

May 20, 2020

The Honorable Seema Verma
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: Durable Medical Equipment Benefit Category Determination for Power Wheelchairs

Dear Administrator Verma:

On behalf of our physician and medical student members, the American Medical Association (AMA) is writing to **strongly urge the Centers for Medicare & Medicaid Services (CMS) to render a benefit category determination (BCD) which establishes that seat elevation and standing features in power wheelchairs are primarily medical in nature and qualify under the definition of durable medical equipment (DME).** Standing features and seat elevation improve the overall health of users and allow beneficiaries to perform mobility-related activities of daily living rendering them medically necessary.

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 is an accessory to power wheelchairs that enables individuals to raise and lower themselves in the seated position using an electromechanical lift system. 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. As such, both accessories meet all five of the above-mentioned criteria and thus, should be defined as DME. Nevertheless, the four DME Medicare Administrative Contractors (MACs) do not consider seat elevation or the standing feature to be DME and thus, these accessories are not covered benefits. However, this determination ignores CMS' national policy defining DME and results in categorical denials regardless of individual need.

Furthermore, the standing feature and the 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 For example, standing features 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

¹ [42 C.F.R. § 414.202.](#)

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

The Honorable Seema Verma

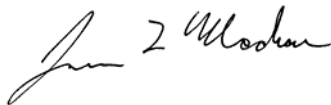
May 20, 2020

Page 2

contractures, and reduced occurrence of pressure ulcers and skeletal deformities.³ Likewise, seat elevation facilitates improved transfer 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.⁴ Additionally, both of these accessories enable individuals with a mobility deficit, sufficient to impair their participation in mobility-related activities of daily living, to do things such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home.⁵ As such, these accessories are primarily medical in nature and essential for the health of wheelchair users.

Seat elevation and standing features improve the overall health of mobility impaired beneficiaries and enable individuals to perform mobility-related activities associated with daily living that they otherwise would be unable to do. Accordingly, the standing feature and seat elevation accessories are medically necessary because they are both function-based and will improve net health outcomes for Medicare beneficiaries. Thus, the AMA urges CMS to establish that these accessories are primarily medical in nature or to include coverage, coding, and reasonable reimbursement for standing features and seat elevation in power wheelchairs for appropriate Medicare beneficiaries with mobility impairments. Thank you in advance for your attention to this important matter.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is written in a cursive style with a large initial "J".

James L. Madara, MD

³ http://www.rstce.pitt.edu/RSTCE_Resources/Resna_position_on_wheelchair_standers.pdf.

⁴ https://www.resna.org/Portals/0/Documents/Position%20Papers/RESNA_App%20of%20Seat%20Elevation%20Devices%202012.pdf.

⁵ <https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=143&NCDId=190&NCDSect=280.1&IsPopup=y&bc=AAAAAAAAAAAA&>.