

## AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 808  
(I-19)

Introduced by: American Academy of Physical Medicine & Rehabilitation

Subject: Protecting Patient Access to Seat Elevation and Standing Features in Power Wheelchairs

Referred to: Reference Committee J

---

1 Whereas, Seat elevation is an accessory to power wheelchairs that assists an individual with  
2 mobility impairment to raise and lower themselves in the seated position through the use of an  
3 electromechanical lift system, and standing feature is an accessory that allows an individual to  
4 transition from a seated position to a standing position without the need to transfer out of the  
5 wheelchair; and

6  
7 Whereas, These features provide individuals with significantly improved abilities to perform  
8 mobility-related activities of daily living (MRADLs) and to function independently within the  
9 home; and

10  
11 Whereas, Seat elevation is especially important for assisting individuals with transfers to/from a  
12 wheelchair to/from a commode, bed, or other surface with less risk of falls and shoulder and  
13 other injuries secondary to long-term wheelchair use; and

14  
15 Whereas, Standing feature has been demonstrated to both assist with MRADLs and provide  
16 numerous medical benefits, including improved circulation, promotion of bone density, improved  
17 GI tract function, improved mobility and lower limb function, reduced risk of contractures, and  
18 reduced occurrence of pressure ulcers and skeletal deformities; and

19  
20 Whereas, The Centers for Medicare and Medicaid Services' (CMS) National Coverage  
21 Determination (NCD) for mobility assistance equipment (MAE) grants coverage for power  
22 wheelchairs and other mobility devices when they are determined to be reasonable and  
23 necessary for beneficiaries with personal mobility deficits to assist in the performance of  
24 MRADLs; and

25  
26 Whereas, HCFA Ruling 96-1 clearly states that accessories that are integral to wheelchairs are  
27 considered DME and are part of the DME benefit; and

28  
29 Whereas, The four DME Medicare Administrative Contractors (MACs) have taken the position  
30 that both seat elevation and standing feature are non-covered benefits for Medicare  
31 beneficiaries because they are not primarily medical in nature and, therefore, do not meet the  
32 definition of DME; and

33  
34 Whereas, CMS's position on seat elevation and standing feature stands in stark contrast to its  
35 position that the tilt and recline feature in power wheelchairs is, in fact, considered primarily  
36 medical in nature and has been since 2006; and

1 Whereas, The DME MACs' position on coverage of standing feature and seat elevation is  
2 contrary to the NCD for MAE, ignores CMS national policy, and results in categorical denials  
3 regardless of individual need; and  
4

5 Whereas, Patients who are not eligible for Medicare, such as patients on Medicaid and patients  
6 who receive health care benefits through commercial insurance, experience similar access and  
7 coverage barriers, therefore be it  
8

9 RESOLVED, That our American Medical Association request that the Centers for Medicare and  
10 Medicaid Services (CMS) render a benefit category determination (BCD) that establishes that  
11 the seat elevation and standing features of power wheelchairs are primarily medical in nature  
12 and qualify under the definition of durable medical equipment (DME) when used in a power  
13 wheelchair (Directive to Take Action); and be it further  
14

15 RESOLVED, That our AMA urge CMS to require the DME Medicare Administrative Contractors  
16 (MACs) to determine an appropriate coverage policy for Medicare beneficiaries in need of the  
17 seat elevation and standing features in their power wheelchairs on an individual basis according  
18 to the National Coverage Determination (NCD) for mobility assistance equipment (MAE),  
19 activate the existing Healthcare Common Procedure Coding System (HCPCS) codes for seat  
20 elevation and standing feature in power wheelchairs, and determine appropriate reimbursement  
21 levels for these codes in order to facilitate access to these important benefits for Medicare  
22 beneficiaries with mobility impairments (Directive to Take Action); and be it further  
23

24 RESOLVED, That if CMS is not able or willing to provide access to seat elevation and standing  
25 feature through its administrative authority, our AMA advocate before Congress to support  
26 legislation that will clarify the DME benefit to include coverage, coding and reasonable  
27 reimbursement of standing feature and seat elevation in power wheelchairs for appropriate  
28 Medicare beneficiaries with mobility impairments (Directive to Take Action); and be it further  
29

30 RESOLVED, That our AMA encourage all health insurance carriers to cover standing feature  
31 and seat elevation in power wheelchairs for appropriate beneficiaries with mobility impairments.  
32 (Directive to Take Action)

Fiscal Note: not yet determined.

Received: 10/03/19