



WISCONSIN LEGISLATIVE COUNCIL AMENDMENT MEMO

2017 Senate Bill 381

Senate Substitute Amendment 1

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2017 SENATE BILL 381

Senate Bill 381 requires the Department of Health Services (DHS) to create specific standards for supply and reimbursement of complex rehabilitation technology under the Medical Assistance (MA) program. The bill establishes complex rehabilitation technology as a benefit under the MA program, separate and distinct from the general durable medical equipment benefit.

Under the bill, “complex rehabilitation technology” means items classified as durable medical equipment under Medicare and individually configured for individuals to meet their specific and unique medical, physical, and functional needs and capacities for basic activities of daily living and instrumental activities of daily living identified as medically necessary.

The bill requires DHS to promulgate rules and other policies for use of complex rehabilitation technology by recipients of MA. The rules must be submitted in proposed form to the Legislative Council’s Rules Clearinghouse no later than the first day of the seventh month beginning after the effective date of the proposed legislation. The rules must include certain provisions, as follows:

- Establish specific supplier standards for companies or entities that provide complex rehabilitation technology. Also, the rules must limit reimbursement only to those suppliers that are qualified complex rehabilitation technology suppliers, as defined in the bill.
- Create a screening requirement applicable to all MA recipients who need a manual wheelchair, power wheelchair, or other seating component. The screening must include an evaluation by each of the following:

- A qualified health care professional¹ who does not have a financial relationship with a qualified complex rehabilitation technology supplier.
- A qualified complex rehabilitation technology professional.
- Protect access to complex rehabilitation technology for complex needs patients. Also, the rules must establish and maintain payment rates for complex rehabilitation technology that are adequate to ensure complex needs patients have access to complex rehabilitation technology, taking into account certain criteria specified in the bill.
- Include designation of billing codes as complex rehabilitation technology. The designation must include creation of new billing codes or modification of existing billing codes, which may be updated at least quarterly. The bill also provides a list of over 100 specific billing codes that must be included in the designation.
- Require managed care contracts entered into by DHS to ensure that DHS's rules and other policies for use of complex rehabilitation technology apply to managed care plans providing services to MA recipients

SENATE SUBSTITUTE AMENDMENT 1

Senate Substitute Amendment 1 makes several modifications to the provisions of the bill:

- Changes the definition of “complex rehabilitation technology,” to include complex rehabilitation manual and power wheelchairs, adaptive seating and positioning items, and other specialized equipment such as standing frames and gait trainers, as well as options and accessories related to any of these items. Also, the substitute amendment adds a chiropractor licensed under ch. 446 to the definition of “qualified health care professional.”
- Modifies the MA benefit for complex rehabilitation technology by specifically excluding speech generating devices. The substitute amendment also separately provides that its provisions are not intended to affect coverage of speech generating devices under the MA program and adds a list of nine specific billing codes that are not intended to be affected.
- Retains the requirement that the rules promulgated by DHS include designation of billing codes as complex rehabilitation technology. However, the substitute amendment removes the list of over 100 specific billing codes that must be included in the designation.
- Modifies the timeframe for the promulgation of rules for the use of complex rehabilitation technology by recipients of MA. Instead of requiring submission of the

¹ Under the bill, “qualified health care professional” means any of the following: (1) a physician or physician assistant licensed under subch. II of ch. 448, Stats; (2) a physical therapist licensed under subch. III of ch. 448, Stats.; or (3) an occupational therapist licensed under subch. VII of ch. 448, Stats.

rules no later than the first day of the seventh month beginning after the effective date of the proposed legislation, the substitute amendment requires DHS to submit the rules in proposed form for review no later than the first day of the 13th month beginning after the effective date of the proposed legislation.

BILL HISTORY

Senator Leah Vukmir offered Senate Substitute Amendment 1 on October 16, 2017. On October 17, 2017, the Senate Committee on Health and Human Services voted to recommend adoption of the substitute amendment on a vote of Ayes, 5; Noes, 0; and passage of the bill, as amended, on a vote of Ayes, 3; Noes, 2.

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