23 a period other than the base year, the Sec-
24 retary shall use the oldest available pricing
25 for the items and deflate the pricing data

1 to the mid-point of the base year using the
2 deflation factors used by the Centers for
3 Medicare & Medicaid Services for durable
4 medical equipment at the time of enact-
5 ment of this section.

6 “(ii) Using the base year prices, iden-
7 tify the median price for all CRT items in
8 the code.

9 “(iii) Increase the median price by 1.7
10 percent and inflate to the payment year
11 using the durable medical equipment fee
12 schedule update factors required by law
13 through 2005 and full consumer price
14 index for all urban consumers update fac-
15 tors starting in 2006 and for each subse-
16 quent year, adjusted to reflect applicable
17 sales tax circumstances, if applicable.

18 “(D) USED EQUIPMENT.—For used equip-
19 ment, the Secretary shall set payment at 75
20 percent of the CRT fee schedule amount for the
21 CRT item as determined pursuant to the meth-
22 odology set forth in subparagraph (B).

23 “(E) PAYMENT FOR TEMPORARY RENT-
24 AL.—

1 “(i) IN GENERAL.—If a CRT item
2 owned by a qualified individual needs to be
3 repaired, payment may be made under this
4 subsection for the temporary rental of a
5 CRT item while the CRT item owned by
6 such individual is being repaired.

7 “(ii) BASIS; LIMITATION.—Payment
8 permitted under clause (i) shall be made
9 on a monthly basis, and the period of rent-
10 al may not exceed one month.

11 “(iii) PAYMENT AMOUNT.—The
12 amount of payment allowed under clause
13 (i) for a month for the rental of a CRT
14 item shall be 10 percent of the purchase
15 price for the CRT item.

16 “(F) REPLACEMENT OF ITEMS.—

17 “(i) ESTABLISHMENT OF REASON-
18 ABLE USEFUL LIFETIME.—In accordance
19 with clause (ii), not later than two years of
20 the date of enactment of this subsection,
21 the Secretary shall determine and estab-
22 lish, through a rulemaking process involv-
23 ing advance public notice and an oppor-
24 tunity for stakeholder input and public
25 comments, a reasonable useful lifetime for

1 CRT items for which payment may be
2 made under this paragraph.

3 “(ii) LENGTH OF REASONABLE USE-
4 FUL LIFETIME.—The reasonable useful
5 lifetime of items of CRT items under this
6 subsection shall be established based on
7 the intended use and continued efficacy,
8 but shall not in any event exceed five years
9 for any CRT item. The Secretary shall en-
10 sure that the length of reasonable useful
11 lifetime is appropriate for each sub-cat-
12 egory of items within the CRT category.

13 “(G) EXCLUSIVE PAYMENT RULE.—This
14 subsection shall constitute the exclusive provi-
15 sion under this title for payment for CRT items
16 under this part.

17 “(2) CONDITIONS FOR PAYMENT.—

18 “(A) LIMITATION ON PAYMENT.—No pay-
19 ment shall be made under this subsection for a
20 CRT item unless such CRT item—

21 “(i) meets the clinical conditions for
22 payment set forth under subparagraph
23 (B); and

24 “(ii) is furnished by a supplier accred-
25 ited pursuant to subparagraph (D) and

1 meets the supplier and quality standards
2 specified under subparagraph (C).

3 “(B) CLINICAL CONDITIONS FOR PAY-
4 MENT.—

5 “(i) IN GENERAL.—The Secretary
6 shall establish standards for clinical condi-
7 tions for payment for CRT items under
8 this subsection.

9 “(ii) REQUIREMENTS.—The standards
10 established under clause (B)(i) shall re-
11 quire the following:

12 “(I) WRITTEN ORDER.—A quali-
13 fied ordering practitioner, as defined
14 in section 1861(mmm) of the Act,
15 shall provide a written order for a
16 CRT item for a specific individual be-
17 fore the Secretary may provide pay-
18 ment for such item for such individual
19 under this subsection.

20 “(II) CRT EVALUATION.—In the
21 case of a CRT item that is cat-
22 egorized by the Secretary, for pur-
23 poses of the program under this title,
24 as a manual wheelchair or a power
25 wheelchair, the qualified ordering

1 practitioner may not provide a written
2 order under subclause (I) unless the
3 individual has undergone a CRT eval-
4 uation conducted by a licensed phys-
5 ical therapist or occupational therapist
6 who has no financial relationship with
7 the CRT supplier. The performance of
8 such a CRT evaluation by a licensed
9 physical or occupational therapist
10 shall not be subject (or counted to-
11 wards) the limitation on certain ther-
12 apy services under section 1833(g).

13 “(III) DOCUMENTATION OF MED-
14 ICAL NECESSITY.—A qualified order-
15 ing practitioner who provides a writ-
16 ten order under subclause (I) shall
17 maintain documentation of the med-
18 ical necessity of such order for a pe-
19 riod of seven years and shall make
20 such documentation available to the
21 Secretary upon request. The docu-
22 mentation of medical necessity under
23 this clause shall include evidence that
24 the individual for whom the order was
25 written has medical, physical, and/or

1 functional needs and capacities that
2 require the use of the prescribed CRT
3 item.

4 “(IV) COVERAGE.—In developing
5 the standards under subparagraph
6 (B), the coverage of CRT items shall
7 be based on the individual’s specific
8 medical, physical, or functional needs
9 and capacities for basic and instru-
10 mental activities of daily living in any
11 setting in which life activities take
12 place. For purposes of this subclause,
13 basic and instrumental activities of
14 daily living include, but are not lim-
15 ited to, moving from place to place;
16 transferring; maintaining or changing
17 body position; caring for one’s self
18 (such as toileting, bathing, dressing,
19 eating, housekeeping and household
20 management); acquiring necessities,
21 goods and services; engaging in edu-
22 cation, employment and economic life;
23 or using transportation.

24 “(V) COVERAGE REQUIRE-
25 MENT.—Nothing in this subsection or

1 section 1861(s)(2)(II) shall be con-
2 strued as requiring the Secretary to
3 provide for coverage under this title of
4 any item that would not otherwise be
5 covered under this title without appli-
6 cation of the amendments made by
7 the Ensuring Access to Quality Com-
8 plex Rehabilitation Technology Act of
9 2019, or as changing any coverage re-
10 quirements in existence as of the date
11 of the enactment of this subsection,
12 including any prior authorization cov-
13 erage requirements or advance deter-
14 minations of Medicare coverage re-
15 quirements that may apply to CRT
16 items.

17 “(C) ESTABLISHMENT OF SUPPLIER AND
18 QUALITY STANDARDS FOR CRT.—

19 “(i) ESTABLISHMENT.—The Secretary
20 shall establish and implement supplier and
21 quality standards for suppliers of CRT
22 items to be applied by recognized inde-
23 pendent accreditation organizations (as
24 designated under subparagraph (D)),
25 which as set forth below, incorporate exist-

1 ing standards as well as creating new
2 CRT-specific standards. Such standards
3 shall be applied prospectively and shall be
4 published on the Internet website of the
5 Centers for Medicare & Medicaid Services.

6 “(ii) REQUIREMENTS OF STAND-
7 ARDS.—In establishing the supplier and
8 quality standards under clause (i), the Sec-
9 retary shall require that each supplier of
10 CRT items meets the following require-
11 ments:

12 “(I) DME AND MEDICAL EQUIP-
13 MENT AND SUPPLIES STANDARDS.—

14 The supplier complies with all of the
15 standards that are applicable to sup-
16 pliers of durable medical equipment
17 under subsection (a)(20) and sup-
18 pliers of medical equipment and sup-
19 plies under subsection (j).

20 “(II) QUALIFIED CRT PROFES-
21 SIONAL STANDARDS.—The supplier of
22 a CRT item makes available, in each
23 service area served by such supplier,
24 at least one qualified CRT profes-
25 sional to analyze the needs and capac-

ities of individuals for a CRT item in collaboration with the clinical team; assist in selecting any appropriate CRT items for such an individual, given such needs and capacities; and provide technology-related training to such an individual in the proper use and maintenance of the CRT items.

“(III) SERVICE AND REPAIR STANDARDS.—The supplier of the CRT item—

“(aa) makes available, in each service area served by such supplier, at least one qualified CRT service technician to service and repair CRT items that are furnished by such supplier; and

“(bb) provides the individual with written information on accessing service and repair for the CRT item before the CRT item is ordered for the individual involved.

“(D) ACCREDITATION FOR SUPPLIERS OF CRT ITEMS.—

1 “(i) REQUIREMENT FOR PROVIDER OR
2 SUPPLIER NUMBER.—The Secretary shall
3 not provide a supplier of CRT items with
4 a provider or supplier number to submit
5 claims for payment under this subsection
6 unless the supplier is in compliance with
7 the requirements under this subparagraph.

8 “(ii) APPLICATION OF ACCREDITATION
9 REQUIREMENT.—In implementing supplier
10 and quality standards under paragraph
11 (C), the Secretary shall require suppliers
12 furnishing CRT items, on or after one year
13 after the standards are published under
14 such paragraph, directly or as a subcon-
15 tractor for another entity—

16 “(I) to comply with such stand-
17 ards; and

18 “(II) to have submitted to the
19 Secretary evidence of accreditation by
20 an accreditation organization des-
21 ignated under subparagraph (iii) dem-
22 onstrating that the supplier is com-
23 plying with such standards.

24 “(iii) DESIGNATION OF INDEPENDENT
25 ACCREDITATION ORGANIZATIONS.—Not

1 later than the date that is one year after
 2 the date on which the Secretary imple-
 3 ments the supplier and quality standards
 4 under subparagraph (C), the Secretary
 5 shall designate and approve one or more
 6 independent accreditation organizations
 7 that—

8 “(I) are approved under sub-
 9 section (a)(20)(B), which set forth the
 10 designation of independent accredita-
 11 tion organizations for suppliers of du-
 12 rable medical equipment; and

13 “(II) have the capability to as-
 14 sess whether suppliers of CRT items
 15 meet the supplier and quality stand-
 16 ards established under subparagraph
 17 (C).

18 “(3) DEFINITIONS.—For purposes of this sub-
 19 section:

20 “(A) QUALIFIED CRT PROFESSIONAL.—

21 “(i) IN GENERAL.—The term ‘quali-
 22 fied CRT professional’ means an individual
 23 who—

24 “(I) is certified by the Rehabili-
 25 tation Engineering and Assistive

1 Technology Society of North America
2 as an assistive technology professional
3 or is certified by another organization
4 designated by the Secretary (acting in
5 consultation with relevant parties, in-
6 cluding manufacturers and suppliers
7 of CRT items, relevant consumer or-
8 ganizations, and clinicians with knowl-
9 edge of CRT items and direct experi-
10 ence working with individuals who use
11 CRT items) as providing a certifi-
12 cation that is equivalent to, or more
13 stringent than, the assistive tech-
14 nology professional certification; and

15 “(II) beginning 2 years after the
16 establishment of the designation
17 under clause (ii), subject to clause
18 (ii)(II), achieves an additional des-
19 ignation that demonstrates the indi-
20 vidual’s competencies and experience
21 in supplying CRT items.

22 “(ii) ADDITIONAL DESIGNATION.—

23 “(I) Not later than one year
24 after the date of the enactment of this
25 subparagraph, the Secretary, with

1 stakeholder input, including manufac-
2 turers and suppliers of CRT items,
3 relevant consumer organizations, and
4 clinicians with knowledge of CRT
5 items and direct experience working
6 with patients who use CRT items,
7 shall establish the additional designa-
8 tion under clause (i)(II).

9 “(II) Until such time as the addi-
10 tional designation is established, the
11 term ‘qualified CRT professional’
12 shall include an individual meeting the
13 requirements in clause (i)(I) only.

14 “(B) QUALIFIED CRT SERVICE TECHNI-
15 CIAN.—The term ‘qualified CRT service techni-
16 cian’ means an individual who, with respect to
17 a CRT item—

18 “(i) has successfully completed a
19 training program approved by the manu-
20 facturer of the CRT item;

21 “(ii) is trained and educated (includ-
22 ing through on-the-job training) to assem-
23 ble, program, adjust, service, and repair
24 CRT items; and

1 “(iii) on an annual basis, completes at
 2 least 10 hours of education specific to the
 3 assembly, programming, service, adjusting,
 4 and repairing of CRT items.

5 “(C) QUALIFIED ORDERING PRACTI-
 6 TIONER.—The term ‘qualified ordering practi-
 7 tioner’ means a physician (as defined in section
 8 1861(r)), a physician assistant, nurse practi-
 9 tioner, or a clinical nurse specialist (as those
 10 terms are defined in section 1861(aa)(5)).”.

11 **SEC. 5. CONFORMING AMENDMENTS.**

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

16 “(C) CRT ITEMS.—For calendar year
 17 2020 and subsequent years, complex rehabilita-
 18 tion technology items (as defined in section
 19 1861(kkk)).”.

20 (b) PAYMENT EXCLUSIONS.—Section 1834(a) of the
 21 Social Security Act (42 U.S.C. 1395m(a)) is amended—

22 (1) in paragraph (4), by adding at the end the
 23 following sentence “For calendar year 2020 and sub-
 24 sequent years, the items covered by this paragraph
 25 shall not include CRT items (as defined in section

1 1861(kkk)), which shall be paid pursuant to the fee
2 schedule and methodology for CRT items described
3 in section 1834(x) beginning on January 1, 2020,
4 and in subsequent years.”;

5 (2) in paragraph (7)(A), by adding at the end
6 the following: “For calendar year 2020 and subse-
7 quent years, this paragraph shall not apply to CRT
8 items under section 1861(kkk).”; and

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

20 (c) REQUIREMENTS FOR SUPPLIERS OF MEDICAL
21 EQUIPMENT AND SUPPLIES.—Section 1834(j)(5) of the
22 Social Security Act (42 U.S.C. 1395m(j)(5)) is amend-
23 ed—

24 (1) by redesignating subparagraphs (E) and
25 (F) as subparagraphs (F) and (G), respectively; and

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

3 “(E) complex rehabilitation technology
4 items (as defined in section 1861(kkk));”.

5 **SEC. 6. CONTINUED COVERAGE OF CRT ITEMS.**

6 The amendments made by this Act do not change the
7 availability of coverage in existence as of the date of the
8 enactment of this Act, including prior authorization cov-
9 erage requirements, for CRT items under title XVIII of
10 the Social Security Act or title XIX of such Act, or any
11 other payor or program, including in the case in which
12 CRT items are covered, as of such date of enactment, as
13 durable medical equipment or under a home health ben-
14 efit, including the home health benefit under section 1902
15 of such Act and the regulations implementing such sec-
16 tion; nor do the amendments made by this Act change the
17 existing definitions of durable medical equipment or med-
18 ical equipment and supplies under such Act or as estab-
19 lished by any other payor or program, including where
20 CRT items may also fit those definitions. In the case that
21 a CRT item also satisfies the definition of durable medical
22 equipment, or medical equipment and supplies, or another
23 benefit category as defined by an applicable payor, the
24 amendments of this Act shall apply only for purposes of
25 payment of the CRT item under title XVIII of such Act.

1 **SEC. 7. EFFECTIVE DATE.**

2 The amendments made by this Act shall be effective
3 beginning on the date that is 30 days after the date of
4 the enactment of this Act, unless otherwise specified in
5 a provision of, including amendment made by, this Act.

○