



*Filed on March 17, 2023 on the Medicare Coverage Database Submission Portal*

On behalf of the American Medical Rehabilitation Providers Association (AMRPA), we appreciate the opportunity to offer our strong support for the Centers for Medicare & Medicaid Services' (CMS) proposed national coverage determination (NCD) related to seat elevation systems as an accessory to power wheelchairs. We specifically applaud the NCD's finding that seat elevation systems in Group 3 power wheelchairs are primarily medical in nature and therefore fall within the Durable Medical Equipment category. Our members provide critical rehabilitation services to persons with disabilities, including beneficiaries who use Group 3 chairs, and we believe this policy will immediately and dramatically increase access to this critical technology for patients.

By way of background, AMRPA is the national trade association representing more than 700 inpatient rehabilitation hospitals and units (referred to by CMS as Inpatient Rehabilitation Facilities, or IRFs). IRFs play a unique and critical role in providing hospital-level rehabilitation care to beneficiaries requiring ongoing and intensive care following acute care hospitalization, such as patients recovering from stroke, traumatic brain injury, and traumatic spinal cord injury, among other serious conditions. Given the complexity of patients requiring inpatient rehabilitation, we strongly support modernizations to Medicare coverage policy to ensure these patients are able to access and benefit from the most current technology that supports independent living.

For those reasons, AMRPA agrees with NCD's finding that these systems are reasonable and necessary for Medicare beneficiaries using Group 3 power wheelchairs when they (1) perform weight-bearing transfers in the home to/from their wheelchair, with or without the use of caregiver assistance or assistive technology, and (2) undergo a specialty evaluation by a practitioner with specific training and experience (e.g., physical and/or occupational therapists) in rehab wheelchair evaluations. This proposal is aligned with AMRPA and our coalitions' longstanding advocacy, and we believe this will be an important step forward in advancing the Administration's health equity goals. As CMS looks to finalize this policy, we also urge two important inclusions: (1) extending coverage to improve reach and line of sight to support shoulder, upper spine, and neck integrity, and (2) expanding access to seat elevation for users of Group 2 power wheelchairs. We address each of these refinements in turn.

**Coverage to Improve Reach and Line of Sight:** First, AMRPA would support the extension of seat elevation coverage to Group 3 wheelchair users who would benefit from the increased reach and improved line of sight provided by these systems. We believe current research (complemented by expert opinion and patient-centered outcomes data) all demonstrate how seat elevation delivers these critical benefits to Group 3 wheelchair users. While CMS limited its own evidence review to clinical studies regarding transfers, AMRPA was pleased to see numerous commenters to the initial NCD offer evidence supporting the medical benefit for reach and neck positioning/line of sight in the built environment (for example, the fact that improved reach and line of sight through seat elevation makes the performance of mobility-related activities of daily

living safer for wheelchair users). In all, reach and line of sight are critical and necessary to improving wheelchair users' health, safety within the home, and quality of life, and AMRPA urges CMS to ensure that the final NCD reflects this.

**Coverage for Group 2 Power Wheelchair Users:** As we understand CMS' current position, the agency is considering the inclusion of users of Group 2 power wheelchairs with respect to seat elevation coverage policies. AMRPA would strongly support this inclusion. While AMRPA recognizes that Group 2 and Group 3 wheelchair users typically have different medical needs and that different standards apply to Group 2 and Group 3 wheelchairs, AMRPA believes there is an important population of Group 2 wheelchair users with the type of mobility limitations that would make seat elevation reasonable and necessary for their medical needs. In the spirit of health equity and access, we urge CMS to adopt a policy that would not limit these patients' access to seat elevation solely because they do not fit into the specific diagnoses that fit under the Group 3 coverage criteria.

As AMRPA members across the country report, seat elevation can help Group 2 power wheelchair users safely transfer to/from their power wheelchair and gain access to the vertical environment to perform routine activities, like toileting, bathing, and grooming. Seat elevation provides a basis for level transfers to reduce upper extremity strain during lateral transfers and lower extremity strain during "sit-to-stand" transfers. Providing coverage of seat elevation (with a height of at least 6 feet) for these patients would facilitate their ability to cook, clean, and do other daily activities – which would provide especially crucial support for Group 2 power wheelchair users who live alone and/or are deemed a high fall risk. AMRPA urges CMS to take these beneficiaries into account as it considers expanding seat elevation coverage for these beneficiaries.

Finally, AMRPA aligns itself with the ITEM Coalition in seeking clarity on CMS' proposed limitations on "weight-bearing transfers" and related terminology, as we believe well-defined criteria are critical to ensure that all beneficiaries who would benefit from seat elevation are able to access coverage under the final NCD decision.

In closing, we commend CMS for its much-needed action in this area of the Medicare program and urge the agency to make the key refinements outlined above to fully promote patient-centered coverage criteria.

Sincerely,



Anthony Cuzzola  
Chair, AMRPA Board of Directors  
VP/Administrator, JFK Johnson Rehabilitation Institute, Hackensack Meridian Health