



Power Seat Elevation for Power Wheelchairs DME-014

Iowa Medicaid Program	Claims Pre-Pay	Effective Date	04/01/2024
Revision Number	10	Last Reviewed	04/17/2026
Reviewed By	Medicaid Medical Director	Next Review	04/16/2027
Approved By	Medicaid Clinical Advisory Committee	Approved Date	02/22/2019

Descriptive Narrative

Power seat elevation equipment used with a power wheelchair raises and lowers users while they remain in the seated position. This equipment uses an electromechanical lift system to provide varying amounts of vertical seat to floor height. It does not change the seated angles or the seat’s angle relative to the ground.

Criteria

Power seat elevation is considered medically necessary when **ALL** of the following 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. One or more of the following apply;
 - a. 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**
 - b. 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**
 - c. 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.

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

1. Should conflict exist between this policy and applicable statute, the applicable statute shall supersede.
2. 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.
3. Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual and as-needed basis.

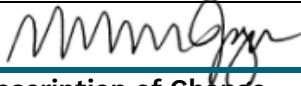

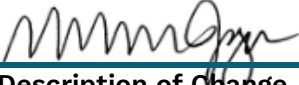
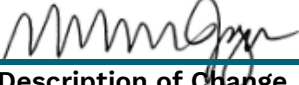
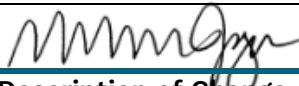

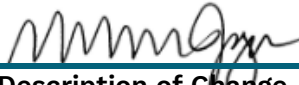
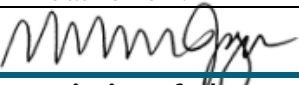
Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. They include concise clinical coverage criteria based on current literature review, consultation with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

EncoderPro

Seat elevation Equipment (Power Operated) on Power Wheelchairs. National Coverage Determination 280.16. CMS. Implementation Date: 09/04/2023. No new updates from CMS 2/18/2026

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
[mm/dd/yyyy]			[#]
Signature			
Change Date	Changed By	Description of Change	Version
04/17/2026	CAC	Annual Review.	10
Signature			
William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
04/18/2025	CAC	Annual Review. Added Descriptive Narrative section. Criteria section re-write. Updated references.	9
Signature			
William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
01/17/2025	Medical Director	Tabled to the April 2025 meeting for additional updates.	n/a
Signature			
William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
04/12/2024	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
01/19/2024	CAC	Annual review.	7
Signature			
William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
01/20/2023	CAC	Annual review.	6
Signature			
William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
01/21/2022	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 			
Change Date	Changed By	Description of Change	Version
02/22/2019	CAC	Updated wording for criterion #1 to include: a physician's assistant or nurse practitioner	3
Signature			

Criteria Change History

C. David Smith, MD



Change Date	Changed By	Description of Change	Version
01/19/2018	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
01/16/2015	CAC	Added paragraph in References.	1

Signature

CAC = Medicaid Clinical Advisory Committee