AAHOMECARE
American Association for Homecare

S. 247 and H.R. 1703 – Choices for Increased Mobility Act of 2005 – Legislation to Improve Access for Carbon Fiber and Titanium Wheelchairs in Medicare

OVERVIEW

The Choices for Increased Mobility Act would allow Medicare beneficiaries to access manual wheelchairs constructed with carbon fiber and titanium materials, with minimal government financial commitment. Current Medicare policy requires beneficiaries to pay up front, out-of-pocket, the entire cost of titanium and carbon fiber wheelchairs and wait for Medicare to reimburse the covered portion for a wheelchair with standard features. Many beneficiaries do not have the financial means to cover such costs.

The Choices for Increased Mobility Act would allow Medicare beneficiaries to upgrade within a code for ultra-lightweight wheelchairs by creating two new codes for the base manual wheelchairs and titanium/carbon fiber wheelchairs. This would also allow CMS an opportunity to reconsider the coding of ultra-light wheelchairs and the additional cost of this new technology. Establishing new codes would ultimately give access to Medicare beneficiaries to the ultra-light wheelchairs they need both now and in the future. This budget-neutral bill would allow beneficiaries a much more reasonable path to choose a wheelchair that is significantly lighter and more functional than what Medicare pays for.

BACKGROUND

Complex Rehab Technology (CRT) is a small subset of the DME benefit comprised of highly configurable manual wheelchairs, power wheelchairs, adaptive seating and positioning systems, and includes uniquely manufactured wheelchair materials like carbon fiber and titanium.

Manual wheelchairs constructed with carbon fiber and titanium utilize a stronger, lighter material than the standard aluminum lightweight wheelchairs. Decreased overall weight helps prevent shoulder breakdown (injury) when self-propelling and offers increased ease of maneuverability and transport. Significant benefits for individuals who utilize wheelchairs with these advanced materials, include decreased overall pain, stress to the shoulder joint, and fatigue.

When the Medicare billing code for ultra-lightweight manual wheelchairs (K0005) was established in 1993, the cost of materials like titanium and carbon fiber was not factored as those materials were not yet being utilized for wheelchairs. It has since been confirmed that CMS did not have any documentation related to those materials between 1992 and 1997. Without those additional costs being included, CRT providers have been unable to supply chairs constructed with upgraded materials at the fee schedule amounts determined by Medicare and many other payers.

Historically, Medicare policy language permitted beneficiaries who met medical necessity requirements for an ultra-lightweight manual wheelchair to “upgrade” their equipment further by only paying the difference between the standard materials (aluminum) and the lighter, stronger ones (titanium or carbon fiber). However, in 2016, Medicare changed its policy without any clear statutory justification, prohibiting beneficiaries from doing so and indicating that the option to upgrade was not necessary. As result, the only way beneficiaries have been able to obtain titanium or carbon fiber wheelchairs is to prepay the entire cost of the wheelchair out-of-pocket and wait for Medicare to reimburse for the standard-material portion of the wheelchair. Unquestionably, this cost-prohibitive change has negatively affected consumer access to lighter, more durable wheelchairs ever since.

The Choices for Increased Mobility Act aims to eliminate cost barriers by requiring Medicare to create a separate billing code for specialized materials used in wheelchairs, such as titanium and carbon fiber, allowing beneficiaries to pay only for the upgraded materials instead of the entire wheelchair out-of-pocket. Additionally, this measure would pave the way for other insurance plans to cover the out-of-pocket costs for upgraded materials. Presently, providing a titanium or carbon fiber wheelchair requires the claim to be processed as non-assigned, which secondary insurance plans and Medicaid do not cover.

SOLUTION

Individuals with disabilities should have the right to choose and cover the costs of specialized materials for their wheelchair. Restoring this option would not remove medical necessity requirements for the wheelchair itself and would not result in any additional costs to Medicare. CMS should permit individuals to make the choice as to whether a titanium or carbon fiber chair would be best for them. The Choices for Increased Mobility Act will improve access to titanium/carbon fiber wheelchairs in Medicare.

On January 24, 2025, Senators Marsha Blackburn and Tammy Duckworth introduced the Choices for Increased Mobility Act 2025 (S. 247). On February 27, 2025, Representatives John Joyce and Vern Buchanan introduced the companion bill (HR. 1703).

Our Ask

AAHomecare strongly urges Senators to co-sponsor S. 247 and Representatives to cosponsor H.R. 1703 to allow for upgrades within a code for titanium and carbon fiber wheelchairs. Senate offices can reach out to Senators Blackburn and Duckworth's staff. House offices can contact Representatives John Joyce and Vern Buchanan's office to become a co-sponsor.

Example: Beneficiary Financial Responsibility for K0005 Titanium/Carbon Fiber Chair

	Current Method	Proposed Method
WHEELCHAIR BASE		
K005 Wheelchair Base ($3,000 Allowable)	$2,400	$0
80% Medicare Allowable	$600	$600
20% Beneficiary Co-Pay	$1,000	$1,000
Subtotal Base Chair Up-Front Costs:	**$4,000**	**$1,600**
MEDICALLY NECESSARY ACCESSORIES & SEATING		
Accessories/Seating ($700 Allowable)[1]		
80% Medicare Allowable	$560	$0
20% Beneficiary Co-Pay	$140	$140
Subtotal Base Chair Up-Front Costs:	**$700**	**$140**
TOTAL Wheelchair Up Front Costs:	**$4,700**	**$1,740**

REFERENCES:

1) *Medically necessary accessories and seating components used for this comparison: seat cushion, back cushion, adjustable height armrests.*

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