



Wheelchair (Power Seating) Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Wheelchair (Power Seating)		
MNG #: 089	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care <input checked="" type="checkbox"/> MA Medicare Premier <input checked="" type="checkbox"/> MA Medicare Value <input checked="" type="checkbox"/> RI Medicare Preferred <input checked="" type="checkbox"/> RI Medicare Value <input checked="" type="checkbox"/> RI Medicare Maximum	Prior Authorization Needed? <input checked="" type="checkbox"/> Yes (always required) <input type="checkbox"/> Yes (only in certain situations. See this MNG for details) <input type="checkbox"/> No
Clinical: <input checked="" type="checkbox"/>	Operational: <input type="checkbox"/>	Informational: <input type="checkbox"/>
Benefit Type: <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	Approval Date: 11/04/2021;	Effective Date: 2/06/2022;
Last Revised Date: 5/30/2022	Next Annual Review Date: 11/04/2022; 5/30/2023;	Retire Date:

OVERVIEW:

Power Seating: A power seating system is designed to be utilized with a power wheelchair (PWC) base. Power seating on a PWC allows a member with limited postural movements to change body position and leg position independently while seated in a PWC. Allowing for periodic changes in body position is important for improved postural alignment, spasticity and/or contracture management, increased sitting tolerance and comfort, effective pressure relief, edema management, and assistance with bowel and bladder management while seated in a PWC.

DECISION GUIDELINES:

Clinical Coverage Criteria:

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses InterQual Smart Sheets, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists.

Clinical Eligibility: For HCPCS Codes listed below refer to the Medicare [Local Coverage Determination \(LCD\): Wheelchair Options/Accessories \(L33792\)](#).

- E1002** tilt only
- E1003** recline only without shear reduction
- E1004** recline only with mechanical shear reduction
- E1005** recline only with power shear reduction
- E1006** combination tilt and recline, without shear reduction
- E1007** combination tilt and recline with mechanical shear reduction



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E1008 combination tilt and recline with power shear reduction

E1009 addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each

E1010 power elevating leg rest (pair) or platform.

E1012 center mount power elevating leg rests/complete system

LIMITATIONS/EXCLUSIONS:

- HCPCS codes E2300 and E2301 are covered under the SCO and One Care plans only. These codes are excluded from the MAPD plans as they are non-covered.

KEY CARE PLANNING CONSIDERATIONS:

- Member has both the mental and physical capabilities to safely operate the power seating system.
- Member has successfully trialed the power seating system and has shown the ability to operate the system independently.
- Member shows a willingness to use the power seating system, is able to understand the benefits of using the system and will follow the clinical recommendations on how to most effectively use the system.
- The power seating system will increase the amount of time the member is able to spend in the PWC allowing the member to more fully participate in ADLs/MRADLs.

AUTHORIZATION:

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not signify that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider's agreement with the Plan (including complying with Plan's Provider Manual specifications).

All power seating systems require prior authorization. Authorization will be determined by document review including an evaluation by a physical or occupational therapist demonstrating member's need for and trial of the power seating system.

Power Seat Elevation: HCPCS code E2300

Clinical Eligibility:

Power seat elevation is indicated for a member who qualifies for a PWC and meets one of the following criteria below:

- Allow a member access to the home environment to independently perform ADLs that would otherwise require caregiver assistance.
 - Consideration of reduction of hours allotted for caregiver assistance.
- Requires adjustment in seat height in order to independently perform tasks in the work environment. Member



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has pursued alternative accommodations from their employer.

- Member requires multiple seating heights for safe independent transfers in and out of the PWC.

Power Standing System: HCPCS Code E2301

Clinical Eligibility:

For HCPCS code E2301 see MassHealth Guidelines for Medical Necessity Determination for Standers and Power-Assist (Dynamic) Standing Components for Wheelchairs for power standing system.

<https://www.mass.gov/doc/standers/download>

REGULATORY NOTES:

Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis by considering the individual member's health care needs. If at any time an applicable CMS LCD or NCD or state-specific MNG is more expansive than the criteria set forth herein, the NCD, LCD, or state-specific MNG criteria shall supersede these criteria. This MNG references the specific regulations, coverage, limitations, service conditions, and/or prior authorization requirements in the following:

Medicare [Local Coverage Determination \(LCD\): Wheelchair Options/Accessories \(L33792\)](#)

Medical Necessity Determination for Standers and Power-Assist (Dynamic) Standing Components for Wheelchairs

<https://www.mass.gov/doc/standers/download>

Mass Health; 130 CMR 450.204: Medical Necessity; 130CMR 428.402 Definitions; 130CMR 409.402: Definitions; 130 CMR 409.414 Non-covered services; 130 CMR 409.413. Covered Services

RELATED REFERENCES:

Disclaimer

This Medical Necessity Guideline is not a rigid rule. As with all of CCA's criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity (supporting literature (full text preferred) should be attached to the request), or describing the member's unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member's unique clinical circumstances will generally be required.



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ATTACHMENTS:

EXHIBIT A	LCD Contractor Directory
EXHIBIT B	MassHealth MNG for Standers and Power-Assisted (Dynamic) Standing Components for Wheelchairs
EXHIBIT C	130 CMR 409.000: Division of Medical Assistance DME Services
EXHIBIT D	130 CMR 428.00: Division Of Medical Services-Prosthetics Services
EXHIBIT E	130 CMR 450.000: Division of Medical Services Administrative and Billing Regulations

REVISION LOG:

REVISION DATE	DESCRIPTION
5/30/2022	Template changed to include PA requirements and benefit type.



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