



## **Federal Policy Priorities – 2023**

- 1. Medicare Coverage of Seat Elevation and Standing Systems in Power Wheelchairs**
  - a. Continue Supporting National Coverage Determination Request for Seat Elevation Systems through CMS Review Process
  - b. Seek Timely Opening of National Coverage Analysis for Standing Systems
  - c. Engage with Congress and CMS to Support Coverage of These Systems
  - d. Address Necessary Subsequent Coding & Payment Determinations for These Systems as CMS Advances Coverage
  
- 2. Medicare Coverage of Vision Benefits**
  - a. Continue with Initiative to Improve Vision Care in Medicare through Coverage of Low Vision Aids as DME
  
- 3. Complex Rehabilitation Technology (CRT)**
  - a. Develop Advocacy and Communications Strategy on Revision of “In the Home” Requirements
  - b. Addressing Coding Problems and Seek to Preserve Access to Titanium, Bariatric, and Positional Tilt Wheelchairs
  
- 4. Accessible Medical Equipment**
  - a. Expand Adoption of Enforceable Standards for Accessible Medical Equipment, Especially Diagnostic Equipment
  - b. Engage with Departments of Justice, Health and Human Services, and Others as Necessary to Secure Rulemaking
  - c. Expand Availability and Adoption of Accessible Medical Information and Communication Technology in All Health Care Settings for Individuals with Disabilities
  
- 5. Medicare Coverage for New and Emerging Technologies**
  - a. Monitor and Comment on Regulations Defining Transitional Coverage for Emerging Technologies (TCET)
  - b. Monitor and Comment on Regulations Implementing Definition of “Reasonable and Necessary” for Purposes of Medicare Coverage, Especially Consideration of Private Insurance Policies
  - c. Support Development of Medicare Coverage for Exoskeleton Technology
  - d. Support Advancement and Expansion of Medicare Benefit and Coverage Decisions for New Technologies Used by People with Disabilities
  
- 6. DMEPOS Coverage and Access Issues**
  - a. Protect Against Coverage Restrictions for Intermittent Catheters
  - b. Improve Access to Timely Service and Repairs of DMEPOS
  - c. Monitor Patient Access to Oxygen Equipment

- d. Support Implementation of Legislation Expanding Patient Access to Disposable Negative Pressure Wound Therapy
- e. Advocate to Prevent Further Expansion of Competitive Bidding to Ventilators and Orthoses other than Truly Off-the-Shelf (OTS) Orthoses
- f. Monitor Implementation of Blended Payment Rates to Protect Patient Access to DMEPOS in Rural and Non-Competitive Bidding Areas

**7. Orthotics & Prosthetics (O&P) Issues**

- a. Urge CMS to Re-Examine and Implement BIPA Section 427, including Exemptions for Certain Professionals Providing Custom O&P Care
- b. Work with O&P Community to Advance Coverage of O&P Care

**8. Reform HCPCS Coding System**

- a. Continue Working to Improve the Coding, Coverage, and Payment Process for DMEPOS
- b. Work to Ensure Benefit Category and Payment Determination Processes are Fair, Transparent, and Accountable

**9. Affordable Care Act Benefits**

- a. Defend Essential Health Benefits, Particularly Rehabilitation and Habilitation Devices Benefit Category, as well as Insurance Provisions

**10. Medicaid Coverage of Cochlear Implants (CI)**

- a. Advance Medicaid Coverage of Processors for Cochlear Implants as well as Coverage Policies that Advance Access to CI and Accessories/Supplies

**11. Promote Consideration of Patient Experience and Functional Outcomes in CMS Coverage and Payment Determinations**