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

Whereas, Seat elevation is an accessory to power wheelchairs that assists an individual with mobility impairment to raise and lower themselves in the seated position through the use of an electromechanical lift system, and 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; and

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

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

Whereas, Standing feature has been demonstrated to both assist with MRADLs and provide 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; and

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

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

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

Whereas, CMS’s position on seat elevation and standing feature stands in stark contrast to its position that the tilt and recline feature in power wheelchairs is, in fact, considered primarily medical in nature and has been since 2006; and
Whereas, The DME MACs’ position on coverage of standing feature and seat elevation is contrary to the NCD for MAE, ignores CMS national policy, and results in categorical denials regardless of individual need; and

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

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

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

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

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

Fiscal Note: not yet determined.

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