

Medicare Funding for a Power Wheelchair with iLevel

For Medicare beneficiaries with traditional Part B fee-for-service Medicare (original Medicare), a power seat elevation feature, such as iLevel, is a covered benefit effective May 16, 2023.

For dates of service on or after May 16, 2023, traditional Medicare plans will consider coverage for power seat elevation when certain 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:
 - The individual performs weight bearing transfers to/from the power wheelchair while in their home, using either their upper extremities during an uneven sitting transfer and/or their lower extremities during a sit-to-stand transfer.
 - The individual requires a non-weight bearing transfer to/from the power wheelchair while in the home.
 - The individual performs reaching from the power wheelchair to complete one or more mobility related activities of daily living, such as toileting, feeding, dressing, grooming, and bathing in customary locations within the home.

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, such as iLevel, 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.

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 perform or participate in your activities of daily living throughout the day, in your home, 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 in 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.

If Medicare or a Medicare Advantage Plan denies coverage and/or reimbursement for your power wheelchair with iLevel, 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.