



March 17, 2023

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:

On behalf of the Association of Assistive Technology Act Programs (ATAP), we are pleased to submit comments and recommendations to the Centers on Medicare and Medicaid Services (CMS) regarding National Coverage Determination (NCD) regarding Seat Elevation Systems as an Accessory to Power Wheelchairs.

ATAP represents State and Territory Assistive Technology Programs formula funded under Section 4 of the Assistive Technology (AT) Act. State and Territory AT Act programs operate in all 50 states, the District of Columbia, Puerto Rico and four territories and are available for persons with all types of disabilities, all ages, in all environments (education, employment, community living and information technology). AT Act Programs are able to best match the proper assistive technology (AT) with individuals' needs, provide a device demonstration, loan a device, and provide training and support for the use of the device. Assistive technology and/or adaptive equipment can facilitate, support and improve functionality so every individual with disability can obtain an education, gain and main employment and live independently in their community.

ATAP supports CMS' proposal to recognize seat elevation systems as primarily medical in nature and reasonable and necessary for beneficiaries who qualify for this benefit. Medicare coverage of seat elevation as a durable medical equipment (DME) benefit makes sense as CMS seeks to meet the needs of Medicare beneficiaries with mobility impairments with respect to access to assistive devices and technologies. We offer the recommendations below to help CMS ensure that all beneficiaries who need access to power seat elevation systems will receive coverage for them.

Recommendation: Need for an Additional NCD on Standing Systems in CRT Power Wheelchairs: While ATAP supports the current NDC, it is essential that CMS also open an NCD request for coverage of *standing systems in CRT power wheelchairs*. Given the critical function of standing systems, ATAP urges CMS to open an NCD that would highly complement seat elevation coverage and address another critical need of beneficiaries with mobility disabilities.

Recommendations for current NCD:

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 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.** CMS's previous decision in 2005 deemed these critical features "convenience items" and referred to them in subsequent years as "luxury" items. ATAP appreciates 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.

2. **Include coverage of seat elevation for Medicare beneficiaries who use Group 2 CRT power wheelchairs in the final NCD and urges consideration of use of a functional test that assesses each patient based on their medical and functional needs.** ATAP believes 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.

3. **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.** 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. In our experience, 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. 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.

ATAP appreciates the opportunity to comment. Please let me know if we can provide any additional information.

Sincerely,



Executive Director