

August 15, 2006

## **WHEELCHAIR OPTIONS AND ACCESSORIES – RESPONSE TO COMMENTS**

Power tilt and recline – additional indications:

- Positioning for postural hypotension, autonomic dysfunction, seizures
- Managing leg edema
- Manage tone and spasticity
- Respiratory care/insufficiency
- Positioning for eating and dressing
- Reduce pain and discomfort
- Stretching to prevent contractures
- Maintain proper posture and balance

**Response: We partially agree. We have added the need to manage increased tone and spasticity as an additional indication. The other proposed indications are not clearly defined and do not automatically justify coverage of a power seating system. Individual consideration can be given through the Advance Determination of Medicare Coverage (ADMC) process and/or through the appeals process for special circumstances.**

Insufficient numbers of independent Assistive Technology Practitioners (ATPs) with wheelchair specialty

- Many ATPs don't specialize in wheelchairs (e.g., speech language pathologists, engineers)
  - Limit to evaluations performed by ATP-credentialed physical therapists (PTs) and occupational therapists (OTs) in a practice that is able to bill the Medicare program for the assessment
- Some are employed by suppliers or manufacturers
- Long travel for beneficiaries in rural areas
- RESNA (Rehabilitation Engineering & Assistive Technology Society of North America) certification requires 2 years of experience – but if Medicare won't consider evaluations done by them during this period, no one will hire them to get this experience
- Consider other options
  - Phase-in period – 5 years
  - Licensed PT/OT with additional training/experience
  - RESNA certified Assistive Technology Supplier (ATS) plus a qualified PT/OT

**Response: We agree that at the current time there are not sufficient numbers of RESNA-certified ATPs to meet the needs of Medicare beneficiaries. However, we believe that beneficiaries who need special rehab wheelchairs (i.e., those that require alternative drive controls and/or power tilt/recline systems) would be best served by the participation of a practitioner with special training and expertise. We believe that is best**

assured by accreditation through a nationally recognized organization. Therefore, we are establishing this requirement for rehab power wheelchairs that are provided on or after April 1, 2008. The 18 month transition will provide sufficient time for practitioners who currently have the necessary education and experience to obtain ATP certification.

**We agree that this should be limited to ATP-credentialed PTs and OTs**

Supports requirement for ATPs but board certified physiatrists should also be included

**Response: We agree. Among physician specialties, that group has the needed training and experience. The policy has been revised to acknowledge that.**

Many others are qualified – e.g., all PTs, all OTs, neurologists, etc.

**Response: We disagree. All of these individuals do not have expertise in evaluating patients for rehab wheelchairs. If they have the required education and experience, they should obtain the additional certification.**

Add a requirement that the supplier be ATS certified or National Registry of Rehabilitation Technology Suppliers (NRRTS) registered

**Response: We agree. For dates of service on or after April 1, 2008, we have added the requirement that suppliers who provide wheelchairs with an alternative drive control device and/or power tilt and/or recline seating systems have an ATS certification through RESNA.**

Allow attendant control

**Response: We partially agree. The Wheelchair Options and Accessories Local Coverage Determination (LCD) has been revised to allow for an attendant control as an alternative to (but not in addition to) a patient drive control device.**

Allow power seat elevation and power standing – they help with activities of daily living

**Response: These devices are not eligible for coverage under the Durable Medical Equipment (DME) benefit.**