

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-03 Medicare National Coverage Determinations</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 12183</b>	<b>Date: August 3, 2023</b>
	<b>Change Request 13277</b>

**SUBJECT: National Coverage Determination (NCD) 280.16 Power Seat Elevation Equipment on Power Wheelchairs**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to issue a final Benefit Category Determination (BCD) and National Coverage Determination (NCD) for NCD 280.16 for power seat elevation equipment on certain power wheelchairs which is reasonable and necessary for individuals when specific conditions are met.

**EFFECTIVE DATE: May 16, 2023**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: September 4, 2023**

**Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.**

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	1/Part 4/Table of Contents
R	1/Part 4/280/280.1/Durable Medical Equipment Reference List (Effective May 16, 2023)
N	1/Part 4/280/280.16/Seat Elevation Equipment (Power Operated) on Power Wheelchairs (Effective May 16, 2023)

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

#### **IV. ATTACHMENTS:**

**Business Requirements  
Manual Instruction**

# Attachment - Business Requirements

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**SUBJECT: National Coverage Determination (NCD) 280.16 Power Seat Elevation Equipment on Power Wheelchairs**

**EFFECTIVE DATE: May 16, 2023**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: September 4, 2023**

## I. GENERAL INFORMATION

**A. Background:** On May 16, 2023, CMS issued a final Benefit Category Determination (BCD) and National Coverage Determination (NCD) for NCD 280.16 for power seat elevation equipment on certain power wheelchairs. 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.

**B. Policy:** Effective for claims with dates of service on or after May 16, 2023, Power seat elevation equipment is reasonable and necessary for individuals using complex rehabilitative power-driven wheelchairs (as defined in 42 CFR §414.202) when the following conditions are met under NCD 280.16:

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:

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); 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.

In addition, the Durable Medical Equipment Medicare Administrative Contractor (DME MAC) has discretion to determine reasonable and necessary coverage of power seat elevation equipment for individuals who use Medicare covered power wheelchairs other than complex rehabilitative power-driven wheelchairs.

**NOTE:** Claims for power seat elevation equipment on complex rehabilitative power-driven wheelchairs (Healthcare Common Procedure Coding System (HCPCS) K0835-K0864) and Group 5 power wheelchairs (HCPCS K0890, K0891) must be submitted using HCPCS E2300 (Wheelchair accessory, power seat elevation system, any type).

HCPCS K0830 (Power Wheelchair, Group 2 Standard, Seat Elevator, Sling/Solid Seat/Back Patient Weight Capacity Up To and Including 300 Pounds) and K0831 (Power Wheelchair, Group 2 Standard, Seat Elevator, Captains Chair, Patient Weight Capacity Up To and Including 300 Pounds) shall be used to submit claims using seat elevation on Group 2 power wheelchairs that are NOT complex rehabilitative power-driven wheelchairs.

**NOTE:** A Change Request with further claims processing instructions as well as updates to the Claims Processing Manual will be issued at a later date.

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13277.1	<p>Effective for claims with dates of service on and after May 16, 2023, with the exception of the claims discussed in BR.2, suppliers shall use HCPCS code E2300 to submit claims for power seat elevation equipment on power wheelchairs under NCD 280.16 either for:</p> <p>a. those individuals using complex rehabilitative power-driven wheelchairs who meet the criteria set forth in the NCD; or,</p> <p>b. those individuals who use Group 5 wheelchairs and for whom the MAC has determined that coverage of power seat elevation equipment is reasonable and necessary.</p> <p>Contractors shall process these claims.</p>				X					
13277.2	<p>Effective for claims with dates of service on and after May 16, 2023, suppliers shall use HCPCS codes K0830 and K0831 to submit claims for individuals using seat elevation on Group 2 power wheelchairs that are not complex rehabilitative power-driven wheelchairs. These decisions will be made individually by</p>				X					

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	the D/MACs.									
13277.3	Effective for claims with dates of service on and after May 16, 2023, contractors shall not search for claims, but process claims brought to their attention.				X					

**III. PROVIDER EDUCATION TABLE**

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
13277.4	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the “MLN Connects” listserv to get MLN content notifications. You don’t need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above.				X	

**IV. SUPPORTING INFORMATION**

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: All other recommendations and supporting information: N/A**

**V. CONTACTS**

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

## **VI. FUNDING**

### **Section A: For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**ATTACHMENTS: 0**

# **Medicare National Coverage Determinations Manual**

## **Chapter 1, Part 4 (Sections 200 – 310.1) Coverage Determinations**

*Table of Contents*

*(Rev. 12183, Issued:08-03-23)*

### **Transmittals for Chapter 1, Part 4**

*280.16– Seat Elevation Equipment (Power Operated) on Power Wheelchairs  
(Effective May 16, 2023)*

## 280.1 - Durable Medical Equipment Reference List

*(Rev. 12183, Issued:08-03-23, Effective:05-16-23, Implementation:09-04-23)*

The durable medical equipment (DME) list that follows is designed to facilitate the A/B MAC (HHH) and DME MACs processing of DME claims. This section is designed as a quick reference tool for determining the coverage status of certain pieces of DME and especially for those items commonly referred to by both brand and generic names. The information contained herein is applicable (where appropriate) to all DME national coverage determinations (NCDs) discussed in the DME portion of this manual. The list is organized into two columns. The first column lists alphabetically various generic categories of equipment on which NCDs have been made by the Centers for Medicare & Medicaid Services (CMS); the second column notes the coverage status.

In the case of equipment categories that have been determined by CMS to be covered under the DME benefit, the list outlines the conditions of coverage that must be met if payment is to be allowed for the rental or purchase of the DME by a particular patient, or cross-refers to another section of the manual where the applicable coverage criteria are described in more detail. With respect to equipment categories that cannot be covered as DME, the list includes a brief explanation of why the equipment is not covered. This DME list will be updated periodically to reflect any additional NCDs that CMS may make with regard to other categories of equipment.

When the A/B MAC (HHH) or DME MAC receives a claim for an item of equipment which does not appear to fall logically into any of the generic categories listed *or has not been addressed in the processes outlined in regulations at 42 CFR §§414.114 and 414.240*, the A/B MAC (HHH) or DME MAC has the authority and responsibility for deciding whether those items are covered under the DME benefit.

These decisions must be made by each A/B MAC (HHH) and DME MAC based on the advice of its medical consultants, taking into account:

- The Medicare Claims Processing Manual, Chapter 20, “Durable Medical Equipment Prosthetics and Orthotics, and Supplies (DMEPOS).”
- Whether the item has been approved for marketing by the Food and Drug Administration (FDA) and is otherwise generally considered to be safe and effective for the purpose intended; and
- Whether the item is reasonable and necessary for the individual patient.

The term DME is defined as equipment which, *according to 42 CFR §414.202*:

- Can withstand repeated use; i.e., could normally be rented and used by successive patients;
- *Effective with respect to items classified as DME after January 1, 2012, has an expected life of at least 3 years;*
- Is primarily and customarily used to serve a medical purpose;
- Generally, is not useful to a person in the absence of illness or injury; and,
- Is appropriate for use in a patient’s home.

## Durable Medical Equipment Reference List

Item	Coverage
Sauna Baths comfort	Deny--- not primarily medical in nature; personal items (§§1861(n) and (1862(a)(6) of the Act).
<i>Seat Elevation Equipment (power-operated) on Medicare Covered Power Wheelchairs</i>	<i>DME on Medicare-covered power wheelchairs, and covered under conditions specified in §280.16 of this manual.</i>
Seat Lifts	Covered under conditions specified in §280.4 of this manual. Refer all to medical staff for this determination.

### ***280.16 Seat Elevation Equipment (Power Operated) on Power Wheelchairs (Rev. 12183, Issued:08-03-23, Effective:05-16-23, Implementation:09-04-23)***

#### **A. General**

*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.*

*Complex rehabilitative power-driven wheelchairs are defined in 42 CFR §414.202.*

#### **B. Nationally Covered Indications**

*Effective for services performed on or after May 16, 2023, power seat elevation equipment is reasonable and necessary for individuals using complex rehabilitative power-driven wheelchairs, 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:*

*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.*

#### **C. Nationally Non-Covered Indications**

*N/A*

#### **D. Other**

*The Durable Medical Equipment Medicare Administrative Contractor (DME MAC) has discretion to determine reasonable and necessary coverage of power seat elevation equipment for individuals who use Medicare covered power wheelchairs other than complex rehabilitative power-driven wheelchairs.*

*(This NCD last reviewed May 16, 2023.)*

*Cross-references: Medicare Benefit Policy Manual, Chapter 15, "Covered Medical and Other Health Services." Medicare Claims Processing Manual, Chapters 20, "Durable Medical Equipment, Prosthetics and Orthotics, and Supplies (DMEPOS)," 23, "Fee Schedule Administration and Coding Requirements."*