

## Seat Elevation System Update June 2, 2023



On May 16, 2023, CMS issued the NCD (national coverage determination) for the Seat Elevation System as a **covered** item under the Medicare benefit. They noted the effective date as May 16 date of service, which is a good thing, however, when an NCD is released, there is usually some time for implementation which is necessary for the MACs to develop the LCD (local coverage determination). The LCD usually mirrors the NCD as far as the coverage criteria but there is a LOT more to do from NCD to actual reimbursement.

### Coverage Criteria

- The coverage criteria IS final for the seat elevation system (see NCD at the end of this article)
- The effective DOS IS May 16, 2023 (meaning if the bene qualifies per the NCD this item CAN be provided on an after May 16 as an accessory on certain power wheelchair bases)
- It's currently not on the list as an eligible accessory for prior authorization and will need to be added for it to be reviewed during a PA request (word on the street is it'll be added later in the year)
- If coverage criteria is met the KX modifier will signify that the supplier has the documentation on file to support the medical necessary per policy and it will be available upon request (similar to many other items currently)

### Coding

- The code (for now) will be E2300 on complex power bases K0835-K0864, K0890 and K0891
- For group 2 non complex bases the MACs will only accept the K0830 and K0831 for a group 2 standard base with seat elevation incorporated, which would need to be officially PDAC coded and on the **Product Classification List** to bill Medicare for reimbursement (see Product Classification List links for K0830 and K0831 at the end of this article and NOTE our valued vendor partner **MERITS is the only major manufacturer with active products in codes K0830 and K0831!**)
- E2300 is **NOT** required to be on the Product Classification List (meaning it can be billed for reimbursement when provided on any complex power base as long the bene meets the coverage criteria)
- E2300 code will deny if submitted with any other non complex power base (K0813-K0829)
- Since there is no fee schedule currently include in the extra narrative field the same information as required for other misc. codes until further notice (MSRP, description of item, model/part number, and if added to an existing complex power base the item (code and DOS) it's being added to)

- Based on the language in the policy assume the seat elevation E2300 will NOT change the base code determination (single power = tilt or recline or alternative drive, multiple power = tilt and recline or a vent on the chair)
- The E2300 will count toward the electronics upgrade when it's medically necessary for the bene to operate the power function through the drive control. Meaning it counts as an actuator for the determination of how many power functions are on the chair which determine these upgraded electronics - E2310, E2311, E2377 and E2313

### **Allowable (reimbursement rate)**

- Assume the interim local allowable will be initially determined like a misc. code since there is no allowable established and will probably not have a national fee schedule until Jan 2024 – Apr 2024
- Misc. code allowable is established using a percentage of MSRP and on average we see 60-70% of MSRP as the allowable (keep in mind that is the allowable then Medicare pays 80% of the allowable)
- OR it may be a percentage of the average MSRPs on the market for each of the code E2300 and K0830, K0831 to determine the interim allowable

### **Claim Submission**

- Codes E2300, K0830 and K0831 ARE in the capped rental fee schedule category
- E2300 has a first month purchase option when used on complex rehab power – NUBPKX
- E2300 Can't be used on any non complex rehab power base
- K0830 and K0831 will follow the capped rental submission rule – RRKHKX then KI for KH in months 2-3 and KJ for KI in months 4-13
- The MACs (CGS and Noridian) CONFIRMED the processing system has been updated as of May 26 to accept the E2300, K0830 and K0831 as covered codes (meaning they will no longer auto deny as non covered)

### **NCD Coverage Criteria (Medicare and Medicare Part C plans)**

CMS finds in this national coverage analysis that the evidence is sufficient to determine that 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.

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 PWCs other than complex rehabilitative power-driven wheelchair (K0830 and K0831).

**Please ensure if providing this item as covered that the documentation from the treating practitioner / the LCMP wheelchair specialty evaluation support the medical necessity per the coverage criteria. If the bene doesn't meet the coverage criteria and wants the item, an ABN must be issued since it is now a covered item. Prior to May 16 an ABN was optional as information since the item was in the non covered category. In this case Sec E on the ABN must include the reason the bene doesn't meet the coverage criteria (specifically) then use the GA mod on the claim submission for the E2300 (NUGA).**

**Medicare Part C Plans are required to offer the at a minimum the same coverage as traditional Medicare. Therefore, these plans**

#### **PDAC Product Classification List**

K0830 -

[https://www4.palmettogba.com/pdac\\_dmecs/searchProductClassificationResults.do?manufacturer=&codeDecision=k0830&productName=&modelNumber=&classification=](https://www4.palmettogba.com/pdac_dmecs/searchProductClassificationResults.do?manufacturer=&codeDecision=k0830&productName=&modelNumber=&classification=)

**K0831**

[https://www4.palmettogba.com/pdac\\_dmecs/searchProductClassificationResults.do?manufacturer=&codeDecision=k0831&productName=&modelNumber=&classification=&producttable\\_length=100](https://www4.palmettogba.com/pdac_dmecs/searchProductClassificationResults.do?manufacturer=&codeDecision=k0831&productName=&modelNumber=&classification=&producttable_length=100)

**Please note a product MUST be on the PDAC Product Classification List for the K0830 and K0831 to be submitted for reimbursement to Medicare. If a product is on the list with an **Effective END Date** then it **CAN'T** be billed to Medicare for reimbursement! Merits Vision Super is **OFFICIALLY CODED** as K0830!**

ProductName	Manufacturer/Distributor	ModelNumber	HCPCS Code	Effective Begin Date	Effective End Date	Comments
DUALER	MERITS HEALTH PRODUCTS INC	P312-2SSE S	K0830	10/25/2019		
GEMINI	MERITS HEALTH PRODUCTS INC	P3011-2SSE S	K0830	10/25/2019		
JAZZY 1103 ULTRA	PRIDE MOBILITY PRODUCTS CORP	SS	K0830	11/15/2006	11/07/2008	Manufacturer discontinued production as of 11/07/2008. Billing acceptable until expiration of product.
JAZZY 1121	PRIDE MOBILITY PRODUCTS CORP	SS	K0830	11/15/2006	11/30/2006	Manufacturer discontinued

ProductName	Manufacturer/Distributor	ModelNumber	HCPCS Code	begin Date	Effective End Date	Comments
CYPRESS 4	MERITS HEALTH PRODUCTS INC	P314-3HD C	K0831	10/02/2019		MANUFACTURER DISCONTINUED PRODUCTION AS OF 5/8/2020
DUALER	MERITS HEALTH PRODUCTS INC	P312-2SSE C	K0831	10/25/2019		
GEMINI	MERITS HEALTH PRODUCTS INC	P3011-2SSE C	K0831	10/25/2019		
JAZZY 1103 ULTRA	PRIDE MOBILITY PRODUCTS CORP	C	K0831	11/15/2006	11/07/2008	Manufacturer discontinued production as of 11/07/2008. Billing acceptable until expiration of product.
JAZZY 1103 ULTRA	PRIDE MOBILITY PRODUCTS CORP	1103 ULTRA	K0831	11/15/2006	12/10/2007	MANUFACTURER DISCONTINUED

VISION SUPER	MERITS HEALTH PRODUCTS INC	P3274-2SSE S	K0830	10/25/2019		
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If you have any questions, please contact me at [dan.fedor@vgm.com](mailto:dan.fedor@vgm.com) or 570-499-8459. And please keep me posted on actual coverage, claims and payment concerns.

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