

Medicare Funding for a Power Wheelchair with Power Adjustable Seat Height:

For Medicare beneficiaries with traditional Part B Medicare FEE FOR SERVICE (original Medicare) a power seat elevation feature is non-covered because they have determined it is “not primarily medical in nature”, is “not reasonable and necessary” and is used for the “convenience” of the wheelchair user and/or their caregiver(s). However, this exclusion of coverage for power adjustable seat height MAY NOT extend to Medicare Part C.

Medicare Part C is not a separate benefit – it is the part of Medicare policy that allows private health insurance companies, approved by Medicare, to provide Medicare benefits. These Medicare private health plans, such as HMOs and PPOs, are known as Medicare Advantage Plans. In order for a Medicare beneficiary to opt in to a Medicare Advantage Plan the open enrollment period is from October 15 through December 7 each year. (Note that there is also a disenrollment period from January 1 through February 14 should you find the program is not right for you.)

Medicare Advantage plans must offer at least the same benefits as original Medicare (those covered under Parts A and B) but can do so with different rules, costs and coverage considerations. These plans typically have a prior approval (or pre-determination) process whereby they will consider the request for a complex (customized) rehab power wheelchair with a power adjustable seat height system on a case by case basis. For those that “follow Medicare guidelines” they will tell you that they cover the “least costly” mobility device they believe is necessary to meet your mobility limitations.

In order for the insurance company to understand what your needs truly are it is important to convey what challenges you experience in moving from point A to point B, etc... safely, timely and independently all day, every day and in all mobility settings.

Once it is established that powered mobility is the most appropriate mobility device to meet your needs the next thing the payor will need to know is if you can stand and function from a standing position once you get to “point B”. If you cannot then a power seat elevation system may be deemed medically necessary to transfer, reach and function at home, school, work and the community. It will be important to convey what you CANNOT do, or need help doing at a low, static seat height as compared to what you CAN do in an elevated position so that they understand WHY it is a reasonable and necessary feature. As a reminder, if it is not submitted for prior approval you have no opportunity for them to review and consider the request.

If the Medicare Advantage Plan denies your request for a power wheelchair with power adjustable seat height, make certain they explain WHY they denied the request as you have appeal rights. It is possible that they did not receive sufficient detailed information as to WHY you need to use this feature, exactly HOW it benefits you and WHEN you will use it throughout the day.