

Reimbursement for Wheelchair Cushions

HCPCS Codes Effective 7/1/06	Wheelchair Seat Cushion Descriptor	New Purchase Allowable 7/1/06	
E2601	General Use Wheelchair Seat Cushion, width less than 22 inches, any depth	\$61.16	Visco Ride
E2602	General Use Wheelchair Seat Cushion, width 22 inches or greater, any depth	\$119.40	
E2603	Skin Protection Wheelchair Cushion, width less than 22 inches, any depth	\$151.59	ROHO Tempur-Pedic Triumph
K0734	Adjustable Skin Protection Wheelchair Cushion, width less than 22 inches, any depth	\$331.47	
E2604	Skin Protection Wheelchair Cushion, width 22 inches or greater, any depth	\$188.41	
K0735	Adjustable Skin Protection Wheelchair Cushion, width 22 inches or greater, any depth	\$421.78	
E2605	Positioning Wheelchair Seat Cushion, width less than 22 inches, any depth	\$269.17	
E2606	Positioning Wheelchair Seat Cushion, width 22 inches or greater, any depth	\$419.93	
E2607	Skin Protection and Positioning Wheelchair Cushion, width less than 22 inches, any depth	\$289.85	
K0736	Adjustable Skin Protection and Positioning Wheelchair Cushion, width less than 22 inches, any depth	\$334.19	
E2608	Skin Protection and Positioning Wheelchair Cushion, width 22 inches or greater, any depth	\$348.09	
K0737	Adjustable Skin Protection and Positioning Wheelchair Cushion, width 22 inches or greater, any depth	\$423.06	
E2609	Custom Fabricated Wheelchair Seat Cushion, Any Size	Individual Consideration	

E2619	Replacement Cover for Wheelchair Seat Cushion or Back Cushion, Each	\$51.32	
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General Use Seat Cushion (E2601 & E2602)

A general use seat cushion (E2601, E2602) is covered for a patient who has a wheelchair which meets Medicare coverage criteria. If the patient does not have a covered wheelchair, then the cushion will be denied as not medically necessary.

Adjustable Skin Protection Seat Cushion (K0108) or Nonadjustable Skin Protection Seat Cushion (E2603 & E2604)

A nonadjustable skin protection seat cushion (E2603, E2604) or an adjustable skin protection seat cushion (K0108) is covered for a patient who meets both of the following criteria:

1) The patient has a wheelchair and the patient meets Medicare coverage criteria for it

and

2) The patient has either of the following:

a) Current pressure ulcer (707.03, 707.04, 707.05) or past history of a pressure ulcer (707.03, 707.04, 707.05) on the area of contact with the seating surface

or

b) Absent or impaired sensation in the area of contact with the seating surface or inability to carry out a functional weight shift due to one of the following diagnoses: spinal cord injury resulting in quadriplegia or paraplegia (344.00-344.1), other spinal cord disease (336.0-336.3), multiple sclerosis (340), other demyelinating disease (341.0-341.9), cerebral palsy (343.0-343.9), anterior horn cell diseases including amyotrophic lateral sclerosis (335.0-335.21, 335.23-335.9), post polio paralysis (138), traumatic brain injury resulting in quadriplegia (344.09), spina bifida (741.00-741.93), childhood cerebral degeneration (330.0-330.9), Alzheimer's disease (331.0), Parkinson's disease (332.0).

Qualifying ICD-9 Codes for HCPCS codes E2603, E2604, and adjustable skin protection seat cushions billed with code K0108:

138	LATE EFFECTS OF ACUTE POLIOMYELITIS
330.0 - 330.9	CEREBRAL DEGENERATION USUALLY MANIFEST IN CHILDHOOD
331.0	ALZHEIMER'S DISEASE
332.0	PARALYSIS AGITANS
335.0 - 335.21	ANTERIOR HORN CELL DISEASE (SMA)
335.23 - 335.9	OTHER MOTOR NEURON DISEASE
336.0 - 336.3	OTHER DISEASES OF THE SPINAL CORD
340	MULTIPLE SCLEROSIS
341.0 - 341.9	OTHER DEMYELINATING DISEASES OF CNS
343.0 - 343.9	INFANTILE CEREBRAL PALSY
344.00 - 344.1	QUADRIPLÉGIA, QUADRIPARESIS, PARAPLEGIA (LOWER LIMBS)

707.03	DECUBITUS ULCER, LOWER BACK
707.04	DECUBITUS ULCER, HIP
707.05	DECUBITUS ULCER, BUTTOCK
741.00 - 741.93	SPINA BIFIDA

- Positioning Seat Cushion (E2605 & E2606)

A positioning seat cushion (E2605,E2606), is covered for a patient who meets both of the following criteria:

1) The patient has a wheelchair and the patient meets Medicare coverage criteria for it
and

2) The patient has any significant postural asymmetries that are due to one of the diagnoses listed in criterion 2b above or to one of the following diagnoses: monoplegia of the lower limb (344.30-344.32, 438.40-438.42) or hemiplegia (342.00-342.92, 438.20-438.22) due to stroke, traumatic brain injury, or other etiology, muscular dystrophy (359.0, 359.1), torsion dystonias (333.4, 333.6, 333.7), spinocerebellar disease (334.0-334.9).

Qualifying ICD-9 codes for HCPCS codes E2605 and E2606:

138	LATE EFFECTS OF ACUTE POLIOMYELITIS
330.0 - 330.9	CEREBRAL DEGENERATION USUALLY MANIFEST IN CHILDHOOD
331.0	ALZHEIMER'S DISEASE
332.0	PARALYSIS AGITANS
333.4	HUNTINGTON'S CHOREA
333.6	IDIOPATHIC TORSION DYSTONIA
333.7	SYMPTOMATIC TORSION DYSTONIA
334.0 - 334.9	SPINOCEREBELLAR DISEASES
335.0 - 335.21	ANTERIOR HORN DISEASE (SMA)
335.23 - 335.9	OTHER MOTOR NEURON DISEASE
336.0 - 336.3	OTHER DISEASES OF THE SPINAL CORD
340	MULTIPLE SCLEROSIS
341.0 - 341.9	OTHER DEMYLELINATING DISEASE OF THE CNS
342.00 - 342.92	HEMIPLEGIA AND HEMPARESIS
343.0 - 343.9	INFANTILE CEREBRAL PALSY
344.00 - 344.1	QUADRIPLEGIA, QUADRIPARESIS, PARAPLEGIA (LOWER LIMBS)
344.30 - 344.32	OTHER PARALYTIC SYNDROMES (MONOPLEGIA OF THE LOWER LIMBS)

359.0	CONGENITAL HEREDITARY MUSCULAR DYSTROPHY
359.1	HEREDITARY PROGRESSIVE MUSCULAR DYSTROPHY
438.20 - 438.22	HEMIPLEGIA- LATE EFFECTS OF CVD
438.40 - 438.42	MONOPLLEGIS OF LOWER LIMBS – LATE EFFECTS OF CVD
741.00 - 741.93	SPINA BIFIDA

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Adjustable Combination Skin Protection and Positioning Seat Cushion (K0108) or Nonadjustable Combination Skin Protection and Positioning Seat Cushion (E2607 & E2608)

A nonadjustable combination skin protection and positioning seat cushion (E2607, E2608) or an adjustable combination skin protection and positioning seat cushion (K0108) is covered for a patient who meets the criteria for both a skin protection seat cushion and a positioning seat cushion.

Qualifying ICD-9 codes for HCPCS codes E2607, E2608, and adjustable skin protection and positioning seat cushions billed with code K0108 (including the patient having a wheelchair and meeting Medicare coverage criteria for it)

either

1) One of the following ICD-9 codes:

138	LATE EFFECTS OF ACUTE POLIOMYELITIS
330.0 - 330.9	CEREBRAL DEGENERATION USUALLY MANIFEST IN CHILDHOOD
331.0	ALZHEIMER'S DISEASE
332.0	PARALYSIS AGITANS
335.0 - 335.21	ANTERIOR HORN CELL DISEASE (SMA)
335.23 - 335.9	OTHER MOTOR NEURON DISEASE
336.0 - 336.3	OTHER DISEASE OF THE SPINAL CORD
340	MULTIPLE SCLEROSIS
341.0 - 341.9	OTHER DEMYLELINATING DISEASE OF THE CNS
343.0 - 343.9	INFANTILE CEREBRAL PALSY
344.00 - 344.1	QUADRIPLEGIA, QUADRIPARESIS, PARAPLEGIA (LOWER LIMBS)
741.00 - 741.93	SPINA BIFIDA

or

2) A combination of ICD-9 code 707.03, 707.04, or 707.05 AND one of the following ICD-9 codes:

333.4	HUNTINGTON'S CHOREA
333.6	IDIOPATHIC TORSION DYSTONIA
333.7	SYMPTOMATIC TORSION DYSTONIA

334.0 - 334.9	SPINOCEREBELLAR DISEASE
342.00 - 342.92	HEMIPLEGIA AND HEMIPARESIS
344.30 - 344.32	MONOPLÉGIA OF THE LOWER LIMBS
359.0	CONGENITAL HEREDITARY MUSCULAR DYSTROPHY
359.1	HEREDITARY PROGRESSIVE MUSCULAR DYSTROPHY
438.20 - 438.22	HEMIPLEGIA – LATE EFFECTS OF CVD
438.40 - 438.42	MONOPLÉGIA LOWER LIMBS – LATE EFFECTS OF CVD

• Custom Fabricated Seat Cushion (E2609)

A custom fabricated seat cushion (E2609) is covered if criteria (1) and (3) are met:

- 1) Patient meets all of the criteria for a prefabricated skin protection seat cushion or positioning seat cushion;
- 2) Patient meets all of the criteria for a prefabricated positioning back cushion;
- 3) There is a comprehensive written evaluation by a licensed clinician (who is not an employee of or otherwise paid by a supplier) which clearly explains why a prefabricated seating system is not sufficient to meet the patient's seating and positioning needs.

Qualifying ICD-9 codes for HCPCS code E2609:

138	LATE EFFECTS OF ACUTE POLIOMYELITIS
330.0 - 330.9	CEREBRAL DEGENERATION USUALLY MANIFEST IN CHILDHOOD
331.0	ALZHEIMER'S DISEASE
332.0	PARALYSIS AGITANS
333.4	HUNTINGTON'S CHOREA
333.6	IDIOPATHIC TORSION DYSTONIA
333.7	SYMPTOMATIC TORSION DYSTONIA
334.0 - 334.9	SPINOCEREBELLAR DISEASE
335.0 - 335.21	ANTERIOR HORN CELL DISEASE (SMA)
335.23 - 335.9	OTHER MOTOR NEURON DISEASE
336.0 - 336.3	OTHER DISEASE OF THE SPINAL CORD
340	MULTIPLE SCLEROSIS
341.0 - 341.9	OTHER DEMYELINATING DISEASE OF THE CNS
342.00 - 342.92	HEMIPLEGIA AND HEMIPARESIS
343.0 - 343.9	INFANTILE CEREBRAL PALSY
344.00 - 344.1	QUADRIPLEGIA, QUADRIPARESIS, PARAPLEGIA (LOWER LIMBS)

344.30 - 344.32	MONOPLÉGIA OF THE LOWER LIMB
359.0	CONGENITAL HEREDITARY MUSCULAR DYSTROPHY
359.1	HEREDITARY PROGRESSIVE MUSCULAR DYSTROPHY
438.20 - 438.22	HEMIPLEGIA – LATE EFFECTS OF CVD
438.40 - 438.42	MONOPLÉIGA OF LOWER LIMB – LATE EFFECTS OF CVD
707.03	DECUBITUS ULCER, LOWER BACK
707.04	DECUBITUS ULCER, HIP
707.05	DECUBITUS ULCER, BUTTOCK
741.00 - 741.93	SPINA BIFIDA

Note:

If a skin protection seat cushion, positioning seat cushion, combination skin protection and positioning seat cushion or a custom fabricated cushion is provided for a patient who does not meet the stated coverage criteria, but the coverage criteria for another type of cushion are met, payment will be based on the allowance for the least costly medically appropriate alternative; if the criteria for a another type of seat cushion are not met, the provided cushion will be denied as not medically necessary.