

Medicare Seat Elevation Coverage Update

Traditional Medicare & Medicare Advantage Plans

Situation:

Centers for Medicare & Medicaid Services (CMS) has announced coverage of seat elevation for qualifying Medicare and Medicare Advantage members effective April 1st, 2024. The information provided is based on information we have been provided to date and is subject to change as we learn more from CMS and the Durable Medical Equipment Medicare Administrative Contractor (DME MAC). We will provide updates as more information becomes available.

The following contains updates made after the 8/11/2023 LCD Publication.

Implications

It is critical that NSM takes appropriate steps to follow the updated coverage guidelines and coding process with the new coverage guidelines and guidance provided.

- This will help our clients with lower out of pocket costs when they opt to seek medical justification.
- This process ensures we are reimbursed by secondary payers when Medicare appropriately denies the Seat Elevation (E2298) in scenarios non-coverage is expected.
- This process ensures we are compliant with Medicare guidelines for covered items. **Not one bad dollar!**

How to process orders with Power Seat Elevation:

All work orders with Medicare primary and Medicare Senior Advantage coverage must work through our normal funding process to ensure the clinician justifies the Seat Elevation accessory when recommended for the client.

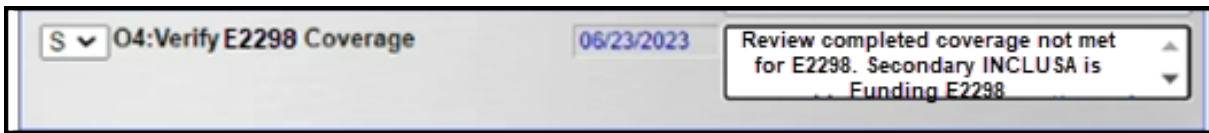
- For **Standard Group 2 chair orders**, code K0830 or K0831 must be used, and the chair must be PDAC coded as such; E2298 cannot be billed separately; these chairs will be priced as individual consideration without a fixed allowable and will be reimbursed as a rental.**
 - ******In scenarios where medical necessity is not met for Seat Elevation, a Client Paid Upgrade can be provided in which the client pays the difference between the K0822/K0823 and K0830/K0831 base. Follow Policy F-300 Medicare Upgrade Guidelines.
 - ******In scenarios where the wheelchair is not PDAC verified as K0830 or K0831, equipment cannot be coded as such. Please select another PDAC verified wheelchair base to provide.
- For Heavy Duty (HD) Group 2 Wheelchairs or other Group 2 wheelchairs without power options, there is currently no coverage for Power Seat Elevation available due to the inability to separately bill E2298 with any Standard Group 2 Wheelchair. Seat Elevation will be denied as not reasonable and necessary if billed separately.
 - In scenarios where medical necessity is met for a HD Group 2 wheelchair with Seat Elevation, we can provide a supplier upgrade billing the corresponding K0830/K0831 wheelchair that incorporates seat elevation. Follow Policy F-300 Medicare Upgrade Guidelines.
 - In scenarios where medical necessity is not met for Seat Elevation, however, is met for the HD wheelchair, a Client Paid Upgrade can be provided in which the client pays the difference between the base provided and the appropriate K0830/K0831 HCPC.
- For Group 3 chair orders and complex Group 2 chair orders, Seat Elevation should be coded as E2298.
- The addition of an E2298 does not impact the SPO or MPO Base HCPC. Only Power Tilt and Power Recline will impact the SPO/MPO Base HCPC.
- Coverage of an E2298 impacts billable and covered electronics such as E2310, E2311, E2313, and E2377.
- Once the order has been identified with an E2298, select the corresponding payrule of **Verify E2298 Coverage** as a reminder to complete additional steps once documentation has been received.
- Once LMN is secured, Funding Specialist reviews medical documentation to determine if it is sufficient to establish and justify medical necessity for coverage following published CMS coverage criteria.

Once determined qualifying medical necessity and coverage criteria HAS been met:

- Satisfy the Payrule of **Verify E2298 Coverage** and enter the following work order note next to the payrule and in the notes section of the order: *“Review of documentation has been completed and coverage for E2298 has been met.”*

Once determined qualifying medical necessity and coverage criteria HAS NOT been met:

- Funding Specialist and/or AGS associate to follow current coding and upgrade guidelines when an E2298 is considered not medically necessary and/or secure alternate payer funding.
- Select and satisfy the Payrule of **Verify E2298 Coverage** and enter the following work order note next to the payrule and in the notes section of the order: *“Review of documentation has been completed and coverage for E2298 has **not** been met”* and clearly indicate the method of alternate funding



- Seat Elevation should be coded as E2298 for Complex Power Chairs and alternate funding should be secured for the Seat Elevation alongside any upgraded electronics or upgraded bases specifically needed to accommodate the Seat Elevation following existing Medicare Upgrade Policy.
- An ABN with the proper reason for denial will need to be obtained and any payment due will need to be collected per the self-pay process and policy.
- Every Day Low Price (EDLP) will no longer apply. Follow Self-Pay Pricing policy.

Important Notes and FAQs:

- Begin using E2298 now, effective 4/01/2024, for Medicare and other payers that recognize the code.
- SWO's do not require updating to reflect the new HCPC. Since the SWO/DWO includes the code description and the previous HCPC, this is acceptable for claims.
- E2298 will crosswalk to E2300 for other payers until they recognize the new HCPC. Validate the UPD and Fee Schedule to determine the correct HCPC to utilize.
- Keep in mind that if a secondary payer or Medicaid payer currently indicates that E2298 is an excluded item for coverage, their coverage guidelines do not change with this update. All payers, as they adopt a coverage policy, will be clearly documented in the UPD.
- The addition of a Seat Elevator (E2298) will NOT impact the base HCPC when it comes to Power Options.
- The proper ABN verbiage to use when coverage criteria is not met is: *“The documentation that was obtained does not meet Medicare’s coverage criteria because of (X). Medicare will deny as not medically necessary.”*
- Do not secure an ABN when medical necessity has been determined as met.
- If we see any Medicare denials for the wheelchair and/or accessories that are related to coding or are unexpected, please share with your Funding Leader immediately.
- At the time of approval processing, Medicare may not issue an official approval as E2298 is currently not eligible for Prior Authorization. However, during submission, a review will be requested. In this scenario, AGS will review the notes listed next to the new **Verify E2298 Coverage** payrule to identify expected coverage of the seat elevation to determine proper line item auth status selection in lieu of a payer determination.
- Medicare will be billed prior to Medicaid at the point of claim if applicable. If we have identified documentation does not support medical necessity, share CMS coverage criteria outlining expected denial.
- For true Medicare wrap around and supplemental plans, E2298 coinsurance will be covered if Medicare is expected to cover.
- Currently the **Verify E2298 Coverage** payrule is only available as a pre-selection for Complex Power Chair order types due to the limitation to 4 “Other” document types which are in use for Standard Power orders. If this payrule is not available, manually add a payrule to document this action until which time the system is updated.

Can Seat Elevation be installed on an existing wheelchair?

- For beneficiary owned and Medicare covered Complex Group 2 Powerchairs and Group 3 Powerchairs, policy allows coverage and the ability to retrofit Seat Elevation.
- If retrofitting a Seat Elevator to a Standard Group 2 wheelchair, K0108 should be utilized.

Coverage Criteria for Seat Elevation as stated in policy updated published on 5/16/23:

CMS has expanded coverage to include Group 2, Group 3, and Group 5 power wheelchairs and has determined that power seat elevation systems are reasonable and necessary for individuals when the following conditions are met:

1. The individual has undergone a specialty evaluation that confirms the individual's ability to safely operate the seat elevation equipment in the home. This evaluation must be performed by a licensed/certified medical professional such as a physical therapist (PT), occupational therapist (OT), or other practitioner, who has specific training and experience in rehabilitation wheelchair evaluations; **and**,
2. At least one of the following apply:
 - 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.); **or**,
 - 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; **or**,
 - 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.

COVERAGE OF A SEPARATELY CODED POWER SEAT ELEVATION SYSTEM (E2298)

Note: This does not apply to K0830/K0831 as the Power Seat Elevation is not billed separately as E2298, it is inclusive of K0830/K0831.

A power seat elevation system will be covered if a beneficiary meets the coverage criteria for either a Group 2 single power option or multiple power option power-driven wheelchair, or a Group 3 power-driven wheelchair as described in the Power Mobility Devices LCD and meets the coverage criteria for seat elevation equipment as described in CMS Medicare National Coverage Determinations (NCD) Manual (Pub. 100-03) Chapter 1, Part 4, Section 280.16 Seat Elevation Equipment (Power Operated) on Power Wheelchairs.

If these criteria are not met, the power seat elevation system will be denied as not reasonable and necessary.

COVERAGE OF A SEPARATELY CODED POWER SEAT ELEVATION SYSTEM ON BARIATRIC GRP 2 PWC

Seat elevation as an accessory **can** be provided on Group 2 non-complex Heavy Duty (HD), Very Heavy Duty (VHD), and Extra Heavy Duty (EHD) power wheelchair bases K0824 - K0829; please code separately as K0108, and bill as a capped rental.