FAQ

Medicare Wheelchair Seating Policy Update: October 2025

Q#1: Did Medicare change the Wheelchair Seating policy?

A#1: Most of the policy is the same, however Medicare made an update by removing the actual ICD-10 codes that had been required for coverage; however, the actual coverage criteria stayed the same.

Q#2: When does this update go into effect?

A#2: The updated policy went into effect on October 1st, 2025

Q#3: Does anyone who qualifies for a wheelchair also qualify for a specialty seat and/or back cushion?

A#3: No, not automatically. The client still must meet the following basic coverage criteria that **must be documented** by the clinician (typically in a seating evaluation):

	Current or Hx of Pressure Ulcer	Absent or Impaired Sensation	Inability to Perform a Functional Weight Shift	Significant Postural Asymmetries	Comments
Skin Protection Seat	✓ **OR**	✓ **OR**	✓		Only **<u>one</u>** of the checked boxes; column 1 & 2, must be in the area of the seating surface
Positioning Seat/Back				✓	
Combination Seat	✓ **OR**	✓ **OR**	✓ **AND**	✓	**<u>At least one</u>** from column 1, 2 or 3 **AND** one in column 4; Must also rule out prefabricated backs in the clinical eval
Custom Seat	✓ **OR**	✓ **OR**	✓ **OR**	✓	**<u>At least one</u>** from column 1, 2 or 3 AND one in column 4
Custom Back				✓	Must also rule out prefabricated backs in the clinical eval

Q#4: Are there specific benefits for NSM with this wheelchair seating update?

A#4: Yes, the obvious one is those clients who had met the coverage criteria but did not have a designated diagnosis code. Those clients can now qualify for a specialty

cushion. Some of those same clients also qualified for powered seating, but since they did not qualify for the specialty cushion, due to the lack of the proper ICD-10 code, we were forced to use a Captains Chair PWC code. This will no longer be an issue if the clinicians properly document the individual medical needs supporting the documented coverage criteria.

Q#5: Are all diagnoses code requirements eliminated for CRT?

A#5: No, the only CRT that had ICD-10 codes was Wheelchair Seating. Group 3 PWCs have conditions and related diagnoses associated to the policy but not actual ICD-10 codes. This has not changed. Meaning for Group 3 PWCs the client's mobility limitation must be due to a documented neurological condition, myopathy, or congenital skeletal deformity.

Q#6 Now that the ICD-10 codes have been eliminated from the WC Seating policy, does it really matter about the updated Multiple Sclerosis Codes (G35+)?

A#6: Yes, the ICD-10 codes are still required for billing and must be updated in order avoid technical denials.

Q#7: Does this updated policy apply to all payers?

A#7: No, not currently. This update applies to Medicare (CGS/Noridian) and should be followed by the Medicare Advantage plans, however it may take them a little time to adjust. Funding will send the updated policy along with the prior auth requests to alert them of the change. Commercial and Medicaid payers may follow suit in time. Refer to the payer's UPD as those will be updated as any payers adopt this change. UHC National Medicare and National Commercial does follow the Medicare policy and has already adopted the change.