National Coalition For Assistive & Rehab Technology

January 4, 2021

United States Congress
Senate Telehealth Working Group
House Telehealth Caucus
Submitted electronically to meghan_o'toole@schatz.senate.gov

Re: Recommendations for 2021 Telehealth Legislation; To Ensure Timely Access to Complex Rehab Technology for People with Disabilities

To Whom It May Concern,

Thank you for the time and analysis that the Senate Telehealth Working Group and the House Telehealth Caucus are investing in introducing and passing important legislation to make permanent the expanded availability of telehealth services for Medicare beneficiaries and others.

The following recommendations for 2021 telehealth legislation are submitted on behalf of the National Coalition for Assistive and Rehab Technology (NCART) and the Complex Rehab Technology (CRT) Remote Services Consortium. We write in support of including specific provisions to "make 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 authorized telehealth services practitioners.

NCART is a national association of suppliers and manufacturers of CRT products with members operating over 780 accredited Medicare/Medicaid supplier locations across the country. Collectively providing specialized CRT products and related supporting services to hundreds of thousands of children and adults in their communities. 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 services. We routinely work with related stakeholders to establish and protect appropriate coverage, coding, payment policies, as well as improve patient protections.

The CRT Remote Services Consortium is a multi-disciplinary national coalition formed to secure needed legislation and policies to ensure the availability of telehealth and other remote services when appropriate to provide timely access and better outcomes for people with significant disabilities who require CRT. Membership consists of national organizations representing suppliers, clinicians, medical facilities, consumers, manufacturers, universities, and others including the following:

- Christopher and Dana Reeve Foundation- www.christopherreeve.org
- Clinician Task Force- www.cliniciantaskforce.us
- National Coalition for Assistive and Rehab Technology (NCART)- www.ncart.us
- National Registry of Rehabilitation Technology Suppliers (NRRTS)- www.nrrts.org
- Rehabilitation Engineering and Assistive Technology Society of North America (RESNA)- www.resna.org

- U. S. Rehab- www.vgm.com/communities/us-rehab
- United Spinal Association- www.unitedspinal.org
- University of Pittsburgh Department of Rehabilitation Science & Technology- www.pitt.edu/rehabilitation-science-and-technology
- University of Pittsburgh Medical Center- Center for Assistive Technology- www.upmc.com/services/rehab/rehab-institute/services/cat

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 this specialized equipment involves evaluation, configuration, fitting, adjustment, and programming. Many mobility and seating items require a prescription, an evaluation by a physical therapist (PT) or occupational therapist (OT) and a technology assessment by a credentialed rehab technology professional.

Comments and Recommendations

Adequate access to CRT plays a critical role in the health, welfare, and activities of people with disabilities. Properly provided CRT improves/allows independence, quality of life, access to the community, and the ability to work or attend school. In addition, CRT access is key to keeping health care costs down by reducing medical complications, clinical interventions, hospitalizations, institutionalizations, as well as the need for caregiver assistance and other support services.

We strongly recommend that Congress include provisions in 2021 telehealth legislation to "make permanent" the temporary Public Health Emergency (PHE) authorizations by (a) designating certain physical and occupational therapists CPT codes as billable under telehealth services and (b) designating physical and occupational therapists as authorized 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.

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.

To understand the application of a telehealth option for physical and occupational services for individuals who require CRT, you must first understand the CRT evaluation and provision process. The fact is that should circumstances warrant it, a physical or occupational therapist can use telehealth to effectively provide their professional and clinical skills for the benefit of a Medicare beneficiary requiring CRT.

The provision of CRT is accomplished through an interdisciplinary team consisting of, at a minimum, a physician, a physical or occupational therapist with experience doing evaluations for CRT, and a credentialed rehab technology professional employed by an accredited CRT supplier. This process is required by Medicare policy. The team collectively provides clinical services and technology-related services designed to identify and meet the specific and unique medical and functional needs of each beneficiary. The involvement of an experienced physical or occupational therapist is necessary to ensure 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. It is important to note that since there is a team involved, a member of the team is always physically present with the beneficiary during the telehealth visit to ensure adequate interaction and communication with the beneficiary.

Therapists, beneficiaries, and caregivers report that evaluations provided through telehealth have prevented delays in access to medically necessary technology, but also report that the delivery of these services through telehealth has allowed for visibility to the home environment and details regarding how mobility and daily activities occur in the home. This has led to improved technology recommendations.

Basis for Permanent Telehealth Option for Physical and Occupational Therapy Services

Physical and occupational therapists, beneficiaries, family members, and suppliers report meaningful benefits and improved outcomes 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. Of note, these benefits are not limited to just Medicare beneficiaries. They also apply to individuals receiving CRT through Medicaid or other insurance plans.

Even before the COVID-19 pandemic, several peer-reviewed studies (see references below) have documented the benefits of telehealth in the provision of CRT. Telehealth is not intended to completely replace in-person services provided by physical and occupational therapists, but rather based on the needs and complexity of individuals it can streamline services and reduce the amount of in-person interaction. For example, telehealth lends itself well for screening and triaging patient need, observing function in the natural living environment, observing delivery of equipment, and providing follow-up. The studies have indicated telehealth results in similar and often better outcomes to in-person services and that patients often prefer telehealth strategies.

Certain circumstances create challenges for Medicare beneficiaries and others with significant disabilities in obtaining timely services and access to CRT due to a variety of barriers and risks. Examples of barriers and risks that can be overcome through the use of 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. 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.

Considering the significant benefits that result from the utilization of telehealth in certain situations, it is important that Congress authorize, and CMS adopt, permanent polices to allow the option for Medicare beneficiaries with significant disabilities to use physical and occupational therapy telehealth services when necessary to ensure continued and timely access to CRT products and supporting services.

Legislative Provisions Needed to Create Permanent Physical and Occupational Therapy Telehealth Services Option for CRT

As stated in a recent CMS 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 CMS implemented which 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.

Based on the information provided in this letter, we strongly recommend that Congress include legislative provisions that specify 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 provide needed access for Medicare beneficiaries who require CRT, the following provisions should be incorporated into telehealth legislative language:

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 CPT codes would be 97112, 97161 to 97168, 97542, 97750, 97755, and 97760. Emphasis given to code 97542.

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. 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 (CRT Remote Services Consortium members, 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 and the members of CRT Remote Services Consortium have a sincere desire to collaborate with Congress and CMS to produce the best outcomes for the Medicare program and enrolled beneficiaries with significant disabilities and chronic medical conditions who depend on Complex Rehab Technology products and services. We are happy to provide additional information and would be available to discuss our comments further.

Sincerely,

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Additional Supporting Information- Telehealth Studies and References

Ott KK, Schein RM, Saptono A, Dicianno BE, Schmeler MR. Veteran and provider satisfaction with a home-based telerehabilitation assessment for wheelchair seating and mobility. Int J Telerehab. 2020; 12(2): 3-12. doi: 10.5195/ijt.2020.6341

Bell M, Schein RM, Straatmann J, Dicianno BE, Schmeler MR. Functional mobility outcomes in telehealth and in-person assessments for wheeled mobility devices. Int J Telerehab. 2020;12(2):27-34. doi:10.5195/ijt.2020.6335

Schein RM, Schmeler MR, Holm MB, Saptono A, Brienza DM. Telerehabilitation wheeled mobility and seating assessments compared with in Person. Arch Phys Med Rehabil. 2010;91(6):874-878. doi:10.1016/j.apmr.2010.01.017

Schein RM, Schmeler MR, Saptono A, Brienza D. Patient satisfaction with telerehabilitation assessments for wheeled mobility and seating. Assist Technol. 2010;22(4):215-222. doi:10.1080/10400435.2010.518579

Schein RM, Schmeler MR, Brienza D, Saptano A, Parmanto B. Development of a service delivery protocol use for remote wheelchair consultation via telerehabilitation. Telemed J E Health. 2008;14(9):932-938. doi:10.1089/tmj.2008.0010

Schmeler MR, Schein RM, McCue M, Betz K. Telerehabilitation clinical and vocational applications for assistive technology: Research, opportunities, and challenges. Int J Telerehabil. 2009;1(1):59-72. doi:10.5195/ijt.2009.6014

Graham F, Boland P, Grainger R, Wallace S. Telehealth delivery of remote assessment of wheelchair and seating needs for adults and children: a scoping review. Disabil Rehabil. 2019:1-11. doi:10.1080/09638288.2019.1595180

Orlando JF, Beard M, Kumar S. (2019). Systematic review of patient and caregivers' satisfaction with telehealth videoconferencing as a mode of service delivery in managing patients' health. PLOS ONE, 14(8): e0221848. doi:10.1371/journal.pone.0221848

Mccue M, Fairman A, Pramuka M. Enhancing quality of life through telerehabilitation. Phys Med Rehabil Clin N Am. 2010;21(1):195-205. doi:10.1016/j.pmr.2009.07.005

Barlow IG, Liu L, Sekulic A. Wheelchair seating assessment and intervention: A comparison between telerehabilitation and face-to-face service. Int J Telerehab. 2009;1(1):17-28. doi:10.5195/ijt.2009.868

Cooper R, Fitzgerald S, Boninger M, et al. Telerehabilitation: Expanding access to rehabilitation expertise. Proceedings of the IEEE. 2001;89(8):1174-1193. doi:10.1109/5.940286