



September 14, 2022

Centers for Medicare & Medicaid Services

Submitted electronically at <https://www.cms.gov/medicare-coverage-database/view/national-submit-public-comment.aspx>

Re: CAG-00461N- Public Comments Regarding Medicare Coverage of Seat Elevation Systems as an Accessory to Power Wheelchairs (Group 3)

To Whom it May Concern,

We write on behalf of the National Coalition for Assistive and Rehab Technology (NCART) in response to the Centers for Medicare and Medicaid Services (CMS) public comment period on “Seat Elevation Systems as an Accessory to Power Wheelchairs (Group 3)”.

In summary, we strongly support Medicare coverage of this important technology to establish critical access for Medicare beneficiaries with disabilities as detailed in the formal September 2020 coverage request submitted by the ITEM Coalition. The need for and benefits of power seat elevation systems are recognized by national disability and medical professional organizations. In addition, Medicaid agencies, commercial payers, and the Veterans Administration already provide coverage under their programs. Further comments supporting Medicare coverage are provided below.

While we are grateful that CMS is moving forward with its review of the power seat elevation portion of the September 2020 request, we are disappointed that CMS is delaying to a later date the opening of comments for coverage of power standing systems. The September 2020 reconsideration request related to both technologies, as they each provide important medical benefits to certain Medicare beneficiaries. We request that CMS open the public comment period for power standing as soon as possible to avoid further delay.

As background, NCART is a nonprofit national association of suppliers and manufacturers of Complex Rehab Technology (CRT) products. We focus on CRT education and advocacy with the emphasis on establishing and protecting appropriate coverage, coding, and payment policies to ensure children and adults with significant disabilities such as ALS, spinal cord injury, cerebral palsy, multiple sclerosis, muscular dystrophy, and traumatic brain injury have adequate access to the specialized equipment and related supporting services they require.

Our supplier members operate over 800 accredited Medicare/Medicaid supplier locations across the country, collectively providing products and critical supporting services to hundreds of thousands of children and adults in their local communities. Our manufacturer members are recognized industry leaders with decades of experience in the development and production of CRT products designed to address important medical and functional needs of people with disabilities.

Comments Supporting Coverage

- 1.) CMS must consider all available evidence supporting Medicare coverage- While CMS indicates it seeks additional evidence regarding the use of power seat elevation systems for “transfers” in its Public

Comments request, we must emphasize there are a variety of other important medical benefits that warrant Medicare coverage. CMS must consider the full spectrum of medical benefits that support Medicare coverage of power seat elevation systems in its coverage consideration.

- 2.) The September 2020 formal request for Medicare coverage submitted by the ITEM Coalition clearly demonstrates that power seat elevation systems meet the definition of DME and should qualify for coverage- We reference and strongly endorse the information included in the Request for Reconsideration of the National Coverage Determination (NCD) for Mobility Assistive Equipment (MAE) submitted by the ITEM Coalition in September 2020. This represents a comprehensive request for Medicare coverage of both power seat elevation and power standing systems used in complex rehabilitative power wheelchairs (Group 3). The evidential review was completed by a group of experts from across the country, with decades of experience evaluating clients for and recommending power seat elevation systems. This included medical professionals whose primary practice is with individuals with neurological and myopathic conditions and who also routinely recommend this technology. In addition, disability advocates, power wheelchair users, and assistive technology professionals were also actively engaged in the development of the request and support the need for Medicare to cover this important technology.

The 91-page request included an exhaustive review of clinical evidence citing more than 120 peer-reviewed studies supporting the medical benefits for both systems. At least 43 of the published articles provided were specific to power seat elevation systems. The results of these studies are consistent with what expert practitioners observe with their patients and have observed for decades.

- 3.) The request for coverage has broad national support from the medical professional and disability communities- 60 national organizations across the disability and rehabilitation spectrum supported the reconsideration request submitted in September 2020, believing coverage is long overdue to ensure that beneficiaries with mobility impairments can maintain and improve their health and function and live their lives as independently as possible. We are confident that CMS will see from comments received during this public comment period that this coverage need is supported by hundreds of national disability, medical professional, and rehabilitation organizations from across the country along with thousands of people with disabilities. These numbers represent a majority of stakeholder groups associated with the population of individuals who would benefit from the use of power seat elevation.
- 4.) Power seat elevation systems provide medically significant benefits- Power seat elevation systems, just like power tilt and power recline systems which are already covered by Medicare, are an accessory to a Group 3 power wheelchair. They allow a person with a mobility limitation to adjust the wheelchair seat height while seated to accommodate transfers, line of sight, and reach¹. Benefits also include the reduction in pain and hyperextension of the neck from the repetitive use of neck muscles when communicating with people who are standing and having to constantly look up. Each of these benefits are medically significant, are observable, and are supported by the published evidence that CMS has received. It is important to note that the benefits received by the use of power seat elevation extend beyond the ability to independently perform activities. The use of power seat elevation may reduce fatigue, injury, and pain to minimize the risk for adverse medical outcomes and resulting healthcare costs. In addition, the ability to perform ADLs independently, safely, and in a timely manner may improve overall health and quality of life.

A Group 3 power wheelchair is covered by Medicare for beneficiaries who have a mobility limitation that is due to a neurological condition, myopathy, or congenital skeletal deformity. CMS policy requires the beneficiary to receive a specialty evaluation performed by a licensed practitioner, such as a physical therapist (PT), occupational therapist (OT), or physiatrist, and a technology assessment directly performed by an assistive technology professional employed by an accredited CRT supplier who has successfully

obtained the RESNA ATP certification. The specialty evaluation identifies the beneficiary's medical and functional needs, limitations, capacities, roles, responsibilities, and goals. Every effort is made to understand routine activities and the environments in which they are performed. The purpose of the technology assessment is to identify technology that mitigates, resolves, or addresses the identified needs.

- 5.) Medicare beneficiaries are being denied access to proven technology- Power seat elevation systems have been on the market for decades and many people with mobility limitations have experienced important benefits from their use. However, assistive technology professionals consistently report that while power seat elevation systems are frequently recommended for Medicare beneficiaries, they are not able to provide them due to lack of Medicare coverage. As part of the specialty evaluation and technology assessment described above, these systems can be recommended to facilitate safe and effective transfers, and provide access to the vertical environment (cabinets, closets, refrigerators, cook-tops, etc.). This facilitates independent performance of routine activities of daily living (ADLs), referred to in Medicare policies as Mobility Related Activities of Daily Living (MRADLs), which include activities such as toileting, bathing, grooming, cooking, and dressing, and provides a functional line of sight. A lack of Medicare coverage prevents access to this technological solution for Medicare beneficiaries and others who are enrolled in plans that follow Medicare policy.
- 6.) Medicare currently covers power wheelchairs for independent mobility within the horizontal environment and coverage should also apply to use in the vertical environment- Power seat elevation systems facilitate vertical movement (reach biomechanics) and access to portions of the environment that are not accessible from a seated position in a wheelchair. These systems support upward, sideways, or forward reachingⁱⁱ; movement required to be able to perform MRADLs and other activities in the vertical environment. Power seat elevation systems are a technological solution to the limitations that result from using a wheelchair. We see no reason for CMS to view these technologies differently in terms of medical necessity.
- 7.) Lack of access to power seat elevation systems compromises the safety of Medicare beneficiaries and their ability to transfer safely and effectively- Power seat elevation is an “accessory” to power wheelchairs that allows the user to raise and lower themselves in the seated position through an electromechanical lift system. This is critical in assisting wheelchair users with safe transfers from a wheelchair to a commode, bed, or other surface, and allowing for independence in the performance of mobility-related activities of daily living (MRADLs), the standard for Medicare coverage under the DME program. Since transfers are necessary for an individual to perform their ADLs, they should be “considered medically necessary.”ⁱⁱⁱ There are two common ways that wheelchair users complete transfers, however the sitting pivot transfer is the most common transfer method using the upper extremities^{iv} and is one of the most strenuous activities performed, and may predispose the user to developing upper limb pain and overuse injuries^v. In fact, wheelchair users with absent or significantly impaired use of their lower extremities, must use their upper extremities for all ADLs. Safety is essential to individuals performing everyday tasks and increased height is needed for such things as cooking over boiling water allowing the cook to actually see inside the pot, or elevating to look through a door peep hole to view a visitor.
- 8.) Medicare beneficiaries suffer health inequities from Medicare noncoverage- The lack of coverage by Medicare results in health inequities for Medicare beneficiaries. Those who do not have the ability to self-pay for this medically necessary technology, don't have Medicaid as a primary or secondary insurer, are not eligible for veteran services, or are not enrolled in one of the many health insurance plans that cover seat elevation are unfairly denied access. We believe it is important to note that Medicaid programs, the VA, and many commercial plans consider power seat elevation systems for coverage and payment; only Medicare or those influenced by Medicare policy continue to deny all access.

The results of this inequity are supported by the evidence already submitted to CMS in the original reconsideration request. The benefits of the use of power adjustable seat elevation includes the ability to transfer at an appropriate height for the wheelchair users or assistant. Benefits also include the ability to perform tasks like reaching medicine that must be kept out of reach of children, reaching food in cabinets or refrigerator/freezer, meal preparation, brushing teeth, washing hands, reaching clothes in closet or dresser drawers. Forcing a person who could be independent in these tasks to delay performing these tasks until an attendant, family member, or caregiver is able to assist is unacceptable, and may be harmful, dangerous or introduce unnecessary risk.

Summary

Power seat elevation systems qualify as Durable Medical Equipment. They provide significant benefits to Medicare beneficiaries who use complex power wheelchairs and should be covered as DME under the Medicare program. As mentioned, this coverage is supported by leading national medical professional and disability organizations across the country. In addition, these systems are covered by many other health insurance programs.

NCART urges CMS to expeditiously complete its review of the evidence provided and establish coverage of this important technology. We are happy to provide additional information and would be available to discuss further. Please contact Wayne Grau at wgrau@ncart.us for follow up.

Sincerely,



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ⁱ Sonenblum SE, Maurer CL, Hanes CD, Piriano J, Sprigle SH. Everyday use of power adjustable seat height (PASH) systems. Assist Technol. 2019doi:10.1080/10400435.2019.1634659.

ⁱⁱ Laura Keeler 1, R Lee Kirby 1 2, Kim Parker 3, Katie D McLean 4, Jill A Hayden 1 Effectiveness of the Wheelchair Skills Training Program: a systematic review and meta-analysis PMID: 29616832 DOI: 10.1080/17483107.2018.1456566.

ⁱⁱⁱ Arva J, Schmeler MR, Lange ML, Lipka, DD, Rosen, LE, RESNA Position Paper on the Application of Seat Elevation Devices for Power Wheelchair Users. Assist Tech. 2009;21(2):69-72.

^{iv} Kim SS, Her JG, Ko TS. Effect of different hand positions on trunk and shoulder kinematics and reaction forces in sitting pivot transfer. J Phys Ther Sci. 2015;27:2307-2311 Kim et al., (2015).

^v Tsai CY, Hogaboom NS, Boninger ML, Koontz AM,. The Relationship between Independent Transfer Skills and Upper Limb Kinetics in Wheelchair Users. Biomed Res Int. 2014;1-12. Doi.org/10.1155/2014/984526.Tsai et al, (2014).