

Power Seat Elevation for Power Wheelchairs DME-014

Iowa Medicaid Program:	Claims Pre-Pay	Effective Date:	4/1/2024
Revision Number:	8	Last Rev Date:	1/19/2024
Reviewed By:	Medicaid Medical Director	Next Rev Date:	1/17/2025
Approved By:	Medicaid Clinical Advisory Committee	Approved Date:	2/22/2019

Criteria

For prior authorization of a power seat elevation for a power wheelchair, the member must meet the following:

Power seat elevation is covered when prescribed by physician, a physician's assistant, or nurse practitioner to allow the member to complete independent transfers and to allow the member to independently reach items that are needed to complete activities of daily living (ADLs) that cannot be completed without the use of the power lift, or cannot be safely transferred using a patient lift or standing transfer but can safely transfer with the seat elevation feature. (ADLs include dressing, grooming, toileting, and personal hygiene.)

Coding

The following list of codes is provided for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment, nor does the exclusion of a code imply that its association to the HCPCS/CPT code is inappropriate.

HCPCS	Description
E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type.

Compliance

- Should conflict exist between this policy and applicable statute, the applicable statute shall supersede.
- Federal and State law, as well as contract language, including definitions and specific contract provisions or exclusions, take precedence over medical policy and must be considered first in determining eligibility for coverage.
- Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual and as-needed basis.

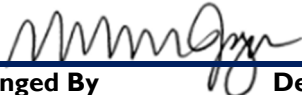


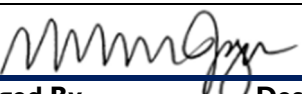

Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. They include concise clinical coverage criteria based on current literature

review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.



References

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Criteria Change History

Change Date	Changed By	Description of Change	Version
Signature			
Change Date	Changed By	Description of Change	Version
Signature			
Change Date	Changed By	Description of Change	Version
4/12/2024	Medical Director	Changed code from E2300 to E2298 effective April 1, 2024.	8
Signature			
William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
1/19/2024	CAC	Annual review.	7
Signature			
William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
1/20/2023	CAC	Annual review.	6
Signature			
William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
1/21/2022	CAC	Criteria rewording. Formatting changes.	5
Signature			
William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
10/15/2020	CAC	Annual review.	4
Signature			
William (Bill) Jagiello, DO 			

Criteria Change History (continued)

Change Date	Changed By	Description of Change	Version
2/22/2019	CAC	Updated wording for criterion #1 to include: a physician's assistant or nurse practitioner	3
Signature			
C. David Smith, MD		William (Bill) Jagiello, DO	
Change Date	Changed By	Description of Change	Version
1/19/2018	CAC	Criterion #1 added prescribed by "physician, PA, or ARNP." Added "needed to complete ADLs that cannot be completed without the use of the power lift."	2
Signature			
Change Date	Changed By	Description of Change	Version
1/16/2015	CAC	Added paragraph in References.	1
Signature			