



March 17, 2023

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

SUBMITTED ELECTRONICALLY VIA [Medicare Coverage Database](#)

Re: CAG-00461N: Seat Elevation Systems as an Accessory to Power Wheelchairs

Dear Administrator Brooks-LaSure:

The Association of Rehabilitation Nurses (ARN) – representing approximately 4,500 rehabilitation nurses and more than 14,000 Certified Registered Rehabilitation Nurses (CRRN) that work to enhance the quality of life for those affected by physical disability and/or chronic illness – appreciates the opportunity to comment on the Centers for Medicare and Medicaid Services' (CMS) proposed National Coverage Decision (NCD) for seat elevation systems in Complex Rehabilitation Technology (CRT) power wheelchairs. ARN supports all efforts to ensure persons with disabilities and chronic illnesses have access to the appropriate level of rehabilitation services to maximize functional outcomes, independence, and quality of life.

Rehabilitation nurses play many roles – Rehabilitation nurses work with patients of all ages, and their families or caregivers, soon after the onset of a disabling injury or chronic illness. They restore patients' lives, so they have freedom and independence again. They are collaborators, educators, care coordinators, advocates, and change agents. They work with other healthcare team members including physiatrists, occupational therapists, physical therapists, neuropsychiatrists, speech therapists, and many more specialists to create comprehensive care plans based on patient goals and maximum potential.

ARN applauds CMS for proposing to determine that seat elevation systems in Group 3 power wheelchairs are primarily medical in nature and are classified within the Durable Medical Equipment (DME) category. This is the first time Medicare has recognized these systems as DME and we commend CMS for this proposal. The NCD also proposes 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.

ARN strongly supports the proposed decision, which would increase access to this critical technology for beneficiaries who spend all or most of their time in a Group 3 chair. We believe this will be incredibly valuable for the disability community and will help to advance health equity in the Medicare population.

While we do support this proposal and appreciate CMS' intent, ARN respectfully requests that CMS consider two additional inclusions for coverage. First, we recommend that CMS expand coverage to include reach and line of sight to support shoulder, upper spine, and neck integrity. Specifically, CMS should include coverage for Group 3 wheelchair users who would benefit from increased reach and improved line of sight provided through seat elevation in the final NCD. The benefits of seat elevation in the disability community are clear:

- Seat elevation supports reduction of musculoskeletal disorders in shoulder, upper spine, and neck by limiting the need to constantly reach over one's head and look up;
- Seat elevation prevents injury and shoulder pain, which is a common complaint among patients with spinal cord injury (SCI) paraplegia, thereby improving quality of life. In fact, one study found that 52% of people with paraplegia reported pain during transferring within the first five years of their injury, and this number rose to 100% within 20 years¹;
- Seat elevation reduces neck pain and discomfort by improving line of sight;
- Improved reach and line of sight through seat elevation makes performance of mobility-related activities of daily living (MRADLs) safer for wheelchair users; and
- Elevated seating supports financial independence and less burden on systems for others to complete activities of daily living (ADLs) and instrumental activities of daily living (IADLs).

It is important to note that patients feel less of a burden on their caregiver when they can take ownership over aspects of their care, and seat elevation will provide this much needed independence, which ultimately improves self-efficacy and confidence in our patients. **For these reasons, we believe reach and line of sight are critical and necessary to improving wheelchair users' health, safety within the home, and quality of life, and beneficiaries should be able to access seat elevation to address these needs.**

¹ Gellman H, Sie I, Waters RL. Late complications of the weight-bearing upper extremity in the paraplegic patient. *Clinical Orthopaedics and Rehabilitation Research*. 1987;233:132-135

Additionally, ARN asks CMS to support access to seat elevation for users of Group 2 wheelchairs. CMS has indicated they are considering inclusion of users of Group 2 power wheelchairs for seat elevation coverage, and we urge CMS to include this in the final NCD. While the equipment and standards for Group 2 wheelchairs are different from Group 3, people using Group 2 power wheelchairs who need seat elevation should qualify for coverage under Medicare. Seat elevation can help Group 2 power wheelchair users safely transfer to and from their power wheelchair and gain access to the vertical environment to perform MRADLs, like toileting, bathing, and grooming. Seat elevation also provides a basis for level transfers to reduce upper extremity strain during lateral transfers and lower extremity strain during "sit-to-stand" transfers. **Therefore, we ask that CMS support coverage for seat elevation for users of Group 2 wheelchairs with the minimum height for the seat elevation system of at least 6 inches.**

Lastly, ARN seeks clarification on several details in the proposed memo.

- CMS' proposed definition of "weight-bearing transfers" and beneficiaries that might be excluded from coverage based on this definition;
- Whether beneficiaries who use a patient transfer device, such as a floor or ceiling-mounted lift, to transfer in and out of their wheelchair would qualify for coverage of seat elevation under this proposed NCD; and
- The evaluations for seat elevation, including qualifications and criteria for the practitioner conducting the evaluation, be consistent with the current requirements for similar evaluations performed for CRT wheelchair bases and other power seating functions covered by Medicare.

We respectfully request that CMS clarify these questions and ensure that all beneficiaries who would benefit from seat elevation are able to access coverage under the final NCD decision.

Thank you again for the opportunity to comment on this proposed NCD. We look forward to continuing working together to ensure that Medicare beneficiaries have access to medically necessary technology. Should you have any questions, please contact ARN's Health Policy Associate, Jeremy Scott at jscott@dc-crd.com.

Sincerely,



President Maria Radwanski, MSN FARN RN CRRN CMGT-BC