

September 13, 2022

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

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

Dear Administrator Brooks-LaSure:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to thank you for opening a National Coverage Analysis (NCA) for seat elevation in power wheelchairs and to state our support for a National Coverage Determination that provides Medicare coverage for these accessories. We also urge the Centers for Medicare and Medicaid Services (CMS) to move forward with a NCA that results in Medicare coverage for standing features in power wheelchairs. Seat elevation and standing features in power wheelchairs qualify under the definition of durable medical equipment (DME) and are both primarily medical in nature. These accessories improve the overall health of users and allow beneficiaries to perform mobility-related activities of daily living, thus rendering them medically necessary.

Medicare coverage for seat elevation for power wheelchairs

DME is defined as equipment that 1) can withstand repeated use; 2) has an expected life of at least 3 years; 3) is primarily and customarily used to serve a medical purpose; 4) generally is not useful to an individual in the absence of an illness or injury; and 5) is appropriate for use in the home.¹ Seat elevation as an accessory to power wheelchairs meets the definition of DME. These accessories enable individuals to raise and lower themselves in the seated position using an electromechanical lift system. Seat elevation in power wheelchairs allows beneficiaries to adjust the seat height independent of the wheelchair base to the necessary height to perform or participate in activities of daily living related to hygiene, grooming, dressing, and transfers from a wheelchair to a commode, bed, or other surface that are necessary to perform as part of a daily routine at home.

Furthermore, seat elevation accessories are medically necessary since they are “reasonable and necessary to help treat and prevent negative health outcomes” in those that are mobility impaired, and “improve the functioning of a malformed body member.”² The power seat elevation system also reduces the risk of falls and other injuries related to uneven or unsafe transfers. Seat elevation facilitates improved transfer

¹ [42 C.F.R. § 414.202.](#)

² [§1862\(a\)\(1\)\(A\) of the Social Security Act.](#)

biomechanics, enhanced visual orientation and line-of-sight, supports physiological health, safety and well-being, decreases hyperlordotic neck positioning, and reduces the risk of falls and shoulder injuries that are commonly associated with long-term wheelchair use.³

Accordingly, seat elevation accessories are medically necessary because they are both function-based and will improve net health outcomes for Medicare beneficiaries. As such, the AMA urges CMS to finalize a benefit category and coverage determination for seat elevation in power wheelchairs.

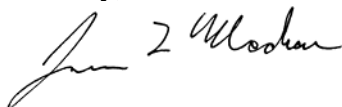
Medicare coverage for standing systems in power wheelchairs

The AMA appreciates that CMS has opened a NCA for seat elevation, and we continue to urge similar action for standing systems in power wheelchairs.

A standing feature is an accessory that allows an individual to transition from a seated position to a standing position without the need to transfer out of the wheelchair. The AMA believes that, like seat elevation accessories, standing features meet the definition of DME, are medically necessary, and have been shown to have numerous medical benefits including improved circulation, promotion of bone density, improved GI tract function, improved mobility and lower limb function, reduced risk of contractures, and reduced occurrence of pressure ulcers and skeletal deformities.⁴

In conclusion, the AMA appreciates the opportunity to provide input and thanks you for considering our recommendations. If you have any questions, please feel free to contact Margaret Garikes, Vice President, Federal Affairs, at margaret.garikes@ama-assn.org or 202-789-7409.

Sincerely,



James L. Madara, MD

³https://www.resna.org/Portals/0/Documents/Position%20Papers/RESNA_App%20of%20Seat%20Elevation%20Devices%202019.pdf

⁴ http://www.rstce.pitt.edu/RSTCE_Resources/Resna_position_on_wheelchair_standers.pdf