

Cures 2.0: Ensure Beneficiary Access to Critical Wheelchair Technology

On behalf of the Independence Through Enhancement of Medicare and Medicaid (ITEM) Coalition, we appreciate the opportunity to provide feedback as you develop the legislative reforms included in Cures 2.0. We thank you for considering our recommendations and look forward to working with your offices.

Request: Direct CMS to Cover Seat Elevation and Standing Feature in Power Wheelchairs

In keeping with your stated goals of modernizing coverage of innovative medical products and reforming Medicare coding, coverage, and payment, we ask that you include language in the Cures 2.0 package directing the Centers for Medicare and Medicaid Services (CMS) to recognize seat elevation and standing features in power wheelchairs as covered under the Durable Medical Equipment (DME) benefit. This change would enhance beneficiary access to critical mobility device functions that allow full participation in daily life and remedy a misinterpretation by Medicare contractors that these features are not "primarily medical in nature."

Background

Seat elevation is an "accessory" to power wheelchairs that allows an individual with mobility impairment to raise and lower themselves in the seated position through an electromechanical lift system that is embedded into the power wheelchair itself. This feature is critical in assisting users with transfers from a wheelchair to a commode, bed, or other uneven surface, and allowing for independence in the performance of mobility-related activities of daily living (MRADLs). Standing feature allows an individual to transition safely from a seated to standing position without the need to leave their chair, allowing independent performance of MRADLs and offering the numerous medical benefits of standing.

CMS' national coverage determination (NCD) for mobility assistance equipment (MAE) uses the performance of MRADLs as the standard for coverage under the DME benefit. However, Medicare's regional contractors have taken the position that these features are non-covered because they are not "primarily medical in nature." This position is clearly inconsistent with the NCD for MAE as well as past CMS rulings that accessories to wheelchairs integral to their function are considered DME. This misinterpretation not only presents a burden for patients who are denied access to these features, but for providers who must treat additional secondary conditions that may develop that could have been avoided with the use of these features.

Rationale for Legislative Action

With standing feature and seat elevation, beneficiaries with mobility impairments are able to perform MRADLs and function independently in their home. Without them, they have limited options to perform necessary tasks without assistance, and may also incur increased risk of falls (particularly when transferring from their wheelchair to uneven surfaces) while being denied the medical benefits of standing and movement, such as improved circulation, gastrointestinal tract function, bone density, and vital organ capacity. Due to the inappropriate Benefit Category Determination (BCD) advanced by Medicare's contractors, there is no clear legal pathway for beneficiaries or advocates to challenge this restrictive coverage policy.

We urge you to include language in the Cures 2.0 package directing CMS to reconsider the position of the administrative contractors and deem seat elevation and standing feature as primarily medical in nature and, therefore, durable medical equipment. CMS should then activate the HCPCS codes (E-2300 and E-2301) and develop a reasonable reimbursement rate and coverage policy for these features.

The ITEM Coalition is a national consumer and clinician-led coalition advocating for access to and coverage of assistive devices, technologies, and related services for persons with injuries, illnesses, disabilities, and chronic conditions of all ages. For questions, please contact the ITEM Coalition coordinators by email at Peter.Thomas@PowersLaw.com and Ioseph.Nahra@PowersLaw.com or by phone at 202-872-6730.