

From: e-Dear Colleague <e-dearcolleague@housemail.house.gov>
Sent: Monday, September 20, 2021 12:09 PM
To: Goldstone, Alec
Subject: e-DearColleague: SUPPORT MEDICARE BENEFICIARY ACCESS TO CRITICAL WHEELCHAIR TECHNOLOGY

SUPPORT MEDICARE BENEFICIARY ACCESS TO CRITICAL WHEELCHAIR TECHNOLOGY

Sending Office: Honorable James R. Langevin
Sent By: Alec.Goldstone@mail.house.gov

Deadline: COB October 1

Dear Colleague,

We encourage you to join us in sending a letter to CMS Administrator Chiquita Brooks-LaSure regarding access to critical assistive technology for people with disabilities. As you may know, the Medicare program currently does not cover power seat elevation and power standing systems in Complex Rehabilitation Technology (CRT) wheelchairs for individuals with severe mobility impairments. Despite significant clinical evidence that supports these systems for medical purposes, Medicare considers them “not primarily medical in nature” and they are therefore not covered as durable medical equipment (DME). **This is a major gap in coverage for Medicare beneficiaries with mobility disabilities.**

In September 2020, a coalition of patients, providers, researchers, and other subject matter experts submitted a formal Request for Reconsideration of the existing National Coverage Determination (NCD) for Mobility Assistive Equipment to advance a coverage policy for these systems under the Medicare DME benefit. However, this request, which CMS certified as “complete” in November 2020, has been sitting within the agency for over a year. To date, CMS has not opened the request for public comment or updated the public NCD “dashboard” to reflect the current status.

We are sending this letter to urge Administrator Brooks-LaSure to move forward with opening the request, allowing the public to formally weigh in and for agency to staff to commence the reconsideration process, including a thorough review of the clinical evidence supporting the use of these systems. This letter does **not** dictate that CMS should in fact cover these systems; that decision should be made by the clinical experts at the agency based on the scientific literature. However, the existing evidence is significant and supports both the medical benefits and functional advantages that these systems provide.

This request would advance a key issue for many individuals with mobility disabilities. We hope you will join us in urging CMS to move forward with this important reconsideration request.

The text of the letter can be found below. If you would like to join, please opt-in and [sign the letter on Quill](#) by **COB on Friday, October 1**. If you have any questions, please contact Alec Goldstone in Rep. Langevin's office at alec.goldstone@mail.house.gov or 5-2735.

Thank you for your consideration,

James R. Langevin

Don Young

Member of Congress

Member of Congress

Co-chair, Bipartisan Disabilities Caucus

Co-chair, Bipartisan Disabilities Caucus

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

Dear Administrator Brooks-LaSure:

We write to you concerning Medicare coverage of power seat elevation and power standing systems in Complex Rehabilitation Technology (CRT) wheelchairs for individuals with severe mobility impairments. Specifically, we request that you prioritize and move forward with the pending Request for Reconsideration of the National Coverage Determination (NCD) for Mobility Assistive Equipment which seeks to advance affirmative coverage for these systems under the Medicare durable medical equipment (DME) benefit. A full review of this request will help ensure that Medicare beneficiaries with significant mobility disabilities can access the medical and functional benefits of these systems.

Power seat elevation and power standing systems improve the health and independent function of mobility-impaired individuals and allow them to more fully participate in mobility-related activities of daily living (MRADLs). Seat elevation allows users to raise and lower themselves in the seated position through an electromechanical lift system embedded into their CRT wheelchairs. This assists with safe transfers from wheelchairs to other surfaces such as beds, chairs, and toilets. Standing systems allow users to transition from seated to standing positions without the need to leave their wheelchairs, allowing independent performance of MRADLs. For many individuals, these systems offer numerous medical benefits, including improved transfers and reaching; 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, and muscle contractures.

Despite the widespread medical benefits and essential functional capabilities these important systems provide, Medicare currently considers them as "not primarily medical in nature," and they are, therefore, not considered covered DME under the Medicare program. This is a serious gap in coverage for Medicare beneficiaries with mobility disabilities.

In September 2020, a coalition of patients, providers, researchers, and other subject matter experts submitted a formal Request for Reconsideration of the NCD for Mobility Assistive Equipment to advance a coverage policy for power seat elevation and sanding systems under the Medicare DME benefit.^[1] This request, which CMS certified as complete in November 2020 (see, letter from CMS to Peter W. Thomas, J.D., enclosed), included a wide-ranging review of the existing clinical literature.

Current regulations detailing the NCD reconsideration process note that a decision to accept a complete request and open an initial public comment period is typically made within 60 days. However, as of the date of this letter, 10 months have passed since CMS indicated the NCD request was complete, and the agency has not yet opened the request for public comment or updated its public NCD “dashboard” to reflect the current status.^[2] Once opened for public comment, the full NCD reconsideration process typically takes 9 to 12 months. It has now been more than a year since the request was submitted, and the formal reconsideration process has not yet begun.

Advancing this request would allow the public to formally weigh in and agency staff to commence a thorough review of the significant clinical evidence that supports the use of these systems for medical purposes by individuals with mobility disabilities. This administrative action could have a significant real-world impact in a relatively short period of time. We therefore urge CMS to act expeditiously in securing public comments on the NCD Reconsideration Request for power seat elevation and standing systems and to move forward with a timely review of the existing clinical evidence to advance coverage. Thank you for your ongoing work on behalf of Medicare beneficiaries and all individuals with disabilities.

Sincerely,

CC:

Meena Seshamani, M.D., Ph.D.
Deputy Administrator and Director, Center for Medicare

^[1] <https://itemcoalition.files.wordpress.com/2020/09/item.-request-for-reconsideration-of-ncd-for-mae.pdf>

^[2] <https://www.cms.gov/files/document/ncd-wait-list.pdf>

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Selected legislative information: HealthCare

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