



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"/> MAPD-MA Medicare Preferred <input checked="" type="checkbox"/> MAPD-MA Medicare Value <input checked="" type="checkbox"/> MAPD-RI Medicare Preferred <input checked="" type="checkbox"/> MAPD-RI Medicare Value <input checked="" type="checkbox"/> DSNP-RI Medicare Maximus	Prior Authorization Needed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Clinical: <input checked="" type="checkbox"/>	Operational: <input type="checkbox"/>	Informational: <input type="checkbox"/>
Medicare Benefit: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Approval Date: 11/04/2021;	Effective Date: 2/06/2022;
Last Revised Date:	Next Annual Review Date: 11/04/2022;	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 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
- 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



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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:

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 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:

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>



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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:

This DST guide is not a rigid rule. CCA has the mission to address all of our complicated members’ health needs. Care partners can identify members with Behavioral Health and HOPE (*) challenges who may benefit from extending these guidelines to support our at-risk members’ unique health challenges. CCA encourages our clinicians to clearly document our members’ unique health contexts when requesting care which does not meet this formal DST’s conditions and recommendations.

*High Opiate Patient Engagement = members with high doses of opiates whom we hope to help by treating their pain alternatively and reducing their exposure to dangerous opiates.

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



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