Support Disability Community Independence – Wheelchair Coverage

BACKGROUND
In 1965, the Social Security Act clearly defined the difference between the cost and coverage of medical devices in the hospital setting (Medicare Part A) compared to the cost and coverage of mobility devices that are suitable for use in the home (Medicare Part B). This distinction in payment and coverage was a means of determining under which payment model a mobility device would be covered. However, historically, there was no intent to define the benefit to meet the mobility needs of the individual ‘in the home’ only.

The Centers for Medicare and Medicaid Services (CMS) applied the ‘in the home’ rule in the updated 2005 National Coverage Determination (NCD) for Mobility Assistive Equipment (MAE) by determining that MAE is reasonable and necessary for beneficiaries who have a personal mobility deficit sufficient to impair their participation in mobility-related activities of daily living (MRADLs) such as toileting, eating, dressing, grooming and bathing in customary locations within the home.

In May 2023, CMS expanded the mobility benefit for the first time to include the essential component of the seat elevator for power chair users. While the disability community welcomes CMS’ decision to meet our needs with seat elevation, we want to point out that CMS has limited access to that needed component to use in the home. Unfortunately, many private insurers adopt Medicare coverage policy, including the very narrow coverage of mobility in the home. The result of this restrictive policy is wheelchair users are facing constant insurance denials and delays in obtaining mobility equipment best suited for them medically and functionally. When provided equipment designed for in-home use, a person has to ‘choose’ between staying at home (and keeping the chair working) or using it outside in the community and risking breakdowns. These breakdowns are happening every day and obtaining timely, accurate repairs is currently next to impossible. A broken wheelchair is not merely an inconvenience, it stops all daily activity.

Due to multiple factors regarding Medicare’s coding, coverage and payment policies that negatively impact wheelchair users’ access to mobility equipment, United Spinal would like to work with our colleagues on Capitol Hill to urge CMS to conduct a full review of the mobility device coverage, coding and payment policies as well as ensure that CMS holds to its commitment of opening the NCD for a full review including wheelchair standing device coverage. In 2023, the disabled community, who rely on wheeled mobility full-time, deserve a mobility policy that abides by:

- **Section 504 of the Rehabilitation Act of 1973** is a national law that protects qualified individuals from discrimination based on their disability and applies to employers and organizations that receive financial assistance from any Federal department or agency, including the U.S. Department of Health and Human Services where the Federal agency, CMS is housed.
- July 1990, Congress enacted the landmark **ADA** to provide a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities. Title II of the ADA requires public entities to administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities.
- June 22, 1999, the United States Supreme Court held in **Olmstead v. L.C.** that unjustified segregation of persons with disabilities constitutes discrimination in violation of Title II of the ADA. The Court held that public entities must provide community-based services to persons with disabilities when (1) such services are appropriate; (2) the affected persons do not oppose community-based treatment; and (3) community-based services can be reasonably accommodated.

REQUEST TO MEMBERS OF CONGRESS
Support FY2025 report language to direct the Centers for Medicare and Medicaid Services (CMS) to add “and/or in the community” to CMS’ policy for mobility assistive equipment and add “and/or in the community” to Social Security Act 1861 (n) which states that ‘durable medical equipment’ including wheelchairs be “used in the patient’s home” only and support Medicare coverage for standing systems in power wheelchairs to facilitate increased options for independent and community living for all wheelchair users.

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