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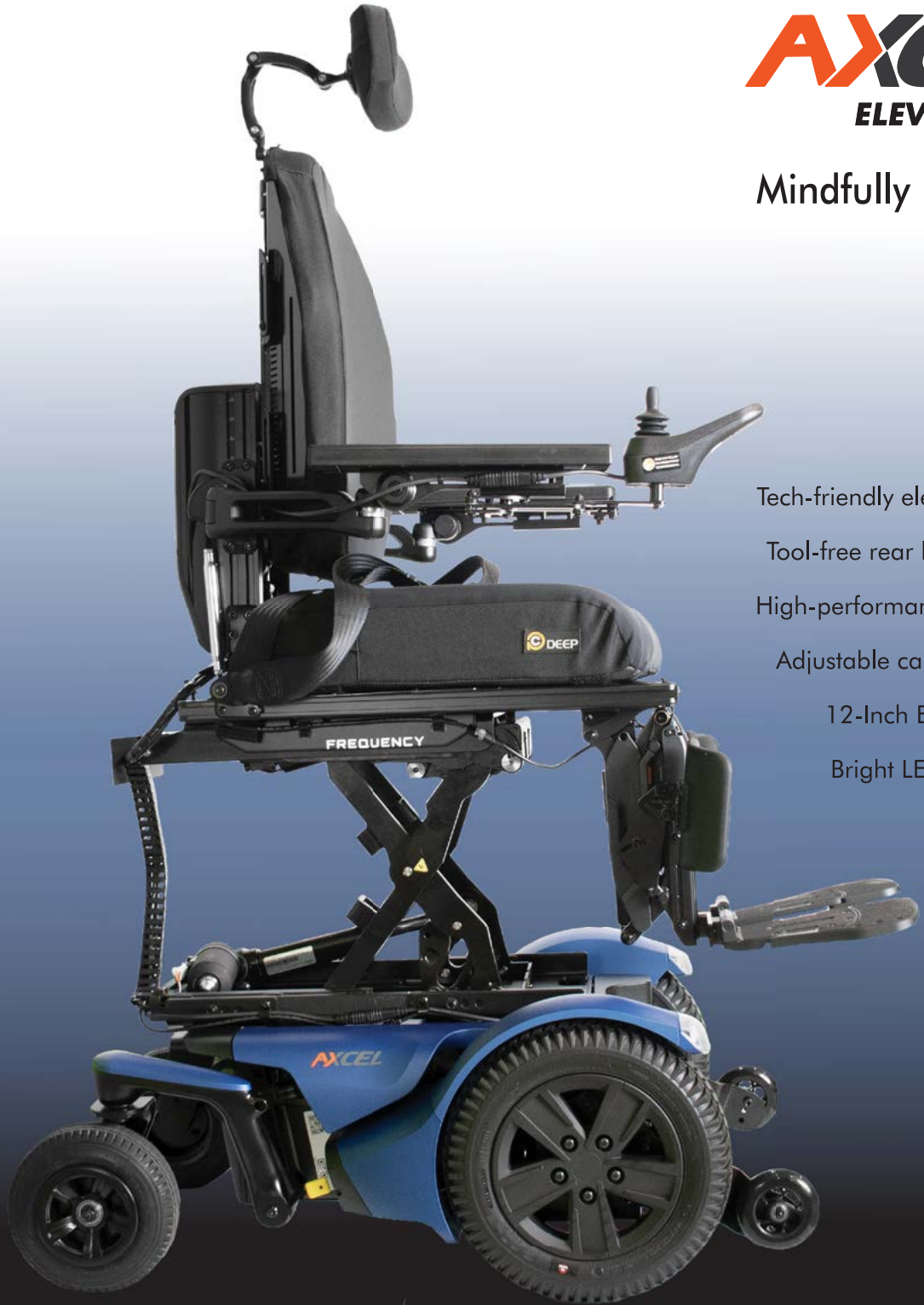

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Don't Stop Believin'

Journey is currently blaring on my phone, because on May 16, 2023, the Centers for Medicare & Medicaid Services (CMS) issued a Benefit Category Determination (BCD) that said power seat elevation on power wheelchairs meets the definition of durable medical equipment.

That means *Medicare will cover seat elevation!*

As I read the BCD, here were my takeaways:

• **CMS received a lot of public comments:** more than 3,600 in the first comment period and more than 2,100 in the second.

• **More than 98 percent of the comments** from the first period were "in scope," CMS terminology that means "related to the seat elevation topic." For the second comment period, all comments were in scope.

• **Dependent transfers and reaching** during mobility-related activities of daily living (MRADLs) were listed as tasks supported by seat elevation.

My observations:

• **The industry sent in a lot of comments,** and from a wide range of stakeholders: consumers and caregivers, clinicians (working in every conceivable setting), providers, manufacturers, associations, and other advocates.

• **Research likely carried the day.** If you've ever wondered if research translates to day-to-day seating clinic decisions, this BCD should be your proof positive. Commenters sent in plenty of data about shoulder injuries, chronic pain, uneven transfer heights, etc., and CMS repeatedly stated that the data was helpful.

• **Everybody stayed on point.** Anyone who's led a team project or planned a large family gathering knows there's always someone who wanders off. Not this time. Public comments were relevant and mindful… all 2,133 of them, during the second comment period.

• **CMS took those first public comments** to heart. The proposed decision was laser focused on seat elevation justification for weight-bearing transfers. The decision memo, however, also supported seat elevation for dependent transfers and for reach — two concepts that were talked about again and again in comments sent in for the second period.

When I started as *Mobility Management's* editor in 2002, Medicare didn't cover seat elevation, and many, many people said that would never change. For a very long time, it didn't. But you kept up the (street) fight. You kept advocating, educating, and sharing the outcomes you saw. You spent money and time flying to Washington, D.C., talking to legislators and their staffs. You did research and got it published.

You never stopped believin', you small-town girls and city boys. And look what you've done. You're rock stars. **m**

Laurie Watanabe, Editor
lwatanabe@1105media.com
@CRTeditor

mobility management
Late Spring 2023

mobilitymgmt.com

EDITORIAL STAFF
EXECUTIVE EDITOR — **Laurie Watanabe** (714) 532-6235
PUBLISHER — **David Kopf**
CONTRIBUTING EDITOR — **Elisha Bury**

ART STAFF
SENIOR ART DIRECTOR — **Laurie Layman**

ONLINE STAFF
DIRECTOR OF ONLINE PRODUCT DEVELOPMENT — **Marlin Mowatt**

SALES STAFF
GROUP SALES MANAGER — **Rick Neigher** (818) 597-9029
INTEGRATED MEDIA CONSULTANT — **Randy Easton** (678) 591-2822

INFRASTRUCTURE SOLUTIONS GROUP
PRESIDENT — **Dan LaBianca**
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REACHING THE STAFF
Staff can be reached via email, fax, telephone, or mail. A list of editors and contact information is at www.mobilitymgmt.com.

Email: To email any member of the staff please use the following form: FirstinitialLastname@1105media.com.

Dallas Office: (weekdays, 8:30 a.m. – 5:30 p.m. CT)
Phone: 972-687-6700; Fax: 972-687-6799
14901 Quorum Drive, Suite 425, Dallas, TX 75254

Corporate Office: (weekdays, 8:30 a.m. – 5:30 p.m. PT)
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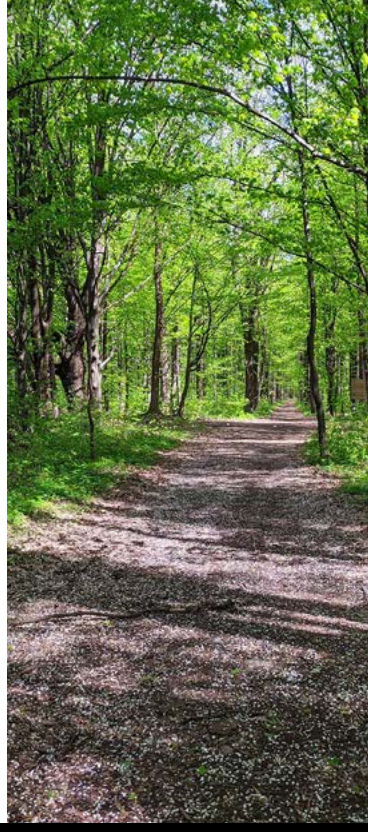

ATP SERIES

Inside/Out?

WHAT HAPPENS WHEN "INSIDE-THE-HOME" POWER CHAIR FUNDING COLLIDES WITH REAL-WORLD USAGE

By Laurie Watanabe

> DME is reusable medical equipment, like walkers, wheelchairs, or hospital beds. Part B covers DME when your doctor or other health care provider (like a nurse practitioner, physician assistant, or clinical nurse specialist) prescribes it for you to use **in your home**.
>
> *— Centers for Medicare & Medicaid Services (CMS) official government booklet for Medicare beneficiaries*

MEDICARE PAYS FOR durable medical equipment (DME) that's used in the beneficiary's home. That's a well-known policy in Complex Rehab Technology (CRT).

Sometimes, the effects of that in-the-home policy are obvious. For example, in its May 16 decision memo on Medicare coverage for seat elevation on power wheelchairs, CMS said of some input it received, "Many commenters support the coverage of power seat elevation systems for Group 3 PWCs [power wheelchairs] to carry out various activities outside of the home. Specifically, commenters provided numerous examples of how seat elevation equipment could be beneficial while shopping, crossing the street, accessing elevator buttons, traveling, dining in restaurants, providing child care, providing volunteer services, using public restrooms, and attending church services, concerts, and sporting events, etc. Also, commenters explained how seat elevation could be helpful while receiving medical care in clinical and diagnostic settings.

"While power seat elevation equipment may be useful in settings outside of the home, it is important to note that section 1861(n) of the Social Security Act defines DME as equipment used in the patient's home."

But Medicare's in-the-home restriction has ripple effects. In

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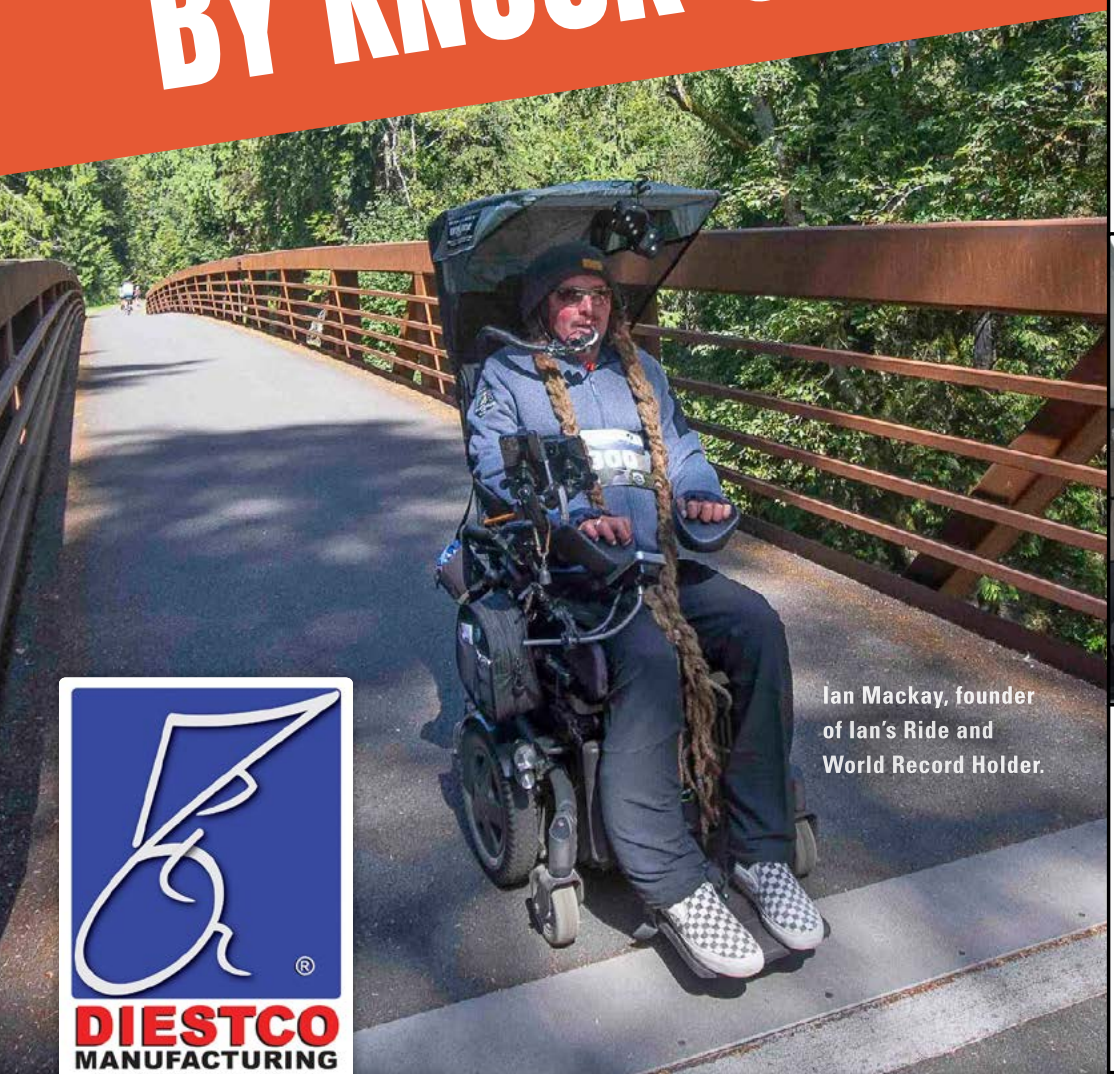

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What PWC Traits Should Providers Seek Out?

Working within Medicare's funding constraints, where equipment is covered for in-the-home use only, requires power wheelchair manufacturers to get innovative, not just when designing their power chairs, but also in considering the coming years, when those chairs needs service.

The Value of Thinking Ahead

Bret Tracy is the VP of Sales for Merits Health Products and Avid Rehab, Merits' Complex Rehab Technology division.

"We look at not only the upfront allowable, but at down-the-road repair costs," Tracy said. "We know the allowables for a Group 3 tilt, [etc.]. But we also look at 'What does that motor cost?' If motors cost $800 each and you have to replace two of them, you now have a provider that's losing money on repairs."

With those numbers in mind, Tracy said, "When we launched Avid Rehab, for our Vector power chair we used a motor with a dealer cost of $300. On our entry-level power chair for Group 3, we start the electronics with the VR2. We are able to access multiple functions through a selection box, but that saves money over an R-net [system]. If the client has advanced needs, R-net is an option for an upgrade. But the standard is a VR2."

Joshua Haynes, Merits' Director of Research and Development, added, "We want to craft the product for what end users need. The world isn't ADA [Americans with Disabilities Act] compliant, so we build in a little extra."

When Power Chairs Go Outside

Asked how a power chair is impacted when it goes outdoors, Haynes said, "I think the things that take the biggest impact would be wheels and tires. Those would see all of the effects of a rough road and rough terrain. Then on a deeper level, battery range and life would be affected because standards for an indoor chair are quite a bit less than for an outdoor chair.

"Battery life takes a hit, and the range of your power chair as well. A chair designed to work within your 1,000 square-foot home — when you take it down the road to go to the store, that's going to see wear and tear and shorten battery range over time."

Even urban settings can be tough on power chairs designed for short distances from bedroom to bathroom to kitchen.

"The other thing that takes a hit is your motors," Haynes said. "If you live in a neighborhood that has long hills, that slow, high-current draw will impact your motor life as well over time."

Haynes added that suspensions can be challenged when not well matched for their environments. "The suspension — especially on, say, a Group 2 chair — will certainly take a hit over time because we design it to be comfortable getting in and over a threshold. Obviously, it's designed for driving from your porch to your living room, that kind of threshold. But if you're climbing curb cuts and uneven pavement, your suspension will absolutely take a hit."

"And you do not have to have suspension on Group 2s," Tracy noted. "The suspension requirement does not come into play until Group 3 power chairs. It's about not allowing that vibration [from the tires on the ground] to come up through the chair. When we designed our front-wheel-drive chair, the AXCEL,

we made sure we had a top-of-the-line suspension so the user doesn't get tossed around like a roller coaster just going over a basic transition at a curb or curb cutout."

"We've really been focused," Haynes said, "on user experience and how those repetitive motions, the impacts, would affect somebody. We certainly don't want someone, because they came to a stop suddenly or ran over a big bump, to go into tone or experience spasticity. Even in our Group 2 Vision Sport, the suspension's very reactive so we can minimize those impacts to the user. We've carried that up through our brand-new design. In our AXCEL front-wheel drive, that suspension's very soft."

What Providers Should Look For

Given the funding parameters that power chair providers face, and the many different tasks that power chairs must perform and support, Tracy said, "I tell suppliers all the time that you need to have three variables when you do product selection. You need to look at what their indoor need is, their outdoor need, and their transportation.

"You have a college kid in a small apartment, but he also needs a chair that goes across the campus, and oh yeah, how does he get to campus? Does he have an accessible van? Is he taking public transportation? You need to meet all three of them. And sometimes, that's not possible. Sometimes you have to compromise one or two of the three.

"But Josh has been with us now for four years, and his time as a seating tech prior to coming aboard has really been a watershed moment for Avid. Our whole design focus has been ease of repair. Ultimately, a power chair will need to be serviced in five years. But how easy is it to change the motor? How easy is it to change the batteries? How easy is it to replace a harness? All of the items that we are coming out with, we have looked at that, and we want to make it the easiest, most tech-friendly chair."

Those service-friendly features include being able to use a 4mm Allen key "for all of our headrest and AFP [articulating footplate] adjustments," Tracy said. "My goal would be that you would deliver a Group 3 chair and only have to take a 4mm Allen wrench, making it as simple as possible."

Haynes agreed. "When I was a seating tech, it was eye-opening for me, especially when you've got a client who has ALS and their chair's down. They want to be active, they're in good spirits, but their chair's not working. That to me is the ultimate. You need to get that person up and running so that they can enjoy every moment they have. That's been a big focus for us.

"Not to mention, as a tech, you've got five or six stops in your day. You don't know what kind of variables you're going to run into, the traffic and rain and all that fun stuff. You need to make it easy to get in and out and get the person up and running as quickly as possible." **m**

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the case of power wheelchairs, Medicare's allowables are supposedly calculated to pay for power chairs used in beneficiaries' homes, not for power chairs that will also be routinely taken outdoors and into the community.

And those differences in environments and distances can themselves cause ripple effects on issues such as power wheelchair performance and repair.

Inside, But Also Outside

Dan Fedor — Director, Reimbursement & Education, for U.S. Rehab — noted that while Medicare policy is to cover equipment used in the home, the policy is also nuanced.

"The way the policy is written and the way it's interpreted, presented and processed is the Medicare beneficiary must qualify for the item in the home to receive the power mobility device," Fedor noted. "Medicare has said it doesn't prevent [beneficiaries] from taking [the power mobility device] outside, and going outside is not considered abuse, unless they leave it out in the rain or something like that. Just using it normally outside, in Medicare's eyes, is not considered abuse."

So while Medicare won't consider outside-the-home needs when funding power wheelchairs, CMS doesn't prohibit those power chairs from being used outside.

In fact, coding requirements suggest that CMS is well aware that power chairs — particularly the "higher-level" ones — are very likely to be driven outdoors. For example, compare the battery requirements for Group 2 power chairs — minimum battery range of 7 miles, a 40mm minimum obstacle climb, and dynamic stability incline of 6° — to the battery requirements for Group 3 power chairs, which must have a minimum range of 12 miles, a minimum obstacle climb of 60mm, and a dynamic stability incline of 7.5°.

"Definitely in Group 2 and Group 3, there is consideration for more than just in-home use," Fedor said, referring to the specs that chairs must meet to be in those Groups. Chairs must be tested and the results submitted to the Pricing, Data Analysis and Coding contractor (PDAC) for proper coding.

The policy article states a power chair must have a certain range, obstacle climb, and speed, for example, to qualify as a Group 3 chair. "There are specific parameters that the chairs must meet, and they must be tested by a third party," Fedor said. "If you look at those [requirements], you would think [the specifications] do not refer to someone's home. You don't need to go 10 miles or 15 miles within your home, for example." So it's apparent that CMS is aware that power chairs are operated outdoors, and sets the required specifications accordingly.

What This Means for PWC Manufacturers

So, power chair performance requirements strongly suggest that CMS knows the "indoor" power wheelchairs it funds will very likely be driven outdoors.

Now bring in the power wheelchair manufacturer, who is tasked with designing and building power chairs that can handle the realities of both indoor and outdoor environments, while receiving funding based only on indoor use.

Jeff Rogers is the Director of Power Product Management for Sunrise Medical. In his opinion, what impact does funding have on the design of today's CRT power wheelchairs?

"It makes a huge difference," Rogers said. "I would love to say that we always just design the best product we can. But if we don't take into consideration the code or the funding that's appropriate for it, then we're going to make something that can be a lost cause."

> Medicare has said it doesn't prevent [beneficiaries] from taking [the power mobility device] outside, and going outside is not considered abuse
> — Dan Fedor

So manufacturers have to design and build power chairs to meet code specifications that strongly suggest those power chairs will be substantially used outdoors. But manufacturers also must keep in mind that funding is based on inside-the-home use… or else, manufacturers risk building a power chair that performs well, but isn't affordable.

"Now, sometimes the product's good enough to survive on its own," Rogers said. He referenced Magic Mobility chairs, typically considered to be designed for rugged outdoor use. "They're not traditionally funded, and they're private pay. But they meet a need that's out there. People don't care that insurance isn't going to pay for it because they realize [Magic Mobility chairs] can change their lives.

"So there are exceptions to the rules. But when we think about the large scale of chairs that are out there, it's very much so that we take [funding] into consideration."

Still, Rogers was adamant about the need for quality design and for understanding how a power chair will likely be used, regardless of what funding sources are paying in allowables.

"We're going to make sure [a power chair] meets the qualifications because we have to in order for it to be sold," he said. "But we're also realistic. We also understand that if we just hit the bare minimum, our customers aren't going to be able to do half the activities they really need to do.

"So we take into consideration that people are going to go outside. And we as the manufacturer just kind of have to eat the [cost] difference, if you would. Because funding's only going to pay for a Corolla, and we have to make something a lot more than a compact car. We do have to really be very mindful of how we design to that."

How Outdoors Differs from Indoors

There are inherent difficulties in building outdoor-capable chairs that will receive indoor-only funding.

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"It's a problem, because we get paid for an indoor-use chair," Rogers said. "Think of it this way: What would happen to a normal car if I only drove it inside of a warehouse where there were clean floors and there was nothing in the way? You wouldn't have to worry about chipped windshields, tires wearing out, getting debris in the car, getting into accidents. None of that would occur because you're driving in a sterile environment. But show me one person who says, 'Yeah, that's how I drive my car.' No one does."

So, Rogers added, manufacturers have to plan for power chair inevitables. "The idea is that [taking power chairs outside] is going to take place," he said. "So we try our best to seal things up because we know dirt's the worst enemy of these chairs. And we know that not everyone follows their maintenance regimen, either, of cleaning [the power chair] up and making sure it's maintained.

"We try our best to say, 'How can we make this as durable as possible?' In a perfect world, we could say, 'Well, this was only designed for indoors.' But if we do that, then customers are going to say, 'This [chair] didn't last to my expectations,' because they're expecting to take it outdoors. So we truly do have to design it as an outdoor product, because if we don't, they're not going to look at us when the time comes to buy another power chair. Because they're going to think [the chair] just didn't hold up, even though we over-engineered it to do much more outside of what the traditional code covers. We say, 'We've got to be realistic. Our customers are going to do more than what the code says.'"

> I would love to say that we always just design the best product we can. But if we don't take into consideration the code or the funding that's appropriate for it, then we're going to make something that can be a lost cause
>
> — Jeff Rogers

The differences between chairs designed for outdoor/indoor use vs. just indoor use are considerable. First, a power chair that's regularly taken out into the community will typically need more battery range… and not just because the power chair is venturing beyond the close confines of a house's walls.

"You could probably drive these power chairs twice as far if they were just on nice, smooth, flat ground," Rogers said. "But as soon as you start going up hills, it puts more of a strain on the chair. It makes it work harder."

Outdoors, power chairs also are exposed to inclement weather. "We test for water ingress," Rogers said. "But you're talking about electronics, and just like your phone, a power chair is not something that should be left out in the rain all night. If you did that, it's probably not going to work the same the next day. Ultimately, we do try to take all that into consideration and design a chair that's going to last through the elements."

And Rogers said power chairs that go outdoors can end up carrying additional weight beyond the weight of their drivers. "I was at the Abilities Expo in New York, and I saw people come through who had backpacks on the backs of their power chairs that probably weighed about as much as the chair did," he said. "They had everything you could ever imagine on the back of their chairs. That chair wasn't designed for that, but we are realistic. We know people are going to pack on extra weight, and even though there's maybe a 300-lb. weight capacity, they may put more than that on there.

"All of that is going to mean an extra load on the chair. Just like when you tow something with your car: The heavier the load, the more gas you're going to use in your car. No difference in a power wheelchair using power. We don't broadcast [the weight capacity or battery range] we tested the chair to. We just know that what we say it can do we know for sure it can do because we test to what we think should be the battery life. And then we go above and beyond. I think we have to in order to say that this chair's going to be as durable as possible."

How Funding Impacts Power Chair Repairs

The indoor funding/outdoor usage disconnect could also be a factor in the issue of CRT repair, a hot-button topic that has spawned great interest in right-to-repair laws that would give consumers the ability to service and fix their own equipment.

Fedor pointed out that one bright spot in the complicated service situation is Medicare's current repair policy. "Traditional Medicare does not require a prior authorization for a repair, which is a good thing," he explained. "You can just go and do the repair. Many other insurers do require [prior authorizations]. So that is a layer, that's a delay. Without a doubt, it's a speed bump. It's at least some delay in doing the job."

But repair reimbursement is still a big problem, and one that's especially painful when very complex power wheelchairs are the devices in need of service.

"The bigger picture, I feel — and again, I think many in the industry would agree — has to do with the amount they pay and how they pay for repairs," Fedor said. "Allowables are not keeping up with the costs of parts, labor, and overhead due to inflation, especially over the past several years. But besides that is the way it's set up. If someone qualifies for a chair, in most cases they're going to want or need to have their chair repaired in their home. If their chair's not functioning, how are they getting it into a store?

"There is no allocation from Medicare and many other payers [for service technician travel time]. Not all; there are some payers that do [pay for travel time]. But with many others, there's no compensation for that distance of getting to someone.

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And it's a huge expense. If you're driving in a big city, you could only go two miles or three miles, and it might take an hour."

In rural parts of the country, the sheer distance between a service technician's office and the power chair user's home could mean very long travel times. "It's even worse because you're driving an hour, maybe two, maybe three for someone, one way," Fedor said. "That's not being paid for. There's no compensation for that time to proportionally pay it. Medicare's position and others' would be 'We included that in the reimbursement rate.' But there's no way they could account for those various different scenarios of distance, of traffic, of fuel cost.

"So I really believe that's a huge impact right there for providers that struggle with repairs, and then that's affecting Medicare beneficiaries and their families. Because then it's 'Bring [the wheelchair] in,' which is a huge inconvenience and in some cases impossible. Or, 'We're going to do it non-assigned,' if that's even an option, which then puts the financial burden back on the patient."

Power Chair Repairs vs. Other Industries' Models

The repair model in CRT differs significantly from repair models in other industries, Fedor pointed out. For instance, techs who service air conditioning units or washing machines typically charge service fees for house calls.

"I had a garage door issue," Fedor said. "I was out of town, and my wife was home alone, and she couldn't lift the garage door. So I called [a repair service] and they said, 'It's a $200 flat charge for us to come out, no matter what.' No matter what happens."

That's not the case in CRT.

"Medicare says the [HCPCS] K0739 labor code includes troubleshooting and diagnostics," Fedor said. "But look at the rates: The maximum [billable] amount for motors, for example, is 45 minutes, no matter how long the repair takes. That includes drive time, fuel, overhead on the [service] vehicle, maintenance. That includes your diagnostics, that includes wrench time of actually doing the job."

Current Medicare reimbursement for service is typically in the $60 to $70 per hour range.

"That includes getting to the patient's home and getting to the motor," Fedor said. "Again, [CMS] may say, 'Well, you don't have to do an in-home [repair].' But how's the patient going to get [to the provider's office] if they're in a wheelchair and the wheelchair's motor is not working? Not everybody has someone else that can drive them.

"So there's the time of getting there, and that varies significantly for people. Again, big-city traffic, distance, fuel cost, overhead on your vehicle, the time of the person to get there. So step one is getting there. Step two is diagnosing. Now I have to decide what's wrong with the motor. Does it have to be replaced? Why does it have to be replaced? Because Medicare does require you to have a reason. You can't just do it."

Diagnostic time is another task that's supposedly bundled into the general labor reimbursement, Fedor said. "They say that's included in labor, but again, that's bundled into that time [allotment]. And now I have to take two motors off and put two motors on. Everyone I talk to, these seasoned technicians, say that in a best-case scenario, the actual wrench time of taking two motors off and putting two on is 45 minutes.

"And the real world is not a best-case scenario. You have seized-up bolts and seized-up motors, and you have water damage and other liquid damage to the motors that makes it an hour and a half to two hours in some cases, just for the wrench time."

> Some suppliers may say, "We're not driving two hours, you have to bring [the chair] to us" — but the chair is broken or inoperable
>
> — Dan Fedor

Under this current repair model, Fedor said, it's the power chair user who suffers. "I think that is our bigger issue: getting payers to understand that. And the impact on the beneficiary is first, they may have the burden of bringing the chair in. Some suppliers may say, 'We're not driving two hours, you have to bring it to us' — but the chair is broken or inoperable. Two, 'We're going unassigned, and you're going to have to absorb the cost up front.' Or three, which some are doing today: 'We're not doing it. We're not repairing chairs.'"

To avoid that last option, Fedor said, some suppliers group their service calls according to location, and drive to an area once they have several repairs in the same neighborhood. It's a strategy that can cut down on the number of lengthy drives for technicians, but can cause longer wait times for clients.

Fixed Fee Schedules & the Impact on Manufacturers & Providers

Fedor said he "applauds" manufacturers, who are in "a really difficult position," needing to make power chairs that fit within inadequate allowables, but still perform well for consumers.

"With anything else, you have a balance of consumer-driven demand, in most cases," he said. "You want a TV that's 4K OLED, so you make it. The parts cost more, so you're going to sell it for $3,000, if people are buying it. If they don't, you're going to slow down production. That's it. It's basic economics.

"But with this market, it's not like that. There's a fixed fee schedule. And over the past 10 years, there were very nominal increases, if any, that did not keep up with the consumer price index of inflation. And in the last two years with COVID and everything else that's happened, there was a bump [in reimbursement], but it's still not keeping up. And yet the manufacturers still have to play in that market and try to work with this."

Fedor added that manufacturers are doing their best to

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balance all these opposing challenges. "I know because [The VGM Group and U.S. Rehab] have a lot of vendor partners. They all have to and want to make the best product. They want to put out the best. They know it's going to someone that needs a wheelchair, and they don't want it to break down often.

"But yet they have to balance the economics of it, otherwise no one gets the product. I think their hands are tied to a point. There's a fine line of balancing that. And then the same with the parts when we do have to fix it. The same exact thing comes into play. I have to make a part that will fit within [the reimbursement pricing] because otherwise, no one's getting it fixed. The supplier does not make a profit on parts. They break even or make a nominal amount, if anything, given the overhead of storing it, of transporting it. So there are two issues. There's the part and the labor, and neither is profitable."

Finding a Better Way Forward

Fedor said he understands when frustration bubbles up because, for example, of lengthy repair times. "From clinicians and physicians, I understand it. You want the best for your patient. But for 95 percent of people requiring these power wheelchairs, especially complex power wheelchairs, those chairs are being paid for by third-party insurance. And they have fixed fee schedules, they have a fixed amount they're willing to pay. They have a cap.

"So the manufacturers are backed into that. They have to work within that cap. There's no doubt the manufacturer could make [something even better], there's no doubt they could. But everybody knows the cost of quality. The costs of that will not balance with the reimbursement rate, and therefore no one will receive it."

> I would say we need to reward innovation. I think right now we're so handcuffed to following the codes, trying to produce products that meet those criteria. We get these shackles on us
>
> — Jeff Rogers

Multiple industry experts have suggested that performing preventive maintenance on wheelchairs — and of course, getting paid to do so — could reduce the frequency of major repairs and therefore result in less down time for wheelchair users.

"Currently, I don't know of anyone that submits for preventive, for routine, or for extensive maintenance on a product," Fedor said. "I think it would be a huge benefit to have maintenance done on products. So you're not being reactive, you're being proactive. Rather than the patient not being able to tilt because the actuator broke and now they're sitting in a chair for two days until someone can replace their actuator, and not tilting, and possibly getting a pressure sore."

While incorporating preventive maintenance as policy would require plenty of discussion first — what obligations would suppliers have, for example, to remind power chair users when service is due? — the policy of identifying and solving small problems before they turn into more significant and costly ones is well established.

Consider the common practice of dental insurance providers paying for dental cleanings every six months. "Yes," Fedor said. "You go in for two cleanings a year. They pay for it willingly because they think, 'We'll do a cleaning and do a few x-rays. Let's make sure we don't need the bigger action, the root canal.'

"We don't do preventative maintenance [on power chairs]. So, the actuator stops working, you can't tilt, you get a pressure sore by the time someone can get out there [to do the repair]. What's the cost difference there? And what could happen to the patient besides the cost difference? It's the same with a root canal: You can get an infection that can go to your heart."

Asked what he sees as a better way forward, Rogers said, "I would say we need to reward innovation. I think right now we're so handcuffed to following the codes, trying to produce products that meet those criteria. We get these shackles on us, and it just handcuffs us when we're trying to truly innovate products that can make a big difference. Standing and seat elevation are prime examples of that.

"How long has seat elevation been out, and how long have we been fighting for a code to get it paid for? Everyone says, 'Yeah, this is truly going to make someone's life different. Whether I can reach a cabinet, or just have a seat elevation change so I can transfer on and off the toilet easily.' But we hear, 'Why should we have to pay for that? Is that really medically necessary?'"

He also referenced new battery choices: "I look at lithium-ion batteries probably being one [example]. Some manufacturers have tried them in their chairs, but everyone's saying, 'If I put them on my chair, how do they get paid for?' And there's that kind of hesitance.

"There's also people in our industry that are saying, 'What do I do with a lithium-ion battery when it goes bad, how do I dispose of it?' So even our industry needs to think of how we handle innovation, because not everyone wants to be open to something different. I think that's where I'm looking for us to say, 'How can we do that? How can we design a better motor, or a better joystick, or a better chair, a better seat to make it last longer, and give other benefits to the end user as well?"

And ultimately, Rogers pointed out, for innovation to truly reach consumers, funding has to keep pace. "There's K108 [code] today, right? That's supposed to be our miscellaneous code, but that really is not an option. It doesn't seem to be easily accessible. It can be accessible if you do [the justification] right, but it takes a whole lot of work. And because of that, people don't have the time, people don't have the energy a lot of times to get that pushed through, and that's where we see the innovation handcuffs being put on." **m**

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PWC Policy: What You Need to Know Right Now

By Laurie Watanabe

CRT PMD Claims Errors: Is the New Prior Authorization Process the Culprit?

A late-April update related to the Centers for Medicare & Medicaid Services' (CMS) new voluntary prior authorization (PA) process for power mobility device (PMD) accessories may inadvertently be behind processing errors at the DME MACs, said Noel Neil, JM, CDME, VP of Auditing & Corporate Compliance for ACU-Serve Corp.

In a mid-May bulletin to industry leaders, Neil said, "CGS and Noridian acknowledged a claim processing error for CRT (Complex Rehab Technology) PMD claims. Suppliers have seen CO284 denials on accessories like E1007 [Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction] and E2313 [Power wheelchair accessory, harness for upgrade to expandable controller] and CO16 remark code MA66 on the remaining items on the claims.

"The error appears to only impact claims with a date of service on or after April 6, 2023. It appears the error was caused by the recent update on April 6 to accommodate the voluntary prior authorization for the PMD accessories. The DME MACs are working collaboratively on a resolution and have committed to posting the issue on their respective Web sites."

As part of that mid-May alert, Neil added, "Stakeholders are encouraging the DME MACs to initiate mass adjustments once this issue has been resolved. In the meantime, suppliers are encouraged to closely monitor their MAC's claims alert Web page for the most up-to-date information. Once updated, the claims alert page will notify suppliers if additional actions are required. We understand this error may significantly impact cashflow, so we will continue to monitor the situation closely and will notify you via this same channel as soon as we are provided an update from Medicare."

On May 16, Neil followed up with stakeholders: "Medicare told me today the Claims Alerts will be updated. I checked, and Jurisdictions B and C are updated. Noridian's Web site is not yet updated, but I suspect it will be updated shortly. The MACs are instructing suppliers to 'Submit the UTN only on claim lines for voluntary PA items for which a prior authorization was requested. If a prior authorization was not requested on the accessory codes, resubmit the claim without the UTN. The UTN should be submitted in loop 2400 — Service Line loop in the Prior Authorization reference (REF) segment where REF01 = "G1" qualifier and REF02 = UTN.' Prior to this change, suppliers could include the UTN on all items without a problem."

CMS: Medicare Will Fund Seat Elevation

Following the Centers for Medicare & Medicaid Services' (CMS) May 16 Benefit Category Determination announcement for seat elevation on power chairs, the process moves on to the next

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step: determining allowables for that powered seating function.

In the announcement, CMS said, "We plan to address and seek public feedback on the HCPCS coding of powered seat elevation systems in an upcoming HCPCS Level II Public Meeting using the process outlined at 42 CFR §414.240. This process involves the posting of preliminary coding determinations for DMEPOS items and services on CMS.gov as part of the agenda for the HCPCS Public Meeting and Consultation Process."

CMS added that agendas and the public meeting schedule will be posted to the agency's Web site.

The May 16 announcement said the Benefit Category Determination "expands the scope of the proposed benefit category decision based on consideration of public comments on the proposed decision memorandum." CMS added it "is also expanding coverage beyond the proposed decision" and has found that seat elevation "is reasonable and necessary for individuals using Complex Rehabilitative power-driven wheelchairs" when certain conditions are met.

While the original coverage request involved Complex Rehab Technology power chairs, the Benefit Coverage Determination went further. "After careful consideration of comments, we have expanded the scope of the proposed benefit category decision to include power seat elevation as DME on all Medicare-covered PWCs, i.e., Groups 2, 3, and 5," CMS said.

"Our final determination is that power seat elevation equipment used primarily by people with Medicare for assistance in transfers and reaching while in a Medicare-covered power wheelchair meets the Medicare definition of DME [durable medical equipment]. We consider the power seat elevation equipment in these cases to be equipment necessary for the effective use of a power wheelchair classified as DME by section 1861(n) of the Social Security Act, and as such, the equipment necessary for the effective use of the DME would also fall within the benefit category for DME." m

Monitoring Denials: Q&A with Noel Neil, ACU-Serve

Q: How did you become aware of the latest PMD accessory errors, apparently connected to the new voluntary prior authorization process, and how did you connect with the DME MACs?

Noel Neil: A supplier brought an example to their billing software vendor, who then escalated the issue on an industry council call for which I am a member. At ACU-Serve, we analyze the denials across our client base, and we identified the pattern, so we reached out to both CGS and Noridian with examples.

Both CGS and Noridian were responsive and immediately took steps necessary to escalate the issue internally.

Q: How important is it to stay vigilant and watch for any "new" or unexpected denials? And how important is it to promptly check into such occurrences?

Noel Neil: It is imperative that suppliers — whether internally or vicariously through a third-party billing service — monitor their denials frequently for unexpected new denials. Suppliers should also tap into their HME state associations so they can be kept abreast of the trends and happenings.

ACU-Serve tries to relay trends to state associations as we identify them so this information can be communicated to members.

MONITORING: SHUTTERSTOCK/UNDERHILLSTUDIO

Q: How do you feel about the voluntary prior authorization of PMD accessories (this current situation notwithstanding)? Is it a good thing for suppliers and equipment provision?

Noel Neil: I believe the prior authorization for PMD accessories is a positive thing for the industry.

We have been advocating for this for awhile now. When some of PMDs were under ADMC (Advanced Determination of Medicare Coverage), suppliers appreciated the benefits of the accessories being reviewed for medical necessity. This went away when the remaining PMDs transitioned to prior authorization.

This is particularly helpful for providers who often get denials on electronics and other accessories for Medicare Advantage Plans. Obtaining an approval on the PMD and accessories from Medicare sets the standards for the Medicare Advantage Plan, as they cannot be more restrictive in coverage than Medicare FFS.

We encourage all our clients to simultaneously submit to Medicare FFS and the Medicare Advantage Plan. If the Advantage Plan denies the PMD or accessories but Medicare approves it, the supplier can use the Medicare approval with the appropriate citations in the Medicare regulations to appeal the Advantage Plan's denial. m

Noel Neil, *JM, CDME, is the VP of Auditing and Corporate Compliance for ACU-Serve Corp., Akron, Ohio.*

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Avid AXCEL

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www.avidrehab.com

Avid Velocity

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Merits Health Products
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www.avidrehab.com

iBOT PMD

The iBOT PMD utilizes advanced electronics, sensors, battery technology, and software to take users where they want to go. Standard features include USB charger, transport securement points, lithium-ion batteries, and quick-disconnect user controller. Options and accessories include stair-climbing assist handle, shortcut mode transition and seat adjustment controls, and extended-range batteries. Seating options include Motion Concepts' Ultra Low Maxx line. Mobius Mobility is accredited through ACHC and can now direct-bill some insurance plans to help to secure the maximum allowable benefit.

Mobius Mobility
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https://mobiusmobility.com

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