



Proposed Solutions to Improved Repairs and Maintenance of Complex Manual and Power Wheelchairs

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For too long, timely and consistent access to wheelchair repairs and maintenance has created unnecessary barriers for people with disabilities who rely on wheelchairs to be mobile, functional, employed, live independently, and participate in their communities. There are numerous reasons for these barriers and the proposed solutions below are targeted to address this persistent problem comprehensively. Coverage and payment policies developed by the Medicare program are often adopted by other payers, compounding inadequate Medicare policy in this area. Without state and federal reform in this area, individuals with mobility disabilities will continue to have their lives put on hold whenever their wheelchair is in need of repair, which wastes time, precious resources, and productivity for both individuals and society. In fact, states are beginning to address this issue in various ways.¹

The undersigned members of the ITEM Coalition are proud to endorse a set of proposed solutions that would help address the problems that individuals with mobility disabilities experience in obtaining timely repairs and maintenance of complex manual and power wheelchairs (commonly referred to as “complex rehabilitative technology” or “CRT”). There are many reasons a wheelchair may need to be repaired through a combination of a health care provider² (often an occupational or physical therapist) and CRT supplier³. This contributes to the complexity of this multifaceted issue, which will require multiple solutions to ensure timely repairs for consumers.

The ITEM Coalition is a national consumer- and clinician-led coalition advocating for access to—and coverage of—assistive devices and technologies for persons with injuries, illnesses, disabilities, and chronic conditions of all ages. Our members represent individuals with a wide range of disabling conditions, as well as the providers who serve them, including such conditions as spinal cord injury, paralysis, ALS, multiple sclerosis, cerebral palsy, stroke, brain injury, spina bifida, limb loss and limb difference, hearing and speech impairments, visual impairments, and other life-altering conditions.

Solution #1 – Coverage and payment of preventative maintenance for CRT manual and power wheelchairs.

- Today, the Medicare program expects users to perform their own routine maintenance of their wheeled mobility device.⁴ This is both impractical and potentially dangerous.

¹ e.g., CT Pub. Law. 24-58; C.R.S. § 6-1-1501 through 1504; TN Code § 47-18-3401 and 3402; WI Stat § 49.45(9r)(dm) and (f)

² <https://www.cliniciantaskforce.us/resource/scope-of-practice-for-seating-and-wheeled-mobility-clinical-services>

³ <https://nrts.org/wp-content/uploads/2019/05/NRRTS-Standards-of-Practice.pdf>

⁴ See, CMS Medicare Benefit Policy Manual, Pub. No. 100-02, Ch. 15, §110.2B, which states, “Routine periodic servicing, such as testing, cleaning, regulating, and checking of the beneficiary’s equipment, is not covered. The

Coverage of preventative maintenance will keep individuals who use wheelchairs safe by ensuring that CRT manual and power wheelchairs are kept in good working condition while reducing the likelihood of catastrophic breakdowns. This coverage should include adequate reimbursement for suppliers to both travel to patients' homes and assess and diagnose the repairs needed, which can help reduce additional device damage and the need for emergency repair. Medicare and other payers routinely cover maintenance of existing prostheses and orthoses to keep these mobility devices performing optimally thus limiting the risk of catastrophic failure and patient harm. Medicare should adopt the same policy for CRT mobility devices.

Solution #2 – Require suppliers to repair the devices they provide in a timely manner.

- Individuals who use CRT manual or power wheelchairs must have direct and reliable access to timely service and repair in order to maintain their health, independent function, and participation in mobility-related activities of daily living. To facilitate this access, all suppliers that provide complex manual or power wheelchairs must be required to provide timely service and repair on the mobility devices they provide to beneficiaries (or cover the cost of a subcontractor to perform this service). Timeliness is impacted by a variety of factors (e.g., geographic diversity; number of suppliers; workforce limitations) and the ITEM Coalition recognizes there are limits to this requirement, particularly in the following instances:
 - The beneficiary is out of the service area due to change of residence; or,
 - Contractual restrictions with certain payers do not allow previously contracted suppliers to service the equipment.

In all instances, both beneficiaries and suppliers have a mutual obligation to treat each other with respect and fully cooperate with each other to help ensure an efficient and effective resolution of the problem with the mobility device, including providing contacts and resources for additional help if contractual restrictions apply or the beneficiary has moved permanently out of the service area.

Solution #3 –Suppliers should provide appropriate “temporary replacement” chairs that are in good working order while repairs are being made.

- At the request of the beneficiary, suppliers must make best efforts to provide an appropriate temporary replacement wheelchair when repairs will require the mobility device to be removed from the patient’s home overnight or longer. By their nature, CRT wheelchairs are customized to the unique needs of individual patients which makes temporary replacement wheelchairs challenging to provide. Suppliers should strive to have temporary replacement wheelchairs meet the functional requirements of each beneficiary for the duration of the repair.
- Temporary replacement wheelchairs should not be a medium or long-range solution when an individual’s personal manual or power CRT wheelchair is in need of repair. A damaged wheelchair can lead to serious events such as loss of mobility and independence

owner is expected to perform such routine maintenance rather than a retailer or some other person who charges the beneficiary.”

by restricting an individual to a bed or his or her home; lost opportunities or wages; and can exacerbate or cause additional clinical issues (e.g., respiratory issues, pressure injuries or infections), resulting in unnecessary and expensive hospitalizations. Further, temporary replacement mobility devices may also lack the customized assistive technology that maximizes their ability to speak or breathe and may have inadequate functions that limit mobility.

- Payers should cover and pay for “back-up” complex manual wheelchairs for each beneficiary to eliminate the need for temporary replacement wheelchairs. As an alternative, payers should cover and pay for maintenance and repair of a previous CRT wheelchair whose reasonable useful lifetime has expired to serve as an emergency replacement device.

Solution #4 – Reduce delays caused by prior authorization and additional insurance documentation requirements.

- Medicare and other payers should allow coverage and payment for repairs to patient-owned manual and power CRT wheelchairs without requiring prior authorization, extensive medical documentation, or a physician’s prescription for the necessary repairs. Because the medical necessity of the wheelchair has already been established with significant medical documentation, prior authorization and other bureaucratic hurdles cause unnecessary and harmful delays as providers waste valuable resources submitting duplicative proof of continued medical need to keep that same wheelchair working properly. Requiring prior authorization before wheelchair repairs can be made is not only a disincentive for suppliers to agree to make required repairs and creates additional unnecessary costs, but delays that stem from prior authorization can also be a danger to individuals who use wheelchairs.

Solution #5 – Alleviate financial burdens on consumers and systemic challenges in supplier reimbursement

- Without adequate coverage and reimbursement from Medicare and other payers for wheelchair repairs and maintenance, the burden of cost often falls on the individual who relies on these technologies for mobility. It is difficult—if not impossible—for many individuals to pay out-of-pocket for all necessary repairs, resulting in many individuals foregoing the repairs altogether or attempting to patchwork repairs themselves. This creates both clinical and mechanical risks that may increase the likelihood of unnecessary injury and lessen functionality. To improve access to repairs and routine maintenance, Medicare and private payers’ coverage and payment policies must be improved in the following ways:
 - (1) Include reimbursement for the time suppliers must travel to access a device in a patient’s home, evaluate and diagnose needed repairs, and provide specialized labor to ensure quality service; and
 - (2) Include coverage and reimbursement of temporary replacement equipment while the individuals’ primary CRT mobility device is being serviced and cover repairs to patient-owned back-up equipment to ensure the patient has a functional spare for emergencies. These changes to coverage and payment policies would

allow suppliers to meet the needs of individuals with mobility disabilities in a timely, safe, and efficient manner.

(3) Establish a clear, transparent, and accessible communication channel for customer support, allowing customers to be informed about repair options and general timeframes for the completion of repairs.

Solution #6 – Establish the right of beneficiaries to self-repair their own mobility device

- Individuals who use CRT manual or power wheelchairs should be permitted to self-repair their wheelchairs and to purchase some items directly from manufacturers and suppliers (where contractually permitted) to expedite the process. Certain items on CRT power and manual wheelchairs at the time of initial delivery should qualify for self-repair, with the exception of complex components such as parts that require programming, calibration, or clinical involvement to ensure optimum health outcomes. Suppliers and manufacturers should be required to inform the individual who purchases the items used for repair that they will not be reimbursed for the cost, nor will the manufacturers' warranties be waived, unless such self-repairs are for complex components or are performed incorrectly.
- Waiver of liability issues in instances of self-repair can become complicated. When simple repairs are performed by either the beneficiary or an independent contractor, warranties on the underlying mobility device should continue to remain in full force and effect. However, when the beneficiary or an independent contractor performs repairs on a CRT wheelchair, manufacturers and suppliers should not generally be held responsible if the repairs were faulty or performed in an improper manner. Such repairs could cause damage to the function of the underlying CRT wheelchair, related damages, or the inability to optimally use the poorly-repaired CRT wheelchair. The original manufacturer and supplier should generally not be held liable for these damages in this instance.

The ITEM Coalition is proud to endorse these proposed and common-sense solutions to improve the repair and maintenance of complex rehabilitative technology manual and power wheelchairs for the benefit of individuals with mobility disabilities and their families.

On Behalf of the Undersigned Members of the ITEM Coalition:

Access Ready, Inc.

ACCSES

Alexander Graham Bell Association for the Deaf and Hard of Hearing

All Wheels Up

ALS Association*

American Academy of Physical Medicine & Rehabilitation

American Association for Homecare

American Association on Health and Disability

American Congress of Rehabilitation Medicine

American Macular Degeneration Foundation

American Music Therapy Association

American Occupational Therapy Association
American Physical Therapy Association
American Therapeutic Recreation Association
Amputee Coalition*
Association of Assistive Technology Act Programs
Association of Rehabilitation Nurses
Autistic Women & Nonbinary Network
The Buoniconti Fund to Cure Paralysis
Clinician Task Force
Child Neurology Foundation
Christopher & Dana Reeve Foundation*
CureLGMD2i Foundation
Cure SMA
3DA
Epilepsy Foundation of America
Institute for Matching Person and Technology
International Registry of Rehabilitation Technology Suppliers
Lakeshore Foundation
Long Island Center for Independent Living
The Miami Project to Cure Paralysis
Muscular Dystrophy Association
National Association for the Advancement of Orthotics and Prosthetics
National Multiple Sclerosis Society
NCART
Rifton Equipment
Spina Bifida Association*
Team Gleason*
The Viscardi Center
United Cerebral Palsy
United Spinal Association*

****Indicates ITEM Coalition Steering Committee Member***