

JUNE 2026

KMAP GENERAL BULLETIN 26093

Power Seat Elevation Coverage Criteria Update

Effective with dates of services on or after July 1, 2026, and after updated coverage criteria guidance for E2298 will be as follows.

Coverage Criteria:

1. The member has completed a wheelchair seating assessment that verifies their ability to safely use the seat elevation equipment in the home setting. Refer to the Wheelchair Seating Assessment section of the DME Manual for detailed criteria.
2. At least one of the following criteria must be met:
 - The member completes weight-bearing transfers to and from the wheelchair, using upper extremities for uneven seated transfers and/or lower extremities during a sit to stand transfer; or,
 - The member requires non-weight bearing transfers to and from the power wheelchair; or,
 - The member performs by reaching from the power wheelchair and can complete one or more mobility related activities of daily living (MRADLs). The MRADLs can be completed independently, with help from a caregiver, and/or by using assistive equipment.

Note: All other provisions related to E2298, including coverage variables (such as eligible provider types and specialties, allowable modifiers, and place of service codes), documentation and prior authorization requirements, and the Medicaid reimbursement rate remain unchanged.

Note: The effective date of the policy is July 1, 2026. The implementation of State policy by the KanCare Managed Care Organizations (MCOs) may vary from the date noted in the Kansas Medical Assistance Program (KMAP) bulletins. The **KanCare Open Claims Resolution Log** on the KMAP [Bulletins](#) page documents the MCO system status for policy implementation and any associated reprocessing completion dates once the policy is implemented.

KMAP

[Kansas Medical Assistance Program](#)

- [Bulletins](#)
- [Manuals](#)
- [Forms](#)

Customer Service

- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.
Monday - Friday

For changes resulting from this bulletin, view the updated *DME Fee-for-Service Provider Manual*, page 8-73.