March 17, 2023

SUBMITTED ELECTRONICALLY VIA Medicare Coverage Database Portal

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

Re: CAG-00461N: Seat Elevation Systems as an Accessory to Power Wheelchairs

Dear Administrator Brooks-LaSure:

The Independence Through Enhancement of Medicare and Medicaid (ITEM) Coalition is pleased to submit these comments on the Centers for Medicare and Medicaid Services' (CMS) proposed National Coverage Decision (NCD) for seat elevation systems in Complex Rehabilitation Technology (CRT) power wheelchairs. As you know, the ITEM Coalition has long advocated for coverage of these systems as well as power standing systems under Medicare, including through the submission of a formal NCD Reconsideration Request submitted in September 2020.

We applaud CMS for proposing to recognize seat elevation systems as primarily medical in nature and reasonable and necessary for beneficiaries who qualify for this benefit. While we strongly support Medicare coverage of seat elevation as a DME benefit, we offer these comments in response to the proposed NCD and urge CMS to consider revising its decision as noted below to ensure that all Medicare beneficiaries who need access to power seat elevation systems will receive coverage for them.

The ITEM Coalition is comprised of nearly 100 national organizations that seek to improve access to and coverage of assistive devices and technologies that enhance the function of people with disabilities and chronic conditions of all ages. We believe that CMS has not kept pace with the needs of Medicare beneficiaries in terms of coverage of durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS). It is astounding that not one commenter opposed seat elevation coverage out of more than 3,600 individuals and organizations that submitted public comments during the first public comment period. The ITEM Coalition believes this highly suggests that seat elevation coverage should have been available to Medicare beneficiaries with mobility impairments many years ago. This is not the only antiquated policy that CMS retains in this area. For instance, the ITEM Coalition believes the "in the home" restriction for durable medical equipment is a relic of the past and confines beneficiaries unnecessarily to mobility devices that are for use only in the home, without regard to access outside the home and in the community. This is a health equity issue of the highest order.

As you know, the ITEM Coalition submitted in September 2020 a joint NCD Reconsideration Request to cover both seat elevation and standing systems in CRT power wheelchairs. The value of being able to stand, bear weight on the lower limbs, and allow gravity to aid in metabolic functions is well established. Despite the fact that CMS accepted and deemed "complete" this joint request in November 2020, the agency bifurcated the NCD Reconsideration Request for seat elevation and standing systems into two separate NCDs. While the seat elevation NCD proceeds with this comment period, there is still no publicly available timeline for the opening of the NCD Request for coverage of standing systems in CRT power wheelchairs, a critical function that would highly complement seat elevation coverage and address another critical need of Medicare beneficiaries with mobility disabilities. We urge CMS is the strongest terms possible to open a National Coverage Analysis (NCA) for standing systems in CRT power wheelchairs at its earliest opportunity.

Summary of ITEM Coalition Recommendations:

As CMS prepares its final National Coverage Determination for release in May 2023, the ITEM Coalition urges the agency to:

1. Finalize the proposed Benefit Category Determination holding that power seat elevation systems are primarily medical in nature and are considered durable medical equipment under the Medicare benefit; and finalize the proposed coverage determination holding that these systems are reasonable and necessary for Medicare beneficiaries who use Group 3 CRT power wheelchairs in order to perform transfers for the purpose of performing or participating in mobility related activities of daily living (MRADLs);
2. Include coverage for Medicare beneficiaries who need seat elevation to improve their reach and line of sight to support shoulder, upper spine, and neck integrity while performing or participating in MRADLs;
3. Include coverage of seat elevation for Medicare beneficiaries who use Group 2 CRT power wheelchairs in the final NCD; and
4. Provide important clarifications to the proposed NCD, including further detail regarding "weight-bearing transfers," beneficiaries using patient transfer devices, and the specific criteria for specialty evaluations.

The ITEM Coalition strongly supports the proposed determination, with the revisions and inclusions noted below, in order to ensure that *all* beneficiaries who would receive a medical benefit from seat elevation are able to access coverage under the finalized NCD, as well as ensuing local coverage, coding, and payment decisions.

ITEM Coalition Support for Proposed BCD and Coverage Proposal

The ITEM Coalition strongly supports CMS's decision to consider seat elevation as primarily medical in nature and, therefore, a covered durable medical equipment benefit under the Medicare program. CMS's previous decision in 2005 deemed these critical features "convenience items" and referred to them in subsequent years as "luxury" items. The ITEM Coalition has taken strong issue with this view, and we are grateful that CMS has finally recognized the medical nature of seat elevation systems in CRT power wheelchairs. We hope

this change in perspective signals a sea change in the way CMS meets the needs of Medicare beneficiaries with mobility impairments with respect to access to assistive devices and technologies.

We also strongly support the proposed decision that seat elevation is reasonable and necessary for Medicare beneficiaries with mobility impairments who need seat elevation to perform weight-bearing transfers and aid in the performance of MRADLs, with or without assistance from another person. The evidence base detailed in our NCD Request for Reconsideration clearly establishes that seat elevation has a material impact on the ability to perform MRADLs safely and efficiently while reducing the incidence of secondary injury. CMS laid out much of the evidence base for seat elevation in its proposed decision memo, but the agency confined its inquiry to transfers from one surface to another. The proposed decision seemed to ignore the substantial evidence ITEM Coalition put forth in the original NCD Reconsideration Request to cover seat elevation for the purposes of improving reach and line of sight for the purpose of performing MRADLs while limiting secondary injury.

As pleased as the ITEM Coalition is with the proposed decision, we believe the medical purpose of power seat elevation extends beyond the limited scope of transfers for some Medicare beneficiaries. We question why seat elevation is determined to be primarily medical in nature only to the extent that it facilitates transfers. Frankly, this is an extraordinarily narrow reading of the value of seat elevation for individuals with mobility impairments and is out of sync with other NCDs which typically determine whether an item or service fits within an existing Medicare benefit category and is reasonable and necessary for certain beneficiaries. The Local Coverage Determination (LCD) process usually teases out the specific coverage criteria and which beneficiaries can benefit from coverage.

The need for and benefits of a power seat elevation system not only improves transfers, but it also improves beneficiary access to the vertical environment for reach and line of sight requirements to safely and effectively perform or participate in MRADLs. This is supported in the evidence base, by subject matter expert consensus, patient-centered outcomes data, and is recognized by national disability and medical professional organizations. It is also supported by third-party payers such as the Veterans Administration, state Medicaid programs, and private payers that currently provide coverage of seat elevation to individuals with mobility impairments. Medicare should adopt the same breadth of coverage as these other payers and not parse its coverage determination through a narrow construct.

The ITEM Coalition Recommends Extension of Coverage Proposal to Include Reach and Line of Sight to Support Shoulder, Upper Spine, and Neck Integrity

We commend CMS for recognizing the medical benefits of power seat elevation systems to assist beneficiaries with performing safer, more effective transfers. However, we are concerned that the agency has not appropriately considered the significant clinical evidence demonstrating the benefits of these systems for supporting beneficiaries' reach and line of sight, functions which are not only critical for the performance of MRADLs, but have clear implications for wheelchair users' health, particularly shoulder, upper spine, and neck integrity. We strongly urge

CMS to ensure that the final NCD for power seat elevation systems includes coverage for reach and line of sight as well as transfers.

CMS explicitly states that the agency did not conduct a full evidence review for power seat elevation; instead, the agency did not even consider evidence supporting the benefits of these systems for improving reach and line of sight, despite significant evidence submitted by the ITEM Coalition in the NCD Reconsideration Request. CMS developed an Evidence Question that only considers how transfers may be supported by seat elevation (i.e., "Is the evidence sufficient to demonstrate that power seat elevation equipment associated with a power wheelchair can improve the mobility limitation(s) related to wheelchair transfers that may constrain certain beneficiaries as they attempt to accomplish their MRADLs in customary locations in the home?")

The agency appears to justify this narrow inquiry by relying on the apparent limits of the Benefit Category Determination, which itself does not provide justification for why the functions of reach and line of sight were excluded from consideration. However, it is clear that CMS intends to render a BCD decision finding that power seat elevation systems do fall within the DMEPOS benefit, because they have been found to be primarily and customarily used to serve a medical purpose. Once this determination has been made with respect to the technology itself, we do not believe the agency can or should limit its review of the benefits of that technology artificially when conducting a "reasonable and necessary" analysis. The coverage criteria should follow the evidence base and there is ample evidence that seat elevation in power wheelchairs is reasonable and necessary for transfers, reach, and line of sight to improve performance of and participation in MRADLs.

Over the course of more than three years of focused discussions with the agency regarding this coverage effort, the ITEM Coalition has consistently been told that the BCD determination and the coverage determination would be treated as separate and distinct inquiries, both of which must be resolved in an affirmative matter to result in coverage for Medicare beneficiaries. Thus, we believe it is inappropriate to limit the evidence review when conducting the separate reasonable and necessary analysis and preclude even consideration of significant medical evidence supporting the benefits of enhanced reach and line of sight in order to perform MRADLs in the home.

Further, the proposed decision memo states that the agency has previously determined that seat elevation was not primarily medical in nature, referencing a BCD for the Independence iBOT Mobility System ™ that is nearly 20 years old. We take serious issue with CMS's reliance on this outdated BCD as a starting point in their analysis of current coverage of seat elevation. First, the original technology assessment conducted during the iBOT National Coverage Analysis specifically limited the evidence search to evidence related to the iBOT system, not the functions of reach and line of sight needed by wheelchair users. This targeted evidence search clearly omitted any studies examining an actual power seat elevation system that was not tied to the iBOT. Additionally, the iBOT NCA focused on a combined seat elevation and balance function that operated entirely differently than the power seat elevation systems within the scope of the current analysis.

The iBOT included both a seat elevator and allowed the seated user to elevate further to standing height through a sophisticated, gyroscopically controlled balance function, where the cluster of four wheels elevated further and balanced on two wheels only. The final iBOT NCD covered the device as a power wheelchair, denied coverage for the balance feature, and assigned a non-covered HCPCS code (E-2300) to the seat elevation feature, consistent with CMS's longstanding treatment of seat elevation technology. To use a 17-year-old NCD on such a unique mobility device as the starting point for coverage of seat elevation is misplaced and largely ignores the last 17 years of medical research when considering the needs of Medicare beneficiaries today.

We see no reason why CMS should not conduct a comprehensive literature review on power seat elevation systems to examine the medical nature of reach and line of sight functions. Without such a review, the agency is jettisoning significant medical evidence and would propose to "lock in" a coverage policy that bars beneficiaries from accessing technology they need to be healthier, more functional, and more independent – technology that we believe should clearly be covered under Medicare's rules and regulations.

The initial NCD Reconsideration Request submitted by the ITEM Coalition included a comprehensive review of the medical evidence for reach and line of sight, and our partners at the Clinician Task Force have also submitted additional evidence relating to these functions during the current and prior comment periods. We urge CMS to conduct a similarly comprehensive evidence review and make an evidence-based determination to include coverage for reach and line of sight in the final NCD to improve the performance of MRADLs while limiting fall risk and other injuries of the neck, shoulders, and spine caused by long-term power wheelchair use.

We encourage the agency to closely review the comprehensive submissions from both the Clinician Task Force and NCART, two national non-profit organizations with extensive knowledge on seating and positioning in mobility devices, which detail the specific evidence base supporting the medical benefits of reach and line of sight through power seat elevation. The ITEM Coalition offers here a summary of some key studies that support our position. All studies are cited more extensively in the Clinician Task Force's comments, and we incorporate them here by reference.

The proposed decision memo rests coverage of seat elevation systems for transfers largely on the fact, supported by the evidence base, that transfers without seat elevation can lead to shoulder pain and injuries. However, because the agency artificially limited its own evidence review to transfers only, CMS does not consider the evidence that the static height of power wheelchairs without seat elevation leads to similar shoulder, upper extremity, and neck pain and injury when beneficiaries are forced to constantly reach far overheard to conduct everyday activities, or in Medicare parlance, MRADLs. For example, Sabari, et. al., found a significant difference in the active range of motion required when subjects were seated in a wheelchair at the standard height both with and without seat elevation. Users who were able to access an elevated seat height were able to significantly decrease the average shoulder abduction needed to complete daily tasks. As detailed in a 1997 NIOSH study (Bernard), repeated or sustained abduction or flexion of over 60 degrees contributes to tendonitis and other musculoskeletal disorders in the shoulder; coverage of seat elevation would significantly lessen the risk of these issues.

Further, beneficiaries who can access seat elevation receive notable medical benefits from the improved line of sight that seat elevation can offer. Sabari, et. al., also found that with power seat elevation, wheelchair users could reduce their average cervical extension by nearly 10 degrees. Repetitive cervical extension can lead to pain and injury; Kirby, et. al., found that power wheelchair users report approximately 15% greater neck pain than the general population. The use of seat elevation also helps users more safely navigate their environment in the home, lessening the risk of collisions with obstacles that can lead to falls or other injuries.

Simply put, power wheelchair users should be able to access coverage for seat elevation systems to receive the full range of medical benefits that the evidence base justifies. CMS' final decision should not artificially limit coverage only for the performance of transfers, which could leave out beneficiaries who may not be able to participate in transfers directly but seriously need seat elevation for the improved reach and line of sight these systems can provide. We urge CMS to conduct a comprehensive evidence review of ***all*** the medical benefits of seat elevation, and finalize a coverage policy that will ensure Medicare beneficiaries who have a demonstrated medical need for these systems can access coverage.

The ITEM Coalition Recommends Inclusion of Seat Elevation Coverage for Users of Group 2 CRT Power Wheelchairs

The ITEM Coalition acknowledged in its original NCD Request for Reconsideration that power seat elevation systems "provide benefits to a broad range of PWC users" (page 21 of NCD Request) but confined its coverage request to Group 3 CRT power wheelchair users only. This targeted request focused on the subpopulation of Medicare beneficiaries who have a permanent disability and full-time need for a Group 3 power wheelchair, a group that we viewed as desperate for seat elevation coverage. This population of users typically has more extensive needs related to performance of or participation in routine MRADLs.

We are grateful to CMS for recognizing in the proposed decision that Medicare beneficiaries who use Group 2 CRT power wheelchairs may also benefit from seat elevation to assist in the performance of MRADLs, particularly through transfers from one surface to another. Specifically, CMS asked whether seat elevation in Group 2 CRT power wheelchairs primarily and customarily serve a medical purpose and thus also fall within the DME benefit category.

The ITEM Coalition strongly supports coverage of power seat elevation for Medicare beneficiaries in need of Group 2 CRT power wheelchairs. In fact, the benefit category determination analysis of the proposed NCD decision and the evidence base is just as applicable to Group 2 power wheelchair users as it is to Group 3 power wheelchair users. There is no principled reason to grant seat elevation coverage to one group of beneficiaries and not the other. CMS's question as to coverage of seat elevation for Group 2 CRT users is highly device-focused rather than patient-centric. Medicare's current LCD for Mobility Assistive Equipment (MAE) restricts coverage of Group 3 power wheelchairs to beneficiaries with a mobility limitation that is due to a neurological condition, myopathy, or congenital skeletal deformity. Beneficiaries who do not have these specific diagnoses will not have access to seat elevation unless CMS includes seat elevation coverage for users of Group 2 CRT power wheelchairs in its final NCD. Rather than employing a diagnostic approach, CMS should consider use of a functional test that assesses

each patient based on their medical and functional needs, not based on the origin or diagnosis that caused their mobility impairment.

Group 2 power wheelchair users include beneficiaries with a wide variety of conditions that cause significant mobility deficits and limitations on the ability to perform or participate in MRADLs. For instance, beneficiaries who use Group 2 PWCs include individuals with limb loss and limb difference, cardio-pulmonary disorders, COPD, Myositis, Lupus, Myasthenia Gravis, Polyneuropathy, Rheumatoid Arthritis, Scleroderma, and advanced stages of one or more chronic medical conditions. Coverage of seat elevation for this patient population would help many of them perform sit-to-stand/stand pivot, or lateral transfers when participating in MRADLs. As little as six inches or more of seat elevation for Group 2 PWCs could make all the difference in the ability of these beneficiaries to perform transfers safely with less risk of falls or other injuries.

For Medicare beneficiaries who are deemed a high fall risk or have fallen when attempting to stand or while in a standing position during a transfer, the seat elevation system is particularly important because it improves transfer biomechanics, safety, and independence (Schiappa et al., 2019), and may reduce the number of fatal and non-fatal falls for individuals 65 or older.

Beneficiaries with limb loss who use Group 2 power wheelchairs may or may not be able to wear prosthetic limbs. In situations where a beneficiary is not able to perform a stand pivot or sit-to-stand transfer due to limb loss, seat elevation becomes all the more important to their ability to perform MRADLs by enabling a level or downward transfer from their wheelchair. These beneficiaries are at the same risk as Group 3 users for shoulder, neck and back pain and injury due to the need rely on their upper extremities during lateral transfers and reach to perform many MRADLs in the home.

Limited vision is also a prevalent condition in the Medicare population. When performing or participating in MRADLs, vision correction such as eyeglasses may not allow the individual to see and read labels, thermostats, dials on cooking and cleaning appliances, and many other scenarios from a seated position without an accurate line of sight. Beneficiaries who use a power wheelchair as their only means of mobility within their home may benefit from use of a seat elevation system to enhance visual orientation, line of sight, and safety (Schiappa et al., 2019). Based on the evidence, whether the beneficiary is in a Group 3 or a Group 2 CRT power wheelchair is largely immaterial for purposes of determining the medical need for seat elevation.

The ITEM Coalition, therefore, strongly recommends that CMS include coverage for seat elevation for people who have a medical need for a Group 2 CRT power wheelchair to safely transfer in order to perform or participate in MRADLs in the home. This would also allow people who have a medical need for a Group 2 power wheelchair to safely reach overhead and interact with the surfaces and items they need to access in the home to cook, clean, and take care of their hygiene and grooming needs (i.e., perform MRADLs).

To ensure that beneficiaries have appropriate access to the benefits of seat elevation, this final NCD must be followed by the development of a more granular LCD to detail which Medicare beneficiaries will gain access to this technology. Of course, CMS and its contractors must also

determine a reasonable HCPCS coding structure and payment levels that reflect the complexity and robustness of various seat elevation systems. Given the different patient populations and seat elevation technologies that serve the Group 2 and Group 3 Medicare beneficiary populations, different HCPCS codes and descriptors will need to be developed for each category of seat elevation technology. There may also be a differential in fee schedule amounts for these systems from one patient population to another, in order to ensure that beneficiaries have access to these covered benefits.

Finally, although the Medicare program does not currently cover Group 4 and Group 5 (pediatric) CRT power wheelchairs, CMS's final coverage policy on seat elevation should not compromise the ability of users of these technologies to work with other payers to obtain reasonable access to them. The ITEM Coalition stands ready to work with CMS and other stakeholders to develop specific coverage, coding, and reimbursement policies to effectuate seat elevation coverage among Group 2 and Group 3 power wheelchair users.

The ITEM Coalition Seeks Clarification on the Proposed NCD

The ITEM Coalition identified several questions arising from the text of the proposed NCD, on which we seek clarification in the final decision. We are concerned that if these issues are not clarified, ambiguities could be left for resolution by the Medicare Administrative Contractors and future LCDs, which could result in coverage being restricted or otherwise hampered in a manner that the final NCD does not intend.

1. *Clarification on the meaning of "weight bearing transfers."*

The proposed decision memo states that power seat elevation can be found to be reasonable and necessary for beneficiaries who perform "weight bearing transfers" to and from their power wheelchair within the home. The coverage criteria states that this can include the use of upper extremities for non-level sitting transfers and/or the use of lower extremities during a sit-to-stand transfer and can be supported with or without caregiver assistance. However, the decision memo does not further elaborate on the intended meaning and any limitations included in the term "weight bearing transfers."

We request that CMS clarify that this term is not intended to exclude certain beneficiaries from accessing seat elevation technology, particularly those that perform dependent transfers. All transfers to and from a wheelchair require weight to be borne somewhere, so in a sense, all transfers are "weight-bearing," but we question whether the agency intended to prohibit coverage of seat elevation for those wheelchair users who cannot assist with transfers themselves and thus rely on significant caregiver assistance. These beneficiaries could certainly still derive a medical benefit from power seat elevation to perform MRADLs, the standard of coverage for mobility devices under the Medicare program. They could also derive a medical benefit from the ability to rise to a higher plane to provide level or downward transfers which could prolong the ability of caregivers to help beneficiaries facilitate safe transfers without injury.

We encourage CMS to clarify its intended interpretation of this coverage criterion in the final decision memo to include all individuals who would benefit from seat elevation systems for the performance of transfers.

2. *Clarification on treatment of beneficiaries who use patient transfer devices.*

CMS also states in the proposed decision memo that transfers may be completed with or without the use of assistive equipment, and provides several examples including sliding boards, canes, crutches, and walkers but does not provide an exhaustive list. We question whether this criterion is intended to limit coverage for certain beneficiaries that use more advanced assistive technology, particularly patient transfer devices that may be mounted to the ceiling or floor. Many wheelchair users utilize such devices for transferring from their bed to wheelchair and vice-versa, and as with those who rely on caregivers for dependent transfers, would still benefit significantly from seat elevation to perform MRADLs in the home. The seat elevation function would also be critical when the beneficiary must transfer to another surface in their home that is not located at the site of the mounted mechanical lift.

We encourage CMS to clarify that patient transfer devices such as mounted lifts are included in the intended definition of "assistive technology" used in the proposed decision memo and that the use of such devices should not preclude a beneficiary from otherwise qualifying for coverage of seat elevation under the finalized NCD.

3. *Clarification of criteria for specialty evaluations.*

Finally, CMS proposes to require that individuals seeking coverage for seat elevation must undergo a "specialty evaluation" by a practitioner with specific training and experience in rehabilitation wheelchair evaluations (the licensed/certified medical professional or LCMP). This is already standard practice for the provision of power wheelchair features on CRT power wheelchairs to wheelchair users, and we support this requirement. CMS already prescribes specific requirements for evaluations to provide beneficiaries with power wheelchair bases and power seating functions such as the tilt and recline feature. We encourage the agency to clarify that the same standards should apply for evaluations of a beneficiary's need for power seat elevation. This should include the required involvement of an assistive technology professional (ATP) employed by the wheelchair supplier who can provide direct, in-person training and assistance for the beneficiary. CMS should also institute the condition that the LCMP conducting the evaluation does not have a financial relationship with the seat elevation supplier.

The clinician and supplier work together through the evaluation and assessment process to consider the beneficiary's medical needs, clinical conditions, and other factors that drive the specific technology recommendation. This may include, but is not limited to, the activities of daily living in the home environment, functional needs and capabilities, and the technology solutions designed to ameliorate the mobility challenges. In addition, as addressed in the ITEM Coalition's original Reconsideration Request, the team will identify the least costly, but medically appropriate technology and consider contraindications that would prevent the beneficiary from using certain technologies. This approach provides protection for the

beneficiary and Medicare's expenditures as the clinical and technology decision-making process that occurs is documented in the beneficiary's medical record.

The ITEM Coalition encourages CMS to clarify these issues as recommended in the final NCD and ensure that all beneficiaries for whom seat elevation should be deemed reasonable and necessary are able to access these systems without unnecessary administrative hurdles.

Support from Congress and Other Stakeholders

The issue of seat elevation coverage has garnered significant support from lawmakers. In October 2021 and October 2022, CMS received a total of four letters from the House of Representatives and the U.S. Senate, urging the agency to move quickly to advance coverage for these systems as well as power standing systems. Overall, more than 130 bipartisan Members of Congress have called on the agency to cover these important power wheelchair functions.

Additionally, as the agency is aware, the National Council on Disability, a quasi-federal agency that addresses policies impacting people with disabilities, has long supported these efforts. Medicare coverage of seat elevation and standing systems in power wheelchairs remains an important component of the Council's Health Equity Framework for People with Disabilities, originally released in February 2022. Further, the Council hosted a stakeholder Roundtable discussion on coverage of these systems in August 2022, shortly before CMS opened the initial public comment period beginning the National Coverage Analysis for power seat elevation systems. The Council is preparing to submit a written report on the roundtable, featuring perspectives from all stakeholders in seat elevation and standing system policy, to CMS during the current comment period on the proposed NCD. The Roundtable emphasized the evidentiary foundation for Medicare coverage of these important benefits for persons with mobility impairments with every speaker strongly supporting Medicare coverage of both seat elevation and standing systems.

Finally, we again note that coverage of seat elevation systems has received extensive and unwavering support from the general public and other non-federal stakeholders as well. During the initial public comment period at the opening of the NCA for seat elevation, CMS received over 3,600 separate and unique comments from Medicare beneficiaries with mobility impairments, rehabilitation therapists who address the mobility device needs of beneficiaries, physicians who treat this patient population, rehabilitation hospitals, seating clinics, researchers, manufacturers and suppliers, and the general public. As the agency notes in this proposed decision memo, these comments were unanimous in their support of Medicare coverage for seat elevation systems. At the time of this writing, CMS has received an additional nearly 2,000 comments from stakeholders, including both individuals and organizations supporting the proposed coverage decision and encouraging CMS to include additional populations in the final decision memo.

The ITEM Coalition has also continued to host a public petition through www.Change.org that has garnered over 4,500 signatures to date since being launched on August 14, 2022, the date of the opening of the seat elevation NCA. The petition states as follows:

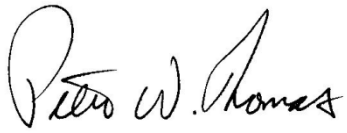
"The Medicare program currently denies coverage for seat elevation and standing systems in power wheelchairs. This means that Medicare beneficiaries with mobility impairments are forced to go without medically necessary wheelchair technology if they are not able to afford the costs out of pocket. The Medicare program is currently reviewing a request to provide coverage for these critical systems, known as a "National Coverage Determination" or "NCD Request."

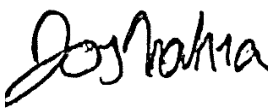
If successful, Medicare will recognize for the first time that these systems are "primarily medical in nature," and, therefore, covered durable medical equipment benefits - not convenience or luxury items for wheelchair users. These systems help wheelchair users carry out important daily activities more independently, such as cooking, eating, and toileting. They also provide numerous health benefits, such as decreased risk of falls or injuries when moving in and out of wheelchairs, improved heart and lung functions, increased bone strength, and improved joint mobility, bladder function, and muscle strength.

Medicare has denied access to these technologies for far too long. Sign your name below to request that Medicare provide coverage for seat elevation and standing systems and allow Medicare beneficiaries with mobility disabilities access to the care they need!"

Once again, we applaud CMS for recognizing the significant clinical evidence and overwhelming public support for covering seat elevation in CRT power wheelchairs and encourage the agency to quickly finalize a coverage decision that ensures all beneficiaries who can benefit from seat elevation are able to access this technology under the Medicare program.

Sincerely,





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