

# Access to Complex Rehab Technology is Access to Life



## Complex Rehab Technology Asks for Congress – September 2022

### *Please Take Actions Needed to Protect Access for People with Disabilities*

We need Congress to help ensure continued access to Complex Rehab Technology (CRT) for people with disabilities. CRT products include medically necessary specialized wheelchairs, seating systems, and other adaptive equipment used by individuals with significant disabilities such as ALS, cerebral palsy, multiple sclerosis, muscular dystrophy, spinal cord injury, and traumatic brain injury. A short video on those who use CRT, the benefits it provides, and the evaluation/provision process can be found at <https://bit.ly/3B2jvzp>.

CRT is individually configured to meet the unique medical needs of people with disabilities, to maximize their independence, and to minimize their health care costs. It is provided through a clinical team model and labor-intensive process that includes clinical evaluation, technology assessment, equipment simulation, assembly/configuration, delivery, fitting, programming, and training. Once delivered, it must be supported with ongoing adjustment, programming, maintenance, and repair.

Adequate access to CRT is critical to providing greater independence as well as reducing medical interventions and related health care costs. Members of Congress are asked to take the following actions to improve and protect the ability of those with disabilities to access the specialized CRT products and supporting services they depend on for their independence and health.

**ASK 1: Contact CMS Administrator Brooks-LaSure asking CMS to move forward with establishing Medicare coverage for power seat elevation and power standing systems on CRT power wheelchairs needed by people with mobility impairments.** Medicare currently DOES NOT cover power seat elevation and power standing systems used with CRT power wheelchairs. Clinical evidence shows these CRT systems provide significant medical benefits to people with disabilities and enable them to be much more independent in their home and community. In September 2020, a national coalition of disability, consumer, and medical professional organizations (the ITEM Coalition) submitted a formal request to CMS to establish Medicare coverage. It has been more than 2 years and a CMS decision is past due. CMS did recently release the request for the coverage of power seat elevation for public comment, but the request for power standing has not progressed. This significant delay is resulting in a denial of access to this critically important CRT technology.

**ASK 2: Provide federal financial assistance to address unsustainable cost increases CRT suppliers have incurred over the past two years to allow them to maintain critical access to CRT and the supporting services for people with disabilities.** CRT providers and manufacturers have incurred significant operating challenges and increased expenses over the past two years. Unfortunately, these providers do not have the ability to raise prices to cover the increased costs as they are subject to fixed fee schedules from Medicare, Medicaid, and other third-party payers. The increases include higher product costs, payroll costs, distribution costs, fuel costs, and more. These challenges and increases are significant and relief must be provided. A disruption in access to CRT could lead to negative health outcomes and increased overall costs of care for people with disabilities.

**ASK 3: Make permanent the unique CRT telehealth flexibilities that are in place during the Public Health Emergency to protect access for people with disabilities.** The ability for Occupational Therapists (OTs) and Physical Therapists (PTs) to provide CRT related telehealth services has been extremely beneficial for people with disabilities, but this will expire 151 day after the COVID-19 PHE expires. This telehealth option must be made permanent so OTs and PTs can, when the situation requires, participate remotely for CRT evaluations, fittings, and training when an in-person visit is not possible due to medical risks, transportation barriers, lack of experienced clinicians in the community, and other factors. Rather than allowing these proven flexibilities to expire, Congress must pass legislation to make these CRT telehealth policies permanent.

*For additional information on Complex Rehab Technology visit [www.ncart.us](http://www.ncart.us).*



# Ensure Beneficiary Access to Critical Wheelchair Technology

## Support Medicare Coverage of Seat Elevation/Standing Systems in Power Wheelchairs

We urge Congress to encourage the Centers for Medicare & Medicaid Services (CMS) to recognize power seat elevation and standing systems used in complex power wheelchairs as covered under the Medicare Durable Medical Equipment (DME) benefit. This change would provide important beneficiary access to critical mobility device functions that allow greater participation in daily life and remedy a misinterpretation by Medicare contractors that these systems are not “primarily medical in nature.” A formal request for Medicare coverage was submitted to CMS over two years ago and this needed coverage is supported by national disability, medical professional, and rehabilitation organizations.

Members of Congress are asked to contact CMS Administrator Brooks-LaSure and request: (1) That CMS move expeditiously to advance Medicare coverage for power seat elevation systems, consistent with the existing body of clinical evidence supporting the benefits of use and within all applicable rules and regulations; and (2) That CMS present a clear schedule for timely opening, review, and approval of a similar National Coverage Analysis for power standing systems to ensure that Medicare beneficiaries are able to access these medically necessary benefits.

### **Coverage Request History and Status**

In September 2020 the ITEM Coalition, a national consumer and clinician-led coalition, submitted to CMS a formal Request for Reconsideration of the National Coverage Determination (NCD) for Mobility Assistive Equipment (MAE) to secure Medicare coverage of power seat elevation and standing systems used in complex power wheelchairs. This represented a comprehensive request by dozens of experts from across the country, including medical professionals, disability advocates, power wheelchair users, and assistive technology professionals. The request included an exhaustive review of clinical evidence citing more than 120 peer-reviewed studies supporting the medical benefits for both power seat elevation and power standing systems. 60 national nonprofit organizations across the disability and rehabilitation spectrum supported this request, believing this coverage is long overdue to ensure that beneficiaries with mobility impairments can live their lives as independently as possible and maintain and improve their health and function.

In August 2022, two years after the request submission, CMS opened a National Coverage Analysis (NCA) to review the coverage request for power seat elevation systems, but deferred the review of Medicare coverage for power standing systems to an undefined later time. It is unacceptable that CMS has taken this course of action to further delay coverage of power standing systems. After nearly two years of waiting for this NCA to be opened, CMS must move expeditiously with its review to establish Medicare coverage for power seat elevation systems and quickly open its review of coverage of power standing systems and establish that coverage as soon as possible.

### **Seat Elevation and Standing Systems**

CMS considers seat elevation an “accessory” to power wheelchairs that allows a mobility-impaired individual to raise and lower themselves in the seated position through an electromechanical lift system. (Note: CMS uses this term “accessory” to refer to critical components for DME that, once incorporated into the DME item, are integral to its prescribed function). This is critical in assisting users with safe transfers from a wheelchair to a commode, bed, or other surface, and enabling beneficiaries to independently perform or participate in mobility-related activities of daily living (MRADLs), the standard for Medicare coverage under the NCD for Mobility Assistive Equipment (MAE). Standing systems allow individuals to transition from a seated to standing position without the need to leave their power wheelchair, allowing independent performance of MRADLs and offering numerous medical benefits to non-ambulatory beneficiaries.

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### **Functional and Medical Benefits**

With these systems, non-ambulatory beneficiaries with mobility impairments can perform MRADLs in the home such as hygiene, grooming, meal preparation, and dressing. Without them, individuals may require the assistance of another individual, limiting independent function in the home. A wide body of medical literature establishes that seat elevation enables beneficiaries to independently transfer from their wheelchair to a bed, toilet, and other surfaces at different heights, which is difficult and potentially unsafe without the use of seat elevation and may cause secondary injury if the beneficiary is unable to transfer properly. Medical literature also demonstrates that standing systems provide significant medical benefits beyond improved functional reach to perform MRADLs, such as improved circulation, mobility, gastrointestinal health, range of motion, promotion of vital organ capacity, improved bone density, and reduced occurrence of skin ulcers and skeletal deterioration.

### **Current Medicare Policy**

CMS' Medicare Administrative Contractors (DME MACs) have taken the position that seat elevation and standing systems are not "primarily medical in nature" and, therefore, do not even qualify as DME, let alone whether they are reasonable and necessary for certain beneficiaries. This Benefit Category Determination (BCD) is clearly inconsistent with the existing NCD for MAE, as well as past CMS rulings (HCFA Ruling 96-1), and a wide body of clinical literature. The existing Medicare policy on seat elevation and standing systems not only presents a burden for patients who are denied access to these critical benefits, but for health care providers who must treat additional, avoidable secondary conditions that may develop without the use of these systems (i.e., falls, skin ulcers, diminished bone density, etc.).

"In my practice, I see Medicare patients every day that require access to seat elevation and standing systems in their power wheelchairs and cannot get coverage of these benefits," stated Anjali Shah, M.D., a board-certified Physical Medicine and Rehabilitation specialist, Director of Wheelchair and Seating at UT Southwestern Medical Center, and member of the American Academy of Physical Medicine and Rehabilitation (AAPM&R). "Medicare's coverage policy also has a ripple effect across other payers, limiting access to these critical wheelchair technologies nationwide to those who need them most."

For more information on efforts to secure Medicare coverage of power seat elevation and power standing systems, please visit [www.rise4access.org](http://www.rise4access.org).

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The Independence Through Enhancement of Medicare and Medicaid (ITEM) Coalition is a national consumer and clinician-led coalition advocating for access to and coverage of assistive devices, technologies, and related services for persons with injuries, illnesses, disabilities, and chronic conditions of all ages. For questions, please contact ITEM Coalition coordinators via email at [Peter.Thomas@PowersLaw.com](mailto:Peter.Thomas@PowersLaw.com) and [Joseph.Nahra@PowersLaw.com](mailto:Joseph.Nahra@PowersLaw.com) or phone at 202-872-6730.



## **Federal Financial Support Must Be Provided to Maintain Critical Access to Complex Rehab Technology for People with Disabilities**

Complex Rehab Technology (CRT) providers and manufacturers have incurred significant operating challenges and increased expenses over the past two years. Unfortunately, these providers do not have the ability to raise prices to cover the increased costs as they are subject to fixed Medicare, Medicaid, and other third-party payer fee schedules. These challenges and cost increases are unsustainable without Federal assistance that must be provided to maintain critical access for people with disabilities.

Individuals with disabilities who require specialized CRT wheelchairs and other adaptive CRT items represent a small population of people with complex diagnoses such as ALS, spinal cord injury, cerebral palsy, multiple sclerosis, muscular dystrophy, and traumatic brain injury. For these individuals, CRT plays a critical role in their independence, quality of life, and access to the community. In addition, CRT is key to keeping their health care costs down by reducing medical complications, hospital admissions, and other interventions.

CRT providers and manufacturers have worked hard to ensure people with disabilities have continued access to the important CRT products and supporting services they depend on in this very challenging operating environment. However, unlike other sectors, CRT providers are constrained by pre-determined pricing structures that fail to factor in the new operating and cost realities of providing CRT and the related services. The challenges and increased costs impacting the home medical equipment and CRT companies include the following:

- Increased raw material costs, product costs, and related surcharges of 15% to 40% and higher.
- Increased payroll expenses of 10% to 30% and higher (needed to maintain qualified staff).
- Increased distribution/delivery expenses of 15% to 40% and higher (gas prices, vehicle costs).
- Increased freight charges of 200% to 500% and higher.
- Increased costs for Personal Protective Equipment and other required safeguards.
- Difficulties in obtaining products and supplies in a timely manner due to supply chain issues.

In addition, the high demand across a number of industries for microchips, has compromised the ability for the relatively small CRT industry to procure microchips. This limited supply negatively impacts the users of CRT power wheelchairs. Without microchips, power wheelchairs cannot be built, completed, and shipped to people who rely upon these wheelchairs for their mobility and independence.

Without federal financial relief it may become cost-prohibitive for manufacturers and providers to continue supplying CRT products and supporting services to people with disabilities who require them to maintain their independence and to reduce medical interventions and expenses. In addition, the threat of additional Medicare sequester cuts exacerbates the current situation. Any disruption in access would lead to adverse health outcomes and increased overall costs of care.

**Congressional Ask: We urge Congress to provide the federal financial relief needed to address these important issues so people with disabilities can continue to have access to the specialized Complex Rehab Technology and supporting services they depend on.**



## **Congress Must Preserve Current Telehealth Option for CRT Related Telehealth Services Required by Medicare Beneficiaries with Disabilities**

### **Issue Requiring Congressional Action**

Medicare beneficiaries with significant disabilities have been able to access critical, medically necessary care during the COVID-19 pandemic via telehealth due to flexibilities put in place by Congress and CMS. People benefitting from these services include those diagnosed with diseases and conditions like ALS, multiple sclerosis, spinal cord injury, cerebral palsy, muscular dystrophy, and traumatic brain injury. Unfortunately, 151 days after the Public Health Emergency (PHE) ends, the ability for Medicare beneficiaries to access needed Complex Rehabilitation Technology (CRT) via telehealth will also end unless Congress acts.

This CRT telehealth option must be made permanent for Medicare beneficiaries with disabilities, many of whom have multiple co-morbidities, so they can continue to have remote access to CRT evaluations, fittings, and training when an in-person visit is not possible due to medical risks and other factors described below. Rather than allowing these proven flexibilities to expire and cause harm to Medicare beneficiaries with disabilities, Congress must take legislative action to make these CRT telehealth policies permanent.

### **The CRT Provision Process and Telehealth**

Medicare beneficiaries who require CRT wheelchairs and other CRT items represent a small population of people in the program. For these individuals, CRT plays a critical role in their independence, quality of life, and access to the community. In addition, CRT is key to keeping their health care costs down by reducing medical complications, clinical interventions, hospitalizations, caregiver assistance, and other support.

CRT products include individually configured manual and power wheelchairs, seating and positioning systems, and other adaptive equipment such as standing devices and gait trainers. The provision of CRT is accomplished through an interdisciplinary team consisting of, at a minimum, a physician, a physical therapist (PT) or occupational therapist (OT) with experience in CRT evaluations, and a RESNA certified assistive technology professional (ATP) employed by an accredited CRT supplier. The primary activities include physical/functional evaluation, technology assessment, funding approval, assembly, configuration, fitting, adjustment, programming, and training.

The team collectively identifies the specific and unique medical and functional needs of the individual and then matches those needs to the appropriate technology. A key part of this process is the physical/functional evaluation completed by the licensed PT or OT and the technology assessment completed by the certified ATP.

As a result of current COVID-19 waivers, PTs and OTs have been able to provide their CRT related services remotely using telehealth when the situation requires it. Therapists, beneficiaries, and caregivers report that evaluations provided through telehealth have prevented delays in access to medically necessary technology. In addition, the delivery of these services through telehealth has allowed for greater visibility into the home environment providing a much better understanding of mobility and daily activities within the residence. The availability of a CRT telehealth option has led to improved technology recommendations and better outcomes for Medicare beneficiaries.

### **Benefits to Medicare Beneficiaries from Permanent CRT Telehealth Option**

Maintaining the current CRT telehealth option will allow Medicare beneficiaries with significant disabilities to overcome access challenges when present and ensure the timely availability of needed clinical services.

Examples of beneficiary access barriers and risks that can be reduced or eliminated include:

- 1.) Exposure to Viruses and Other Health Risks- COVID-19 was the obvious concern, but any virus or other threat such as influenza can increase health risks for individuals with compromised or weakened immune systems, respiratory and breathing difficulties, and co-morbidities. The ability to receive appropriate CRT evaluation and assessment services in the home setting using telehealth greatly reduces these exposures and risks.
- 2.) Limited Access to Qualified Practitioners- The availability of specialty clinics that employ clinicians with knowledge and expertise in wheeled mobility, seating, and other CRT evaluations can be limited. This is especially true in rural areas. To ensure receipt of a comprehensive evaluation and technology assessment, a person may have to travel long distances. In some situations, multiple visits on different days are frequently required.
- 3.) Transportation Challenges- Properly adapted personal vehicles are not always available for people who must be transported in their wheelchairs. This means finding and securing public wheelchair accessible transportation. There are multiple challenges that may occur, from availability, schedules, and timeliness to knowledge of drivers to safely secure a wheelchair for transport.
- 4.) Limited Understanding of Functional Activities in the Home- Given the importance of safe and effective use of CRT in the home setting, utilizing telehealth provides more details of that environment and more accurate recommendations.
- 5.) Physical Challenges- For some people with disabilities, having to travel to participate in lengthy evaluations, equipment trials, and simulations can be challenging. This is especially true for individuals with progressively declining disorders, cardio/respiratory compromise, high tone or abnormal reflexes, or individuals who fatigue easily.

### **Specific Congressional Action Needed**

As stated above, the current ability for CRT beneficiaries to access needed care via telehealth has been extremely beneficial for Medicare beneficiaries with disabilities. However, this option will end 151 days after the PHE expires unless Congress acts. It is important that Congress establish a permanent CRT telehealth option by incorporating these two provisions in telehealth legislative language and pass such legislation prior to the expiration of the COVID-19 PHE:

- 1.) Permanently add the “Therapy Services, Physical and Occupational Therapy, All Levels” CPT codes needed for CRT to the Medicare Telehealth Services List. These codes have been put in place on a temporary basis during the PHE. The codes are 97112, 97161 to 97168, 97542, 97750, 97755, and 97760. Particular emphasis is given to code 97542. There is substantial precedent for Congress identifying specific CPT codes in statute to focus the law’s reach, including in the telehealth statute itself.
- 2.) Permanently add physical therapists and occupational therapists as authorized Medicare telehealth services practitioners for the provision of the CRT services covered by these codes. This must accompany making permanent the related therapy services CPT codes. Physical and occupational therapists furnish over 90 percent of the services billed under these codes. Congress must act as CMS lacks the statutory authority to expand the definition of “practitioner” outside of its emergency waiver authority under Section 1135 of the Social Security Act. When the PHE expires, so does CMS’ Section 1135 authority under which it waived the current definition of “practitioner” to allow PTs and OTs to bill directly for telehealth.

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The National Coalition for Assistive and Rehab Technology (NCART) is a non-profit organization working to ensure people with disabilities have adequate access to Complex Rehab Technology that increases independence and decreases health care costs. For more information visit [www.ncart.us](http://www.ncart.us).