



Power Seat Elevation (E2298/E2300)

Proper Coding for Seat Elevation

With insurance providers increasingly covering power seat elevation, it is vital to use correct HCPC code to avoid claim issues such as rejections and adjustments/write-offs.

Steps to Ensure Accurate Coding and Payment:

- 1. **Check the Payer Requirements;** Confirm whether the payer recognizes HCPC code E2298 or still uses E2300 by reviewing the UPD, Fee Schedule, or contacting the payer directly. Also confirm with the payer the item is a covered benefit.
- 2. **Obtain Authorization;** Secure a valid authorization for appropriate HCPC code (E2298 or E2300) based on the payer's guidelines.
- 3. **Validate Documentation;** Ensure all required documentation aligns with the payer's specific coverage criteria to prevent delays or denials.

Determining Coverage Criteria

Always attempt to secure **authorization/pre-determination** for E2298/E2300 when possible. If the payer does not review, we need to review the documentation in detail to confirm compliance with coverage criteria.

Steps for Coverage Review:

Payer Policy Manual:

- Refer to the payer's policy manual for their coverage requirements for HCPC E2298/E2300.

Default to Medicare Coverage:

- If no specific criteria are provided by the payer, follow Medicare coverage guidelines.

Medicare Coverage Criteria: (coverage is approved if at least one of the following conditions is met)

Weight –Bearing/Transfers

- The individual performs weight-bearing transfers to/from the power wheelchair while in the home, using either their upper extremities during a non-level (uneven) sitting transfer and/or their lower extremities during a sit-to-stand transfer. Transfers may be accomplished with or without caregiver assistance and/or the use of assistive equipment (e.g., sliding board, cane, crutch, walker, etc.)

Non-Weight-Bearing Transfers

- The individual requires a non-weight-bearing transfer (e.g., a dependent transfer) to/from the power wheelchair while in the home. Transfers may be accomplished with or without a floor or mounted lift

MRADLs (Mobility Related Activities of Daily Living)

- The individual performs reaching from the power wheelchair to complete one or more mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations within the home. MRADLs may be accomplished with or without caregiver assistance and/or the use of assistive equipment.

Reimbursement Matters

Accurate reimbursement depends on setting the correct allowable amount. Follow these steps to ensure accuracy.

1. Double Check the Allowable Calculation

- Confirm that the allowable amount for this HCPC code is automatically calculated (allowable calculation)

2. No HCPC in Fee Schedule Calculation (**RED FLAG!**)

- Use the UPD fee Schedule information to confirm the correct HCPC of E2298/E2300 is used and the calculation method for the allowable. If necessary, manually set the allowable.

**** The allowable field should never be left at 0.00**



Permobil	11738	1	Each	8,897.10	8,897.10	30.00	47.00	
Active Height Power Adj. Seat Height - 12" Travel - SEAT LIFT OR SEAT TUBE				706.54	706.54			
E2300/E2298						0	%	140
ANTHEM BCBS - OH MCD HMO	Billing Qty	Auth		E2298		NU		1,642.47
56.98% MSRP \$3,786.00	1	Each		Bundle With:				
Valid Pricing Modifiers for E2298 are NU, RR								

Permobil	11110	1	Each	8,897.10	8,897.10	30.00	73.00	
Active Height Power Adj. Seat Height - 12" Travel - ADJUSTABLE SEAT HEIGHT				706.54	706.54			
E2300/E2298						0	%	140
UHC NATIONAL COMMERCIAL	Billing Qty	Auth		E2298				3,786.00
81.34% MSRP \$3,786.00	1	Each		Bundle With:				
Valid Pricing Modifiers for E2298 are NUSTOP, RRSTOP								