Congress of the United States

Washington, DC 20515

July 13, 2023

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Brooks-LaSure:

Thank you for your commitment to ensuring all Americans can live healthy and dignified lives. We are writing to commend the Centers for Medicare and Medicaid Services (CMS) for the recent announcement to cover seat elevation technology in Medicare-covered power wheelchairs. We urge CMS to expand upon this progress and swiftly open a National Coverage Determination for standing systems in power wheelchairs; and conduct a full review of its mobility device coverage, coding, and payment policies for Medicare beneficiaries.

We commend CMS for recognizing the significant clinical evidence and overwhelming public support for covering seat elevation in Groups 2, 3, and 5 Complex Rehabilitative Technology (CRT) power wheelchairs. This coverage is critical for individuals with disabilities who need seat elevation to transfer from one surface to another—with or without caregiver assistance, assistive devices, or lift equipment—or to improve one's reach to perform mobility related activities of daily living (MRADLs). In addition, we also greatly appreciate CMS covering seat elevation systems in non-CRT power wheelchairs when determined by Medicare contractors to be reasonable and necessary.

We also eagerly await the opening of a National Coverage Determination (NCD) for standing systems in power wheelchairs, which was part of the original NCD Reconsideration Request on Seat Elevation and Standing Systems submitted to CMS in September 2020 by the Independence Through Enhancement of Medicare and Medicaid (ITEM) Coalition. Standing systems allow users to transition from seated to standing positions without the need to leave their wheelchairs, allowing independent performance of MRADLs and a host of medical benefits derived from bearing weight on an individual's body frame. These medical benefits include improved joint mobility and muscle tone; increased strength and bone density; enhanced cardiovascular and respiratory functions; and reductions in falls, neck and spine injuries, skin breakdowns, spasticity, and muscle contractures.

Coverage of standing systems will bring significant benefits to Medicare beneficiaries with mobility disabilities. Therefore, we respectfully urge you to move forward with opening the NCD and public comment period regarding coverage of power standing systems. For individuals who spend large parts of their day in a seated position, the value of being able to stand, bear weight on the lower limbs, and allow gravity to aid in metabolic functions is well established in clinical literature. As we celebrate the major milestone in seat elevation coverage, we urge CMS to press forward with the opening of an NCD on standing systems in power wheelchairs.

We write to also urge CMS to examine its coverage of mobility equipment for Medicare beneficiaries, including its current interpretation of the "in the home" requirement. As you know, access to appropriate mobility equipment is especially critical for those living with amyotrophic lateral sclerosis (ALS), cerebral palsy, limb amputation, lupus, multiple sclerosis, muscular dystrophy, myositis, Parkinson's disease, spina bifida, spinal cord injury, paralysis, rheumatoid arthritis and other mobility-related conditions and disabilities.

In 1965, the Social Security Act clearly defined the difference between the cost and coverage of medical devices in the hospital setting (Medicare Part A) compared to the cost and coverage of mobility devices that are "used in the patient's home" (Medicare Part B), Section 1861(n)[1]. This distinction in payment and coverage was a means of determining under which payment model a mobility device would be covered. Also, as you are aware, the Centers for Medicare and Medicaid Services (CMS) applied the "in the home" rule in the updated 2005 National Coverage Determination for Mobility Assistive Equipment (MAE) by determining:

> "that MAE is reasonable and necessary for beneficiaries who have a personal mobility deficit sufficient to impair their participation in mobility-related activities of daily living (MRADLs) such as toileting, eating, dressing, grooming and bathing in customary locations within the home."

However, we are concerned the "in the home" language is limiting beneficiaries' access to equipment designed only for in-home use, serving as a barrier to participation within the community. Due to a restrictive interpretation of the "in-the-home" rule, limits to Medicare coverage coding and payment policies, and the adoption of Medicare coverage policy by private insurers, wheelchair users are facing constant insurance denials and delays in obtaining appropriate equipment which can result in health injuries and secondary health conditions such as pressure injuries (pressure sores) and rotator cuff and carpal tunnel injuries (due to overuse of wheelchair users' upper extremities).

For these reasons, we urge CMS to conduct a full review of its current mobility device coverage, coding, and payment policies, including the "in the home" interpretation, to determine whether they are suitable in meeting the mobility needs of beneficiaries both within their homes and within their communities. If CMS cannot modify the mobility device benefit through the regulatory process, we look forward to working with you toward a legislative solution.

Thank you for your consideration of these important requests.

Sincerely,

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[1] Social Security Act 1861(n): *The term "durable medical equipment" includes iron lungs, oxygen tents, hospital beds, and wheelchairs (which may include a power-operated vehicle that may be appropriately used as a wheelchair, but only where the use of such a vehicle is determined to be necessary on the basis of the individual's medical and physical condition and the vehicle meets such safety requirements as the Secretary may prescribe) used in the patient's home….*"

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