



COVID-19 ADVISORY

Use of Remote Technology Required During Pandemic to Protect People with Disabilities Access to Needed Complex Rehab Technology

High Risk Population

People who require Complex Rehab Technology (CRT) wheelchairs represent a small population with significant disabilities such as spinal cord injury, ALS, cerebral palsy, multiple sclerosis, muscular dystrophy, and spina bifida. The CRT wheelchairs are much more complex than standard wheelchairs as they incorporate specialized seating, positioning, and other features to meet the medical and functional needs of the person and are used up to 16 hours a day.

These children and adults are at high risk for respiratory complications, skin/pressure wounds, and other conditions that could result in hospitalization and medical treatment. It is important to take steps to reduce the risk of exposure as these individuals are not only often at greater risk of contracting the virus, but also at greater risk of significant illness and long-term consequences if they become sick.

Situations Requiring Remote Technology

During the COVID-19 pandemic temporary policy changes are needed to ensure continued critical access to CRT, while protecting the health and well-being of this high-risk population. Depending on each individual and the technology required, telehealth options can be used for needed evaluations and consultations and reduce the need for in-person encounters. Here are two illustrative examples:

- Patient #1: LB is a 23-year-old female with a history of Hereditary Spastic Paraparesis, Autism Spectrum Disorder with accompanying social anxiety. Current wheelchair is worn and no longer meeting her needs. Requires a new wheelchair and new personalized seating as her spasticity causes scoliosis and excessive thoracic kyphosis. Postponing delivery of new technology increased risk of other health related issues for LB. In-person evaluation is not an option due to COVID-19 related risks. Telehealth evaluation result allowed the physical therapist to observe behaviors and equipment set-up that could not have otherwise been captured absent trip to the clinic; to observe LB's typical behaviors and seating needs in the home and based on typical MRADLs in her home environment; improved participation by LB and family as part of the team. It resulted in the recommendation of appropriate technology to meet her medical needs in a timely manner.
- Patient #2: AA is a 20-year-old male with a life-long history of Duchene's Muscular Dystrophy. He uses a CPAP for many hours per day to help with breathing. AA came into the wheelchair clinic several months ago. He demonstrated dramatic loss in function and no longer had the strength to push the regular joystick and his postural changes resulted in a skin pressure injury. New custom-molded seating and new electronics that included a micro-joystick with mid-line were recommended in collaboration with the supplier ATP. The custom seating and complex electronics arrived at the supplier, but AA cannot leave his home as he is at great risk should he be exposed to the Covid-19 virus. He is also completely dependent, and at risk for continued pressure injuries and pain without the new electronics and seating. Telehealth allowed the supplier to deliver the equipment to the home and the physical therapist to be engaged in the fitting and verify the ability of the technology to resolve AA's medical needs.

These are just two examples of where people would benefit from telehealth services to ensure they receive needed technologies while allowing them to remain in their homes and avoid unnecessary exposure to the COVID-19 virus. The Clinician Task Force (CTF), a national group of highly knowledgeable and experienced physical and occupational therapists, has developed a decision tree to provide clinical guidance on the triaging of CRT clients. A copy is attached to describe the various situations.

Needed COVID-19 Telehealth Policies

The following policy changes are needed to allow the use of remote technology during the pandemic when appropriate to ensure continued access to CRT for people with significant disabilities:

- 1.) Performance of Physician Face-To-Face Examination
 - a.) Allow to be done while the patient is at home and allow the use of telephone or audio/video technology for the safety of the patient and others.
- 2.) Performance of Physical Therapist/Occupational Therapist Evaluation
 - a.) Allow Physical Therapy and Occupational Therapy evaluations to be performed via telehealth; teletherapy refers to use of two-way real-time interactive audio and video to provide and support health care when participants are in different physical locations; audio-only interactions are not considered teletherapy; can be delivered via any HIPAA-compliant, secure technology with audio and video capabilities, including (but not limited to) smart phones, tablets and computers; (from North Carolina Medicaid COVID-19 Telehealth Policy).
 - b.) Include required CPT codes as billable by Physical Therapists and Occupational Therapists:
 - 97750 - Physical performance test or measurement, w written report, each 15 mins
 - 97112 - Therapeutic procedure, 1 or more areas, each 15 minutes
 - **97542 - Wheelchair management (e.g., assessment, fitting, training), each 15 mins**
 - 97161 to 97163 - Physical therapy evaluation, 20/30/45 minutes
 - 97164 - Physical therapy re-evaluation
 - 97165 to 97167 - Occupational therapy evaluation, 30/45/60 minutes
 - 97168 - Occupational therapy re-evaluation
 - 97760 - Orthotic(s) management and training (incl assessment/fitting), each 15 mins
 - 97755 - Assistive technology assessment, each 15 minutes
- 3.) Involvement of the supplier-employed Assistive Technology Professional (ATP)
 - a.) Allow to be done using audio/visual technology for the safety of the patient and others.
 - b.) CMS rules already permit remote participation in certain circumstances- "Involvement of the ATP in the evaluation of the patient via a live video feed is acceptable for beneficiaries who reside in remote locations as long as the evaluation is conducted in accordance with the Telehealth requirements outlined in the Centers for Medicare and Medicaid Services (CMS) Internet Only Manual (IOM)...". Provide a relaxed version of the Medicare policy to allow remote technology assessments for people requiring CRT during the pandemic.
- 4.) Performance of Home Assessment
 - a.) Allow to be done using telephone for the safety of the patient and others.

The National Coalition for Assistive and Rehab Technology (NCART) works to ensure individuals with significant disabilities have adequate access to Complex Rehab Technology. Visit www.ncart.us.

Clinical Guidance for Serving Patients Needing CRT During the COVID-19 Pandemic

It's always best practice to care for your patients one-on-one when determining their Complex Rehab Technology (CRT) needs. However, protecting their health at this time is equally important and in-clinic visits may not be the best option. Use the chart below to help determine if your patients with complex needs must be seen in-clinic or if other options might be more appropriate.

Does your patient have:

AN URGENT NEED FOR NEW EQUIPMENT?

A NEED TO REPLACE "LIKE FOR LIKE" EQUIPMENT? **CONFIRM WITH PT/OT AND THEN CONTACT THE SUPPLIER.**

AN URGENT NEED FOR MODIFICATION OR REPAIR? (i.e. seating needs, pain, skin changes, sitting tolerance)

A MECHANICAL OR REPAIR ISSUE? **CONTACT THE SUPPLIER.**

EQUIPMENT THAT NEEDS TO BE FITTED?

IS THE PATIENT HIGH-RISK FOR COVID-19? (OR HESITANT TO COME INTO THE CLINIC)

NO

IF IT CANNOT WAIT, SCHEDULE AN APPOINTMENT.
COORDINATE WITH THE PATIENT, CAREGIVER, SUPPLIER, AND PHYSICIAN (AS NEEDED) TO PREPARE FOR THE APPOINTMENT SO THERE ONLY NEEDS TO BE ONE VISIT.

REMEMBER: BE CERTAIN TO MAINTAIN DETAILED DOCUMENTATION OF ALL INFORMATION DISCUSSED AND/OR OBSERVED DURING ANY CALL, VIDEO, OR OTHER CONSULTATION.

YES

IS YOUR CLINIC OPEN?

YES

- CONTACT THE SUPPLIER FOR OPTIONS
- CONSIDER HOME HEALTH OPTIONS
- CONSIDER TELEHEALTH OPTIONS
- CONTACT ON-CALL PT/OT
- REFER TO AN OPEN CLINIC
- EXPLORE LOAN CLOSET OPTIONS
- DEFER APPOINTMENT TO A LATER TIME

NO

Have more questions or need assistance? Contact the Clinician Task Force at cliniciantaskforce@gmail.com