



October 5, 2020

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1734-P
P.O. Box 8016
Baltimore, MD 21244-8016
Submitted Electronically to: www.regulations.gov

Re: Comments on CMS Proposed Rule CMS-1734-P “Revisions to Payment Policies under the Medicare Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B for CY 2021”

To Whom It May Concern,

The following comments and recommendations regarding proposed rule CMS-1734-P are submitted on behalf of the National Coalition for Assistive and Rehab Technology (NCART) in support of “making permanent” the temporary Public Health Emergency (PHE) authorizations designating certain physical and occupational therapists CPT codes as billable under telehealth services and designating physical and occupational therapists as telehealth services practitioners.

As background, NCART is a national association of suppliers and manufacturers of Complex Rehab Technology (CRT) products. We focus on education and advocacy to ensure people with significant disabilities such as ALS, spinal cord injury, cerebral palsy, multiple sclerosis, muscular dystrophy, and traumatic brain injury have adequate access to this individually configured equipment and related support services. We work with consumers, clinicians, and physicians along with federal, state, and private policy makers to establish and protect appropriate coverage, coding, quality standards, and payment policies.

Our supplier members operate over 350 accredited Medicare/Medicaid supplier locations across the country, collectively providing products and critical supporting services to hundreds of thousands of children and adults in their communities. Our manufacturer members are recognized industry leaders who have decades of experience in the development of CRT products designed to address important medical and functional needs to improve the lives of people with disabilities.

CRT products include medically necessary and individually configured manual and power wheelchairs, seating and positioning systems, and other adaptive equipment such as standing devices and gait trainers. The provision of this specialized equipment requires evaluation, configuration, fitting, adjustment, and programming. Adequate access to CRT plays a critical role in keeping health care costs down by reducing medical complications, clinical interventions, hospitalizations, institutionalizations, as well as the need for caregiver assistance and other services.

Comments and Recommendations

Our comments are focused on the area of telehealth services and the information in the proposed rule under section “D. Telehealth and Other Services Involving Communications Technology” and, more specifically, summarized in Item 3 of “Table 12- Summary of CY 2021 Proposals for Addition of Services to the Medicare Telehealth Services List”.

We strongly recommend that CMS permanently add to the Medicare Telehealth Services List the “Therapy Services, Physical and Occupational Therapy” telehealth services that were temporarily added during the Covid-19 PHE and permanently authorize physical and occupational therapists as telehealth services practitioners. The following explains the background, benefits, and other factors that necessitate these actions to improve access, diagnosis, interventions, and outcomes for Medicare beneficiaries with significant disabilities who require CRT items.

Complex Needs Population Requires A Telehealth Option

Medicare beneficiaries who require Complex Rehab Technology wheelchairs and other CRT items represent a small population with significant disabilities such as ALS, spinal cord injury, cerebral palsy, multiple sclerosis, muscular dystrophy, and traumatic brain injury. CRT wheelchairs are much more complex than standard wheelchairs as they incorporate individually configured seating, positioning, and other features necessary to meet the medical and functional needs of the person. CRT also includes other specialized adaptive equipment that present the same configurations and complexities.

The individuals who depend on CRT are at high risk for respiratory complications, skin/pressure wounds, and other conditions that could result in hospitalization and medical treatment. That is why ensuring adequate and timely access to CRT is paramount to their overall health and function.

The provision of CRT is accomplished through an interdisciplinary team consisting of, at a minimum, a physician, a physical or occupational therapist, and a credentialed rehab technology professional employed by an accredited CRT supplier. The team collectively provides clinical services and technology-related services designed to meet the specific and unique medical and functional needs of the individual. The availability and engagement of an experienced physical or occupational therapist is critical to ensuring timely and effective access to CRT for Medicare beneficiaries with disabilities.

During the COVID-19 pandemic closed wheelchair and seating clinics, reduced facility hours, delayed evaluations, and risks of contracting viruses prompted CMS (Medicare and Medicaid) and certain commercial insurers to temporarily allow the use of telehealth services to complete necessary evaluations and assessments required for the provision of CRT wheelchairs and seating along with other CRT products.

Basis for Permanent Option for Physical and Occupational Therapy Telehealth Services

Physical and occupational therapists, beneficiaries, family members, and suppliers report meaningful advantages in certain situations when CRT evaluations and assessments were performed via telehealth during the PHE. The positive beneficiary experiences and outcomes during this time prove that there should be a permanent option for telehealth services when needed to provide timely evaluations and interventions, when it is important for the evaluation to be reflective of the Medicare beneficiary's environment, or to reduce risks and stress on the Medicare beneficiary and/or caregivers and family.

Even before the COVID-19 pandemic, in certain circumstances Medicare beneficiaries with significant disabilities struggled to obtain timely services and access to CRT due to a variety of barriers and risks. Examples of barriers and risks that can be overcome with telehealth services include:

- 1.) Exposure to Viruses and Other Health Risks- COVID-19 is the obvious current concern, but any virus or other threat such as influenza can increase health risks for individuals with compromised/weakened immune systems, respiratory and breathing difficulties, and co-morbidities. The ability to receive appropriate evaluation and assessment services in the home setting using telehealth

would greatly reduce 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. In order 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. These long-distance trips can create an extreme hardship on the beneficiary, caregivers, and families. Moreover, it can cause fatigue, increased pain, and anxiety which can make the evaluation and assessment more difficult and less accurate.
- 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 on how to properly secure a wheelchair used for occupant transport. These experiences can be uncomfortable, frustrating, and may increase anxiety prior to an evaluation. This process must be coordinated for trips both to and from the clinic.
- 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. This can also help identify other unmet medical issues or needs and allow recommendations to enhance the health and safety of the beneficiary.
- 5.) Physical Challenges- For some people with disabilities, having to travel to participate in lengthy evaluations, equipment trials, and simulations can be exhausting, increasing pain, and causing significant anxiety. This is especially true for individuals with progressively declining disorders, cardio/respiratory compromise, high tone or abnormal reflexes, or individuals who fatigue easily.

In light of the significant benefits that result from the utilization of telehealth in certain situations, once the current PHE ends it is important that CMS adopt permanent policies to allow the option for Medicare beneficiaries with significant disabilities to use physical and occupational therapy telehealth services when necessary to ensure continued timely and appropriate access to CRT.

Proposed Rule Changes Needed to Create Permanent Physical and Occupational Therapy Telehealth Services Option for CRT

As described in the proposed rule, “CMS undertook emergency rulemaking to add a number of services to the Medicare Telehealth Services List on an interim final basis.....for the duration of the PHE for the COVID-19 pandemic”. Two specific provisions that benefited Medicare beneficiaries who require CRT consisted of: (a) the addition of certain physical and occupational therapy service CPT codes to the Medicare Telehealth Services List and (b) the addition of physical therapists and occupational therapists as authorized telehealth services practitioners.

Most of the added CPT codes were included in the aforementioned Table 12 (codes 97112, 97161 to 97168, 97750, 97755, and 97760). However, it is important to note there is one code missing from the proposed rule listing. CMS also added “97542- Wheelchair management (e.g., assessment, fitting, training)” after the initial list was published. This code is particularly important to the provision of CRT.

While it appears this code was inadvertently not listed in Table 12, it is critical that CPT code 97542 be included in the updated Medicare Telehealth Services List to allow access to this therapy service for the benefit of Medicare beneficiaries with significant disabilities who require CRT.

Based on the information provided in this letter, we strongly recommend that CMS permanently add to the Medicare Telehealth Services List the “Therapy Services, Physical and Occupational Therapy” telehealth services (CPT codes) that were temporarily added during the Covid-19 PHE and permanently authorize physical and occupational therapist as telehealth services practitioners. These actions are needed to improve access, diagnosis, interventions, and outcomes for Medicare beneficiaries with significant disabilities who require CRT wheelchairs and other CRT items.

To accomplish this, the following should be incorporated into the finalization of proposed rule CMS-1734:

- 1.) Permanently add the “Therapy Services, Physical and Occupational Therapy, All Levels” CPT codes needed for CRT to the Medicare Telehealth Services List. The codes should include those that have been put in place on a temporary basis during the PHE. Those codes would be those in Table 12 (codes 97112, 97161 to 97168, 97750, 97755, and 97760) and code “97542- Wheelchair management (e.g., assessment, fitting, training)” that was authorized by CMS after the initial list was published. As stated above, CPT code 97542 is critical in the provision of CRT.
- 2.) Permanently add physical therapists and occupational therapists as authorized Medicare telehealth services practitioners. This must accompany making permanent the related therapy services CPT codes. As stated in the proposed rule, physical and occupational therapists furnish “over 90 percent” of the services billed under these codes. We have described why these therapy codes must be available when needed for billing under telehealth during the provision of CRT. Approving the codes without also approving the practitioners who provide over 90 percent of those services would be of no benefit to Medicare beneficiaries.
- 3.) Develop physical and occupational therapy telehealth services guidelines and documentation requirements. The availability of the option to use telehealth services in the provision of CRT is especially important in some circumstances, but is not appropriate in all settings. Accordingly, CMS should develop related guidelines and documentation requirements to protect the Medicare beneficiary and the Medicare program. We suggest CMS gather a group of impacted stakeholders (NCART, clinical groups, consumer groups, and others) to assist in the development of these guidelines and requirements and are happy to assist in this initiative.

Additional Information

NCART has a sincere desire to collaborate with CMS to produce the best outcomes for the Medicare program and enrolled beneficiaries with significant disabilities and chronic medical conditions. We are happy to provide additional information and would be available to discuss our comments further.

Sincerely,



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