132 CANNON HOUSE OFFICE BUILDING WASHINGTON, DC 20515–2803 (202) 225–3252

8872 SOUTH EASTERN AVENUE, SUITE 220 LAS VEGAS, NV 89123

COMMITTEE ON ARMED SERVICES

EDUCATION AND THE WORKFORCE COMMITTEE

PERMANENT SELECT COMMITTEE

ON INTELLIGENCE

## Congress of the United States House of Representatives

Washington, DC 20515–2803

September 29, 2015

Mr. Andy Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

## Dear Acting Administrator Slavitt:

I write to express my serious concerns with the proposed Local Coverage Determination (LCD) for Lower Limb Prostheses (DL33787). As a physician, I believe the changes proposed under this LCD will adversely affect coverage, limit coding and payment of lower limb prostheses, and restrict access to modern prosthetic technology. The proposed draft is deeply flawed, and based on inappropriate and outdated data. I urge you to reconsider this proposal.

The changes to coverage, coding and reimbursement policy will severely limit a beneficiary's access to the appropriate prosthetic device. It also restricts or eliminates coverage altogether for multiple prosthetic knees, feet, and ankles that have been the standard of care for many years. No beneficiary with limb loss should face barriers to the prosthetic care that best suits their medical needs.

With modern prostheses, amputees can live healthy and active lives. However, the proposed LCD would restrict licensed and certified prosthetists from recommending necessary treatments, and would also burden physicians and therapists with increased documentation requirements. Licensed and certified prosthetists have complex knowledge of prosthetic care and should not be excluded from providing the services for which they have traditionally been compensated.

Moreover, the LCD would eliminate access to certain prosthetic components if the amputee uses a cane, crutch or walker to assist in mobility; or if they cannot achieve "the appearance of a natural gait" while using the prosthesis. This new and discriminatory standard is absurd and deeply offensive to the beneficiaries who rely on prosthetics.

Finally, since many of the changes in the proposed LCD involve the Uniformed Code Set, which ultimately applies to all payers, I am deeply concerned with how these changes will affect veterans and patients with private insurance. Due to the severity of their injuries, our nation's veterans and service members with major-limb amputation often require a significantly more complex level of care. It is imperative that we ensure that veterans can continue to receive the high level of prosthetic care they deserve.

I urge you to please reconsider the harmful changes in the LCD, and to work with patients and stakeholders to draft a LCD that protects patient access to the modern, high-quality prosthetics they

deserve. Thank you in advance for your attention to this important matter and I look forward to your response.

Sincerely,

DR. JOE HECK, D.O. Member of Congress

cc: The Honorable Sylvia Burwell, Secretary, U.S. Department of Health and Human Services