



November 19, 2018

The Honorable Orrin Hatch
U.S. Senate
Chair, Finance Committee
Washington, D.C. 20510

The Honorable Ron Wyden
U.S. Senate
Ranking Member, Finance Committee
Washington, D.C. 20510

The Honorable Kevin Brady
U.S. House of Representatives
Chair, Ways and Means Committee
Washington, D.C. 20515

The Honorable Richard Neal
U.S. House of Representatives
Ranking Member, Ways and Means Committee
Washington, D.C. 20515

The Honorable Greg Walden
U.S. House of Representatives
Chair, Energy & Commerce Committee
Washington, D.C. 20515

The Honorable Frank Pallone
U.S. House of Representatives
Ranking Member, Energy & Commerce Committee
Washington, D.C. 20515

Re: Access to Titanium Wheelchairs

Dear Senators Hatch and Wyden and Representatives Brady, Neal, Walden, and Pallone:

The undersigned members of the Independence Through Enhancement of Medicare and Medicaid (ITEM) Coalition Steering Committee respectfully request that you pass legislation that will allow Medicare beneficiaries access to titanium wheelchair frames. A recent decision by the Durable Medical Equipment Medicare Administrative Contractors (DME MACs) currently inhibits Medicare beneficiary access to titanium wheelchairs. The DME MACs issued a joint publication indicating that titanium wheelchair frames and patient weight capacity upgrades are no longer separately billable to Medicare, a decision that will preclude patients from accessing this important technology. The Centers for Medicare and Medicaid Services (CMS) have refused to make changes to this DME MAC policy, leaving only legislative options available. Therefore, the ITEM Coalition asks Congress to pass legislation to restore access to titanium wheelchairs for Medicare beneficiaries with mobility impairments.

The ITEM Coalition is a national consumer and clinician-led coalition advocating for access to and coverage of assistive devices, technologies, and related services for persons with injuries, illnesses, disabilities, and chronic conditions of all ages. Our members represent individuals with a wide range of disabling conditions, as well as the providers who serve them, including such conditions as multiple sclerosis, spinal cord injuries, brain injuries, stroke, paralysis, limb loss, cerebral palsy, hearing and speech impairments, visual impairments, vision loss, spina bifida, myositis, and other life-altering conditions.

Titanium wheelchairs are extremely strong and lightweight and are appropriate for a subset of Medicare beneficiaries with long term mobility impairments. Lighter than a standard manual wheelchair, titanium wheelchairs allow beneficiaries improved mobility and decreased risk to secondary injury to the upper body as a result of long term wheelchair use. Beneficiaries with a history of certain upper-extremity issues including pain or dysfunction, can benefit from the use of a lighter wheelchair frame such as titanium. For some beneficiaries, titanium and other ultralight wheelchairs are medically necessary and clinically appropriate, especially in cases where the beneficiary may have a compromised cardiopulmonary system, upper-extremity weakness, a decrease in upper-extremity range of motion, decreased endurance for propulsion, spasticity, pain with propulsion, and orthopedic conditions.

Beneficiaries with such clinical conditions often see improvements in their abilities to perform mobility-related activities of daily living (MRADLs)—which is the standard for Medicare coverage—including toileting, bathing, feeding, dressing, and grooming, as they may become more able to be mobile in the home through the use of a lighter-weight wheelchair.

On December 15, 2016, the four DME MACs issued a [joint publication](#) that no longer allows suppliers to bill separate codes or use an advanced beneficiary notice of noncoverage (ABNs) to provide patients with titanium or titanium-alloy wheelchairs. The joint publication announced that all manual wheelchair codes, including the ultra-lightweight manual wheelchairs (HCPCS code K0005 – Ultralightweight Wheelchair), are inclusive of: (1) all materials (specifically, titanium) and (2) patient weight capacities in excess of 250 pounds. The DME MACs claim that a recent review of the K0108 (Wheelchair Component or Accessory, not Otherwise Specified) HCPCS code identified increased billing for titanium components in wheelchairs. The DME MACs said in their joint publication that the HCPCS codes for manual wheelchairs, including the K0005 code for Ultralightweight Wheelchairs, created in 1993, covers titanium wheelchairs, and that suppliers may no longer additionally charge CMS using the K0108 code to account for the cost of the titanium materials used in the wheelchair.

As a result, Medicare beneficiaries cannot obtain access to lightweight, titanium wheelchairs because the added expense of the titanium upgrade is not covered by the K0005 HCPCS code. Additionally, due to the DME MACs' decision, beneficiaries can no longer opt to pay out of pocket, utilizing an ABN, to cover the cost of the titanium upgrade, which had been standard practice for suppliers who had their K0108 codes denied by Medicare. CMS has since refused to change its policy, stating that it lacks the statutory authority to do so. By changing the coding practices surrounding titanium wheelchairs, CMS has effectively removed beneficiaries' choice to acquire a titanium wheelchair through the Medicare program.

Medicare coverage policy for titanium wheelchairs must be clarified. The ITEM Coalition therefore urges Congress to pass legislation that reinstates Medicare beneficiary access to titanium wheelchairs. Such policy changes are necessary to account for the additional manufacturing costs of titanium wheelchairs, and to allow suppliers to properly bill for titanium and titanium-alloy wheelchairs. Such an action would help reinstate beneficiary access to these important assistive technology devices. CMS, through its DME MACs, should not penalize patients for the advances in technology that have allowed for titanium wheelchairs to become more prevalent and useful for beneficiaries.

Thank you for your consideration of these issues and we look forward to discussing our requests with you further. If you have any questions, please contact Peter Thomas, ITEM Coalition Coordinator, at Peter.Thomas@PowersLaw.com or 202-466-6550, Leif Brierley, ITEM Coalition Staff, at Leif.Brierley@PowersLaw.com or 202-466-6550.

Sincerely,

ITEM Coalition Steering Committee Members

Amputee Coalition

Christopher and Dana Reeve Foundation

National Multiple Sclerosis Society

Paralyzed Veterans of America

United Spinal Association