



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 are currently 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, when 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 is the obvious current 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 when the COVID-19 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.

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.