

*Via first class mail*

August 13, 2007

Adrian M. Oleck, M.D.  
Medical Director, DME PSC Region C  
TrustSolutions, LLC  
8720 Castle Creek Pkwy  
Suite 300  
Indianapolis, IN 46250

Re: **Reconsideration Request for Power Mobility Devices LCD**

Dear Doctor Oleck:

The American Occupational Therapy Association (AOTA) requests a reconsideration in connection with a provision of deep concern to occupational therapists that is included in the Durable Medicare Equipment Medicare Administrative Contractor (DME MAC) Local Coverage Determination (LCD) Policies for Power Mobility Devices (PMD). Specifically, the PMD LCDs in each DME region require that effective April 1, 2008, occupational therapists and physical therapists must be Rehabilitation Engineering Society of North America (RESNA) certified Assistive Technology Practitioners (ATPs) in order to perform the specialty evaluation required for patients receiving Group 2, Group 3 or Group 4 wheelchairs. Although these policies are characterized as local coverage policies, their impact is nationwide because all four DME MACs have adopted the same policy. We urge the DME MAC medical directors to eliminate the RESNA certification requirement.

### **Occupational Therapy Practice**

Occupational therapists are recognized in state licensure and related programs to deliver assistive technology-related services in a variety of settings (e.g., hospitals, rehabilitation centers, skilled nursing facilities, outpatient facilities, home health agencies, schools, work sites, communities) and in a variety of roles (e.g., primary therapist, team member, expert consultant). The occupational therapist provides a broad range of services in the application of technology, including evaluation, recommendation, justification of need, advocacy, awareness of funding resources, fabrication, customization, training, integration, and follow-up.

Occupational therapists are highly qualified by their education and clinical experience to perform seating and mobility evaluations, should they choose to practice in this area. No further certification should be required. Occupational therapists working in the area of seating and mobility have gained the relevant experience through their occupational therapy education, continuing education, and mentoring relationships in clinical settings.

They are bound by their professional ethics to assure they are competent to practice in a particular area; a copy of the Code of Ethics is enclosed for your review. We are also enclosing copies of the Guide to Occupational Therapy Practice and an AOTA Statement on Assistive Technology Within Occupational Therapy Practice which further demonstrate that seating and wheeled mobility evaluations are well within the scope of occupational therapy practice.

### **RESNA ATP Credential does not Address Program Integrity Issues**

Furthermore, we do not believe the RESNA ATP credential addresses the program integrity issues it is intended to address. The RESNA ATP examination only skims the surface of a wide range of assistive technology areas, including only a very general overview of seating and mobility. In fact, many of these RESNA-certified ATPs have developed expertise in areas other than seating and mobility and may have only a cursory knowledge of this area—just enough to pass the exam. Many types of professionals are allowed to obtain the ATP. Credentialed ATPs could be speech-language pathologists, rehabilitation engineers, special education providers or suppliers. They assist beneficiaries with a wide range of issues including job accommodations, augmentative communication, or computer access. Seating and mobility is by no means the focus of the RESNA ATP examination or credential. By merely relying upon this one membership organization's certification, the policy may not have the intended effect of preventing inaccurate or inappropriate evaluations. Instead, AOTA urges the DME MAC medical directors to identify the specific skills and experience that it has determined is necessary for therapists to conduct these evaluations. We urge the medical directors to eliminate the RESNA requirement and instead explicitly identify the skills and knowledge that it expects of individuals who are evaluating beneficiaries for the PMDs at issue.

### **Potential Barriers to Access for Medicare Beneficiaries**

In addition, we are gravely concerned that this RESNA certification requirement will result in an access problem for Medicare beneficiaries. According to the RESNA website, there are approximately 1,283 RESNA ATP credentialed service providers. Occupational therapists and physical therapists comprise only a subset of these providers. A state-by-state breakdown indicates that these providers are not evenly distributed throughout the country. We have attached relevant materials to this reconsideration request, including charts illustrating that in some states there are only a few practitioners who are RESNA certified. For example, Nevada, West Virginia, and Nebraska have two, five, and four RESNA certified ATPs, respectively. These materials also show that this requirement will be particularly problematic for patients residing in rural areas as it is unlikely that a RESNA certified therapist will be available in their community. For a beneficiary who is experiencing significant functional deficits, it may not be feasible to travel long distances to receive the evaluation from a RESNA-certified ATP. ATPs may be in such short supply that they cannot travel to all consumers either.

## **Administrative Burden to Providers**

The process of becoming a RESNA certified ATP is a lengthy and multifaceted one. To take the test, practitioners must spend at least two years in a clinical setting which allows them to spend 25% of their time providing assistive technology services before sitting for the exam. Even if a practitioner has the two years of experience in seating and mobility, the test covers many other areas beyond seating and mobility for which the practitioner may need continuing education or other study. These time and knowledge requirements may further limit the number of available practitioners over the next several years, further restricting access to credentialed practitioners for beneficiaries.

## **Conclusion**

For these reasons, we believe it is essential that the DME MAC medical directors take action to eliminate the requirement for RESNA ATP certification as soon as possible. AOTA also requests an in-person meeting among AOTA, the American Physical Therapy Association, and the medical directors to discuss our concerns in detail. Alternately, we request convening a conference call if an in-person meeting is not possible. We are hopeful that you will work with our association to revise the local coverage determination policies for powered mobility devices. Thank you again for considering our concerns. Should you have any questions or comments, please contact Sharmila Sandhu at AOTA at (301) 652-2682 ext. 2863 or via email at [ssandhu@aota.org](mailto:ssandhu@aota.org).

Sincerely,

Sharmila Sandhu, Esq.  
Regulatory Counsel

Enclosures

Occupational Therapy Code of Ethics  
The Guide to Occupational Therapy Practice  
Assistive Technology Within Occupational Therapy Practice

cc: Paul J. Hughes, M.D., Medical Director, DME PSC Regions A&B  
Mark D. Pilley, M.D., Medical Director, DME PSC Region D