



November 30, 2023

Submitted via: HCPCS@cms.hhs.gov

**Re: Agenda Item # 1: Power Seat Elevation for Complex Rehab Power Wheelchair Bases
[HCP2307031B3DD]**

The American Association for Homecare (AAHomecare) is the national association representing durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) suppliers, manufacturers, and other stakeholders in the homecare community; our members include manufacturers and suppliers of complex rehab technology. Complex rehab technology (CRT) devices include medically necessary and individually configured manual and power wheelchairs, seating and positioning systems, and other adaptive equipment such as standing devices and gait trainers. Our members are proud to be part of the continuum of care that assures beneficiaries and other patients receive cost effective, safe, and reliable home care products and services.

Seat elevation is critical to mobility-related activities of daily living (MRADLs) in the home. Seat elevation improves transfers and reaching, reduces falls, and reduces or eliminates neck and spine injuries from power wheelchair use. Seat elevating systems provide medical and functional benefits while reducing health care costs by decreasing falls, skin breakdowns, muscle contractures and other avoidable medical complications of long term or permanent wheelchair use. Power Seat Elevation systems have been available for years and are covered by most other payers, besides the Medicare program. It is crucial for the Medicare Program, as the largest health care insurer in the country, to provide coverage for these important systems.

Seat elevation systems allow for wheelchair bound patients to safely participate in activities of daily living with or without additional assistance, allowing them to live a more independent life. Being able to safely perform or participate in activities of daily living would minimize potential serious injuries, which would, in turn, reduce the frequency of emergency department visits or hospitalizations.

We want to thank CMS for recognizing CRT Power Seat Elevation as unique, and appreciate CMS' efforts to establish coding, coverage, and payment for this enabling technology for people with disabilities who use a CRT Power Wheelchair. To ensure this new benefit is accessible to all applicable Medicare beneficiaries, and has adequate coding, product specifications, and payment rates are essential. CMS' actions to date have taken significant steps toward achieving this goal. However, the preliminary coding and fee schedule recommendations made by CMS need to be improved to ensure access for all beneficiaries that have a need for a CRT Power Seat Elevation system.

AAHomecare supports the full comments provided by NCART during their presentation at the virtual public meeting on November 30, 2023. Specifically, we are writing to respectfully request CMS to:

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- Adopt the code description proposed in the NCART code application.
 - EXXX1 – Wheelchair Accessory, Power Seating system, Complex Rehab Seat Elevation, Standard Weight Capacity (up to and including 300#)
 - EXXX2 – Wheelchair Accessory, Power Seating system, Complex Rehab Seat Elevation, Heavy Duty Weight Capacity (300# up to and including 450#)

- Recognize CRT Power Seat Elevation as a stand-alone system, the same as power tilt and/or power recline, and not merely an add on component.
 - For purposes of continuity between the base, power seating systems used on CRT PWCs, and the electronics to operate them we ask that CMS recognize CRT Power Seat Elevation as a power seating system, the same as they do for power tilt and/or power recline and not an “add on” component used with a power seating system such as power elevating legrests (E1010) or a power articulating foot platform (E1012).
 - When CRT Power Seat Elevation is deemed medically necessary and prescribed by a physician, independent of power tilt and/or recline, it is a stand-alone power seating system that requires the same basic components as power tilt and/or recline. In addition, with the designation as a power seating system, it permits CRT Power Seat Elevation to be combined with the other components that are designated as an “addition to a power seating system”, such as E1010 or E1012, without necessitating power tilt and/or recline be added to the chair when a leg elevation system is also deemed medically necessary.

- Require any product that meets the description of CRT Power Seat Elevation to possess the clinically relevant minimum performance characteristics outlined in NCART’s code application:
 - Elevation of at least 10”;
 - Capable of elevating/descending while the power wheelchair moves;
 - Capable of moving on a horizontal surface while fully elevated; and
 - Compatible with other power seating systems (i.e., power tilt and/or power recline).

- Reconsider the need for a separate HCPCS code for heavy-duty CRT Power Seat Elevation (and consider the healthcare disparity and access to care concerns if a separate code is not established).
 - We believe this could result in access to this enabling technology being denied for heavier Medicare beneficiaries requiring a heavy-duty PWC due to the payment rate being too low to cover the additional costs associated with heavy-duty construction of the CRT Power Seat Elevation system. With 21% of Medicare beneficiaries having a diagnosis of obesity and a prevalence of obesity in 41.9% of the US adult population we would expect much higher than 5% of the HD multiple power option power wheelchairs provided to this cohort of Medicare beneficiaries over the past 8 years.
 - CMS’s assertion that there is not a significant price difference between non-heavy-duty and heavy-duty CRT Power Seat Elevation systems is inaccurate. Although the MSRP may be similar, the cost of producing a heavy-duty product is more expensive for manufacturers. If manufacturers are unable to receive adequate compensation for heavy-duty products, they will not produce those products. This is an access to care issue. There is a dearth of heavy-duty products on the market today due to the lack of TRUE heavy-duty codes that reflect the additional costs of producing such items. Hence, manufacturers are disincentivized to produce these products, yet the demands of this patient population dictate manufacturers to construct

safe heavy-duty products that are compatible with the heavy-duty base it is used with. This is especially important in the bariatric population where the distribution of excess weight can vary above and below the waist.

- We strongly recommend CMS create an additional HCPCS code for heavy-duty CRT Power Seat Elevation systems and allow the DME MACs to establish a fee schedule until a subsequent HCPCS Public Meeting is held.
- Re-visit the assertion that power tilt is not comparable to CRT Power Seat Elevation considering the ANSI/RESNA testing specifications for dynamic stability.
- Re-examine power tilt as a comparable DMEPOS item for which a fee schedule amount already exists when establishing the fee schedule for CRT Power Seat Elevation (and in doing so, consider the access to care concerns that will be created by inadequate reimbursement).
 - In accordance with the Medicare Claims Processing Manual, chapter 23 – Fee Schedule Administration and Coding Requirements, 60.3 (2023) fee schedule amounts for new HCPCS codes for items and services without a fee schedule pricing history are established using existing fee schedule amounts for comparable items when items with existing fee schedule amounts are determined to be comparable to the new items and services. A comparison can be based on, but not limited to the following components: physical, mechanical, electrical, function and intended use, and additional attributes and features. When examining whether an item is comparable to another item, the analysis can be based on the items as a whole, its subcomponents, or a combination of items. A new product does not need to be comparable within each category, and there is no prioritization to the categories.
 - We support the assertion that CMS has sufficient data to verify a CRT Power Seat Elevation system is comparable to, if not MORE sophisticated than a power tilt system (E1002). We further assert CMS has the authority to crosswalk this new technology with the existing DMEPOS item to establish a permanent fee schedule that is no less than the reimbursement rate for power tilt, which is currently between \$4351.15 and \$4645.60.
- Defer all action on the creation of a new HCPCS code for standard seat elevation (EXXXX – Power wheelchair accessory, power seat elevation system, any type) for a subsequent HCPCS Public Meeting so that CMS and stakeholders have the opportunity to develop minimum performance characteristics for the code, the users for whom seat elevation equipment on this type of PWC base would be covered, and an appropriate payment methodology can be considered. In its code application NCART noted that Group 2 standard wheelchairs currently have the following requirements:
 - Non-expandable controller;
 - Incapable of upgrading to expandable controller;
 - Incapable of upgrading to alternative control devices; and,
 - Accommodates only a power seat elevating system.

NCART also offered peer-reviewed research in support of CRT Power Seat Elevation systems to demonstrate a significant therapeutic distinction between a CRT Power Seat Elevation system used with a CRT PWC base and a standard power wheelchair with integrated power seat elevation. AAHomecare supports the NCART opinion that a standard Power Seat Elevation accessory is not as sophisticated and does not offer equivalent features or functionality compared to CRT Power Seat

Elevation systems and must be coded accordingly. It should be noted that NCART did not submit a code request for a standard or basic Power Seat Elevation accessory and at this time we are not prepared to offer our support or disagreement with CMS' recommendation to establish a new HCPCS code for this type of seat elevation system.

Thank you for your time and consideration of this request. If you need any additional information, or a clarification of the information provided please contact me at TomR@aahomecare.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas Ryan". The signature is fluid and cursive, with a long horizontal stroke at the end.

Thomas Ryan
President/CEO
American Association for Homecare