

Medical Policy



Wheelchair Cushions/Seating Systems

Description

Specialized pressure-reducing cushions and/or seating systems are used to prevent the formation of pressure ulcers and allow for proper positioning of the individual in a wheelchair.

Policy

Wheelchair cushions and seating systems are considered **reasonable and necessary** for Members that meet coverage criteria.

Policy Guidelines

Coverage Criteria:

A general use seat cushion (E2601, E2602) and a general use wheelchair back cushion (E2611, E2612) is covered for a member who has a manual wheelchair or a power wheelchair with a sling/solid seat/back which meets coverage criteria. If the member does not have a covered wheelchair, then the cushion will be denied as not reasonable and necessary. If the member has a POV or a power wheelchair with a captain's chair seat, the cushion will be denied as not reasonable and necessary.

For members who meet coverage criteria for a power wheelchair and who do not have special skin protection or positioning needs, a power wheelchair with Captain's Chair provides appropriate support. Therefore, if a general use cushion is provided with a power wheelchair with a sling/solid seat/back instead of Captain's Chair, the wheelchair and the cushion(s) will be covered if either criterion 1 or criterion 2 is met:

1. The cushion is provided with a covered power wheelchair base that is not available in a Captain's Chair model – i.e., codes K0839, K0840, K0843, K0860, K0861, K0862, K0863, K0864, K0870, K0871, K0879, K0880, K0886, K0890, K0891; or
2. A skin protection and/or positioning seat or back cushion that meets coverage criteria is provided.

If one of these criteria is not met, both the power wheelchair with a sling/solid seat and the general use cushion will be denied as not reasonable and necessary.

If the member has a POV or a power wheelchair with a captain's chair seat, a separate seat and/or back cushion will be denied as not reasonable and necessary.

Medical Policy



Wheelchair Cushions/Seating Systems

A skin protection seat cushion (E2603, E2604, E2622, E2623) is covered for a member who meets both of the following criteria:

1. The member has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the member meets coverage criteria for it; and
2. The member has either of the following:
 - a. Current pressure ulcer or past history of a pressure ulcer 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.

A positioning seat cushion (E2605, E2606), positioning back cushion (E2613, E2614, E2615, E2616, E2620, E2621), and positioning accessory (E0953, E0955, E0956, E0957, E0960) is covered for a member who meets both of the following criteria:

1. The member has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the member meets coverage criteria for it; and
2. The member has any significant postural asymmetries.

A headrest (E0955) is also covered when the member has a covered manual tilt-in-space, manual semi or fully reclining back on a manual wheelchair, a manual fully reclining back on a power wheelchair, or power tilt and/or recline power seating system.

If the member has a POV or a power wheelchair with a captain's chair seat, a headrest or other positioning accessory will be denied as not reasonable and necessary.

A combination skin protection and positioning seat cushion (E2607, E2608, E2624, E2625) is covered for a member who meets the criteria for both a skin protection seat cushion and a positioning seat cushion.

If a skin protection seat cushion, positioning seat cushion, or combination skin protection and positioning seat cushion is provided and if the stated coverage criteria are not met, it will be denied as not reasonable and necessary.

If a positioning back cushion is provided for a member who does not meet the stated coverage criteria, it will be denied as not reasonable and necessary.

If a positioning accessory is provided and the criteria are not met, the item will be denied as not reasonable and necessary.

Medical Policy



Wheelchair Cushions/Seating Systems

Code E1028 (swingaway or removable mounting hardware upgrade) may be billed in addition to codes E0953 and E0957. It must not be billed in addition to codes E0955, E0956 or E0960. Code E1028 must not be used for mounting hardware related to a wheelchair seat cushion or back cushion code.

A custom fabricated seat cushion (E2609) is covered if criteria (1) and (3) are met. A custom fabricated back cushion (E2617) is covered if criteria (2) and (3) are met:

1. Member meets all of the criteria for a prefabricated skin protection seat cushion or positioning seat cushion;
2. Member meets all of the criteria for a prefabricated positioning back cushion;
3. There is a comprehensive written evaluation by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT), which clearly explains why a prefabricated seating system is not sufficient to meet the member's seating and positioning needs. The PT or OT may have no financial relationship with the supplier.

A custom fabricated seat cushion (E2609) and a custom fabricated back cushion (E2617) are cushions that are individually made for a specific member starting with basic materials including:

- a. liquid foam or a block of foam and
- b. sheets of fabric or liquid coating material.

The cushion must be fabricated using one or more of the following techniques to capture the individual shape of the member:

- molded-to-member-model technique;
- direct molded-to-member technique;
- CAD/CAM technology, which:
 - allows for the use of direct digital scanning of the member or of a mold made directly from the member;
 - allows for direct milling of either (1) a member-specific model used to shape the cushion contour or (2) the cushion contours; or
 - detailed measurements of the member used to create a configured cushion.

Medical Policy



Wheelchair Cushions/Seating Systems

The cushion must have structural features that significantly exceed the minimum requirements for a seat or back positioning cushion. The cushion must have a removable vapor permeable or waterproof cover or it must have a waterproof surface. A custom fabricated cushion may include certain prefabricated components (e.g., gel or multi-cellular air inserts); these components must not be billed separately. If a custom fabricated seat and back are integrated into a one-piece cushion, code as E2609 plus E2617.

If a custom fabricated cushion is provided for a member who does not meet the stated coverage criteria, it will be denied as not reasonable and necessary.

A seat or back cushion that is provided for use with a transport chair (E1037, E1038) will be denied as not reasonable and necessary.

The effectiveness of a powered seat cushion (E2610) has not been established. Claims for a powered seat cushion will be denied as not reasonable and necessary.

A prefabricated seat cushion, a prefabricated positioning back cushion, or a brand name custom fabricated seat or back cushion which has not received a written coding verification from the Pricing, Data Analysis, and Coding (PDAC) contractor or which does not meet the coding criteria will be denied as not reasonable and necessary.

Wheelchair seat and back cushion codes are all-inclusive. Use of HCPCS code K0108 or any other HCPCS code to separately bill for added components such as the foam blocks, gel packs, air cells, or equivalent material is incorrect coding.

Code E1033 is used for manual swingaway, retractable, or removable mounting hardware for wheelchair accessories described by headrests. Code E1033 may be billed in addition to code E0955.

Code E1034 is used for manual swingaway, retractable, or removable mounting hardware for wheelchair accessories described by lateral trunk or hip supports. Code E1034 may be billed in addition to E0956.

For initial claims or new rental periods for swingaway, retractable, or removable mounting hardware for wheelchair accessories described by headrests and lateral trunk or hip supports, with dates of service on or after April 1, 2025, suppliers must use HCPCS code E1033 and E1034, respectively.

If the rental period for the swingaway, retractable, or removable mounting hardware for wheelchair accessories described by headrests or lateral trunk or hip supports began prior to April 1, 2025, then suppliers must use HCPCS code E1028 for ongoing claims in the rental period. In this scenario, if an E0955 or E0956 rental period also began prior to

Medical Policy



Wheelchair Cushions/Seating Systems

April 1, 2025 and is still in a rental period after April 1, 2025, then the E0955 or E0956 will continue to be billed with the E1028.

For HCPCS codes E2601, E2602, E2611, E2612 and E2619, diagnosis codes are not specified.

Specialty Evaluation

The specialty evaluation (also known as a comprehensive written evaluation) provides detailed information explaining why a prefabricated seating system is not sufficient to meet the member's seating and positioning needs. There must be a written report of this evaluation available on request. The PT, OT, or practitioner who performs the specialty evaluation may have no financial relationship with the supplier. (Exception: If the supplier is owned by a hospital, the PT, OT, or practitioner working in the inpatient or outpatient hospital setting may perform the specialty evaluation.)

HCPCS CODES:

SEAT CUSHIONS:

Group 1 Codes:

| HCPCS | Description |
|-------|--|
| E2601 | GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH |
| E2602 | GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH |
| E2603 | SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH |
| E2604 | SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH |
| E2605 | POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH |
| E2606 | POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH |
| E2607 | SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH |
| E2608 | SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH |
| E2609 | CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE |
| E2610 | WHEELCHAIR SEAT CUSHION, POWERED |
| E2622 | SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, |

Medical Policy



Wheelchair Cushions/Seating Systems

| HCPCS | Description |
|-------|--|
| | WIDTH LESS THAN 22 INCHES, ANY DEPTH |
| E2623 | SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH |
| E2624 | SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH |
| E2625 | SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH |

Group 2 Paragraph: BACK CUSHIONS:

Group 2 Codes:

| HCPCS | Description |
|-------|--|
| E2611 | GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE |
| E2612 | GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE |
| E2613 | POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE |
| E2614 | POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE |
| E2615 | POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE |
| E2616 | POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE |
| E2617 | CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE |
| E2620 | POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE |
| E2621 | POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE |

Medical Policy



Wheelchair Cushions/Seating Systems

Group 3 Paragraph: POSITIONING ACCESSORIES:

Group 3 Codes:

| HCPCS | Description |
|-------|---|
| E0953 | WHEELCHAIR ACCESSORY, LATERAL THIGH OR KNEE SUPPORT, ANY TYPE INCLUDING FIXED MOUNTING HARDWARE, EACH |
| E0955 | WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH |
| E0956 | WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH |
| E0957 | WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH |
| E0960 | WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE |
| E0966 | MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH |
| E1028 | WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE, OTHER |
| E1033 | WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR HEADREST, CUSHIONED, ANY TYPE |
| E1034 | WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR LATERAL TRUNK OR HIP SUPPORT, ANY TYPE |

Group 4 Paragraph: MISCELLANEOUS:

Group 4 Codes:

| HCPCS | Description |
|-------|---|
| A9900 | MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE |
| E0992 | MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT |
| E2231 | MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE |
| E2291 | BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE |
| E2292 | SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE |

Medical Policy



Wheelchair Cushions/Seating Systems

| HCPCS | Description |
|-------|---|
| E2293 | BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE |
| E2294 | SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE |
| E2619 | REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH |
| K0108 | WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED |
| K0669 | WHEELCHAIR ACCESSORY, WHEELCHAIR SEAT OR BACK CUSHION, DOES NOT MEET SPECIFIC CODE CRITERIA OR NO WRITTEN CODING VERIFICATION FROM DME PDAC |

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

For skin protection items (HCPCS codes E2603, E2604, E2622, E2623) one diagnosis code from either Group 1 or Group 2.

For combination skin protection and positioning items (HCPCS codes E2607, E2608, E2624, E2625), use one of the following (either 1 or 2):

1. One diagnosis code from Group 1 and one diagnosis code from Group 3 (total of 2 diagnosis codes); or
2. One diagnosis code from Group 2.

The presence of an ICD-10 code listed in this section is not sufficient by itself to assure coverage. Refer to Policy Guidelines above.

Note: When the member has a history of a healed pressure ulcer on the area of contact with the seating surface, ICD-10-CM code Z87.2 (in ICD-10-CM Codes that Support Medical Necessity section Group 1 codes) is the diagnosis code that must be appended to the claim. Do not use other ICD-10-CM codes in the Group 1 Codes to represent a history of a healed pressure ulcer on the area contact with the seating surface. Z87.2 is not for use to describe a current pressure ulcer on the area of contact with the seating surface.

Skin protection criterion 2a diagnosis codes (pressure ulcer codes).

Group 1 Codes:

Medical Policy



Wheelchair Cushions/Seating Systems

| Code | Description |
|---------|--|
| L89.130 | Pressure ulcer of right lower back, unstageable |
| L89.131 | Pressure ulcer of right lower back, stage 1 |
| L89.132 | Pressure ulcer of right lower back, stage 2 |
| L89.133 | Pressure ulcer of right lower back, stage 3 |
| L89.134 | Pressure ulcer of right lower back, stage 4 |
| L89.140 | Pressure ulcer of left lower back, unstageable |
| L89.141 | Pressure ulcer of left lower back, stage 1 |
| L89.142 | Pressure ulcer of left lower back, stage 2 |
| L89.143 | Pressure ulcer of left lower back, stage 3 |
| L89.144 | Pressure ulcer of left lower back, stage 4 |
| L89.150 | Pressure ulcer of sacral region, unstageable |
| L89.151 | Pressure ulcer of sacral region, stage 1 |
| L89.152 | Pressure ulcer of sacral region, stage 2 |
| L89.153 | Pressure ulcer of sacral region, stage 3 |
| L89.154 | Pressure ulcer of sacral region, stage 4 |
| L89.200 | Pressure ulcer of unspecified hip, unstageable |
| L89.201 | Pressure ulcer of unspecified hip, stage 1 |
| L89.202 | Pressure ulcer of unspecified hip, stage 2 |
| L89.203 | Pressure ulcer of unspecified hip, stage 3 |
| L89.204 | Pressure ulcer of unspecified hip, stage 4 |
| L89.210 | Pressure ulcer of right hip, unstageable |
| L89.211 | Pressure ulcer of right hip, stage 1 |
| L89.212 | Pressure ulcer of right hip, stage 2 |
| L89.213 | Pressure ulcer of right hip, stage 3 |
| L89.214 | Pressure ulcer of right hip, stage 4 |
| L89.220 | Pressure ulcer of left hip, unstageable |
| L89.221 | Pressure ulcer of left hip, stage 1 |
| L89.222 | Pressure ulcer of left hip, stage 2 |
| L89.223 | Pressure ulcer of left hip, stage 3 |
| L89.224 | Pressure ulcer of left hip, stage 4 |
| L89.300 | Pressure ulcer of unspecified buttock, unstageable |
| L89.301 | Pressure ulcer of unspecified buttock, stage 1 |
| L89.302 | Pressure ulcer of unspecified buttock, stage 2 |
| L89.303 | Pressure ulcer of unspecified buttock, stage 3 |

Medical Policy



Wheelchair Cushions/Seating Systems

| | |
|---------|---|
| L89.304 | Pressure ulcer of unspecified buttock, stage 4 |
| L89.310 | Pressure ulcer of right buttock, unstageable |
| L89.311 | Pressure ulcer of right buttock, stage 1 |
| L89.312 | Pressure ulcer of right buttock, stage 2 |
| L89.313 | Pressure ulcer of right buttock, stage 3 |
| L89.314 | Pressure ulcer of right buttock, stage 4 |
| L89.320 | Pressure ulcer of left buttock, unstageable |
| L89.321 | Pressure ulcer of left buttock, stage 1 |
| L89.322 | Pressure ulcer of left buttock, stage 2 |
| L89.323 | Pressure ulcer of left buttock, stage 3 |
| L89.324 | Pressure ulcer of left buttock, stage 4 |
| L89.41 | Pressure ulcer of contiguous site of back, buttock and hip, stage 1 |
| L89.42 | Pressure ulcer of contiguous site of back, buttock and hip, stage 2 |
| L89.43 | Pressure ulcer of contiguous site of back, buttock and hip, stage 3 |
| L89.44 | Pressure ulcer of contiguous site of back, buttock and hip, stage 4 |
| L89.45 | Pressure ulcer of contiguous site of back, buttock and hip, unstageable |
| Z87.2 | Personal history of diseases of the skin and subcutaneous tissue |

Group 2 Paragraph

For skin protection items (HCPCS codes E2603, E2604, E2622, E2623) one diagnosis code from either Group 1 or Group 2.

For positioning items (HCPCS codes E0953, E0955, E0956, E0957, E0960, E2605, E2606, E2613, E2614, E2615, E2616, E2617, E2620, and E2621) one diagnosis code from either Group 2 or Group 3. Note: For HCPCS code E0955, a diagnosis code from Group 2 or Group 3 is only required if the member has a medically necessary manual wheelchair or power wheelchair with a sling/solid seat/back. If the member has a medically necessary manual tilt-in-space, manual semi or fully reclining back on a manual wheelchair, a manual fully reclining back on a power wheelchair, or a power tilt and/or recline power seating system, then a diagnosis code from Group 2 or Group 3 is not required for HCPCS code E0955.

For combination skin protection and positioning items (HCPCS codes E2607, E2608, E2624, E2625), use one of the following (either 1 or 2):

1. One diagnosis code from Group 1 and one diagnosis code from Group 3 (total of 2 diagnosis codes); or,
2. One diagnosis code from Group 2.

Skin Protection criterion 2b diagnosis codes and Positioning criterion 2a diagnosis codes

Medical Policy



Wheelchair Cushions/Seating Systems

Group 2 Codes

| Code | Description |
|---------|--|
| B91 | Sequelae of poliomyelitis |
| E75.00 | GM2 gangliosidosis, unspecified |
| E75.01 | Sandhoff disease |
| E75.02 | Tay-Sachs disease |
| E75.09 | Other GM2 gangliosidosis |
| E75.10 | Unspecified gangliosidosis |
| E75.11 | Mucopolipidosis IV |
| E75.19 | Other gangliosidosis |
| E75.23 | Krabbe disease |
| E75.25 | Metachromatic leukodystrophy |
| E75.27 | Pelizaeus-Merzbacher disease |
| E75.28 | Canavan disease |
| E75.29 | Other sphingolipidosis |
| E75.4 | Neuronal ceroid lipofuscinosis |
| F03.90 | Unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety |
| F03.911 | Unspecified dementia, unspecified severity, with agitation |
| F03.918 | Unspecified dementia, unspecified severity, with other behavioral disturbance |
| F03.92 | Unspecified dementia, unspecified severity, with psychotic disturbance |
| F03.93 | Unspecified dementia, unspecified severity, with mood disturbance |
| F03.94 | Unspecified dementia, unspecified severity, with anxiety |
| F03.A11 | Unspecified dementia, mild, with agitation |
| F03.A18 | Unspecified dementia, mild, with other behavioral disturbance |
| F03.A2 | Unspecified dementia, mild, with psychotic disturbance |
| F03.A3 | Unspecified dementia, mild, with mood disturbance |
| F03.A4 | Unspecified dementia, mild, with anxiety |
| F03.B11 | Unspecified dementia, moderate, with agitation |
| F03.B18 | Unspecified dementia, moderate, with other behavioral disturbance |
| F03.B2 | Unspecified dementia, moderate, with psychotic disturbance |
| F03.B3 | Unspecified dementia, moderate, with mood disturbance |
| F03.B4 | Unspecified dementia, moderate, with anxiety |
| F03.C11 | Unspecified dementia, severe, with agitation |
| F03.C18 | Unspecified dementia, severe, with other behavioral disturbance |

Medical Policy



Wheelchair Cushions/Seating Systems

| Code | Description |
|--------|---|
| F03.C2 | Unspecified dementia, severe, with psychotic disturbance |
| F03.C3 | Unspecified dementia, severe, with mood disturbance |
| F03.C4 | Unspecified dementia, severe, with anxiety |
| F84.2 | Rett's syndrome |
| G04.1 | Tropical spastic paraplegia |
| G04.82 | Acute flaccid myelitis |
| G04.89 | Other myelitis |
| G10 | Huntington's disease |
| G11.0 | Congenital nonprogressive ataxia |
| G11.10 | Early-onset cerebellar ataxia, unspecified |
| G11.11 | Friedreich ataxia |
| G11.19 | Other early-onset cerebellar ataxia |
| G11.2 | Late-onset cerebellar ataxia |
| G11.3 | Cerebellar ataxia with defective DNA repair |
| G11.4 | Hereditary spastic paraplegia |
| G11.8 | Other hereditary ataxias |
| G11.9 | Hereditary ataxia, unspecified |
| G12.0 | Infantile spinal muscular atrophy, type I [Werdnig-Hoffman] |
| G12.1 | Other inherited spinal muscular atrophy |
| G12.20 | Motor neuron disease, unspecified |
| G12.21 | Amyotrophic lateral sclerosis |
| G12.23 | Primary lateral sclerosis |
| G12.24 | Familial motor neuron disease |
| G12.25 | Progressive spinal muscle atrophy |
| G12.29 | Other motor neuron disease |
| G12.8 | Other spinal muscular atrophies and related syndromes |
| G12.9 | Spinal muscular atrophy, unspecified |
| G14 | Postpolio syndrome |
| G20.A1 | Parkinson's disease without dyskinesia, without mention of fluctuations |
| G20.A2 | Parkinson's disease without dyskinesia, with fluctuations |
| G20.B1 | Parkinson's disease with dyskinesia, without mention of fluctuations |
| G20.B2 | Parkinson's disease with dyskinesia, with fluctuations |
| G20.C | Parkinsonism, unspecified |
| G21.4 | Vascular parkinsonism |
| G24.1 | Genetic torsion dystonia |

Medical Policy



Wheelchair Cushions/Seating Systems

| Code | Description |
|--------|---|
| G30.0 | Alzheimer's disease with early onset |
| G30.1 | Alzheimer's disease with late onset |
| G30.8 | Other Alzheimer's disease |
| G30.9 | Alzheimer's disease, unspecified |
| G31.80 | Leukodystrophy, unspecified |
| G31.81 | Alpers disease |
| G31.82 | Leigh's disease |
| G31.83 | Neurocognitive disorder with Lewy bodies |
| G31.86 | Alexander disease |
| G31.89 | Other specified degenerative diseases of nervous system |
| G32.0 | Subacute combined degeneration of spinal cord in diseases classified elsewhere |
| G32.81 | Cerebellar ataxia in diseases classified elsewhere |
| G32.89 | Other specified degenerative disorders of nervous system in diseases classified elsewhere |
| G35 | Multiple sclerosis |
| G36.0 | Neuromyelitis optica [Devic] |
| G36.1 | Acute and subacute hemorrhagic leukoencephalitis [Hurst] |
| G36.8 | Other specified acute disseminated demyelination |
| G36.9 | Acute disseminated demyelination, unspecified |
| G37.0 | Diffuse sclerosis of central nervous system |
| G37.1 | Central demyelination of corpus callosum |
| G37.2 | Central pontine myelinolysis |
| G37.3 | Acute transverse myelitis in demyelinating disease of central nervous system |
| G37.4 | Subacute necrotizing myelitis of central nervous system |
| G37.5 | Concentric sclerosis [Balo] of central nervous system |
| G37.81 | Myelin oligodendrocyte glycoprotein antibody disease |
| G37.89 | Other specified demyelinating diseases of central nervous system |
| G37.9 | Demyelinating disease of central nervous system, unspecified |
| G60.0 | Hereditary motor and sensory neuropathy |
| G61.0 | Guillain-Barre syndrome |
| G70.00 | Myasthenia gravis without (acute) exacerbation |
| G70.01 | Myasthenia gravis with (acute) exacerbation |
| G71.00 | Muscular dystrophy, unspecified |
| G71.01 | Duchenne or Becker muscular dystrophy |

Medical Policy



Wheelchair Cushions/Seating Systems

| Code | Description |
|----------|---|
| G71.02 | Facioscapulohumeral muscular dystrophy |
| G71.031 | Autosomal dominant limb girdle muscular dystrophy |
| G71.032 | Autosomal recessive limb girdle muscular dystrophy due to calpain-3 dysfunction |
| G71.033 | Limb girdle muscular dystrophy due to dysferlin dysfunction |
| G71.0340 | Limb girdle muscular dystrophy due to sarcoglycan dysfunction, unspecified |
| G71.0341 | Limb girdle muscular dystrophy due to alpha sarcoglycan dysfunction |
| G71.0342 | Limb girdle muscular dystrophy due to beta sarcoglycan dysfunction |
| G71.0349 | Limb girdle muscular dystrophy due to other sarcoglycan dysfunction |
| G71.035 | Limb girdle muscular dystrophy due to anoctamin-5 dysfunction |
| G71.038 | Other limb girdle muscular dystrophy |
| G71.039 | Limb girdle muscular dystrophy, unspecified |
| G71.09 | Other specified muscular dystrophies |
| G71.11 | Myotonic muscular dystrophy |
| G71.20 | Congenital myopathy, unspecified |
| G71.21 | Nemaline myopathy |
| G71.220 | X-linked myotubular myopathy |
| G71.228 | Other centronuclear myopathy |
| G71.29 | Other congenital myopathy |
| G72.41 | Inclusion body myositis [IBM] |
| G80.0 | Spastic quadriplegic cerebral palsy |
| G80.1 | Spastic diplegic cerebral palsy |
| G80.2 | Spastic hemiplegic cerebral palsy |
| G80.3 | Athetoid cerebral palsy |
| G80.4 | Ataxic cerebral palsy |
| G80.8 | Other cerebral palsy |
| G80.9 | Cerebral palsy, unspecified |
| G81.00 | Flaccid hemiplegia affecting unspecified side |
| G81.01 | Flaccid hemiplegia affecting right dominant side |
| G81.02 | Flaccid hemiplegia affecting left dominant side |
| G81.03 | Flaccid hemiplegia affecting right nondominant side |
| G81.04 | Flaccid hemiplegia affecting left nondominant side |
| G81.10 | Spastic hemiplegia affecting unspecified side |
| G81.11 | Spastic hemiplegia affecting right dominant side |
| G81.12 | Spastic hemiplegia affecting left dominant side |

Medical Policy



Wheelchair Cushions/Seating Systems

| Code | Description |
|---------|---|
| G81.13 | Spastic hemiplegia affecting right nondominant side |
| G81.14 | Spastic hemiplegia affecting left nondominant side |
| G81.90 | Hemiplegia, unspecified affecting unspecified side |
| G81.91 | Hemiplegia, unspecified affecting right dominant side |
| G81.92 | Hemiplegia, unspecified affecting left dominant side |
| G81.93 | Hemiplegia, unspecified affecting right nondominant side |
| G81.94 | Hemiplegia, unspecified affecting left nondominant side |
| G82.20 | Paraplegia, unspecified |
| G82.21 | Paraplegia, complete |
| G82.22 | Paraplegia, incomplete |
| G82.50 | Quadriplegia, unspecified |
| G82.51 | Quadriplegia, C1-C4 complete |
| G82.52 | Quadriplegia, C1-C4 incomplete |
| G82.53 | Quadriplegia, C5-C7 complete |
| G82.54 | Quadriplegia, C5-C7 incomplete |
| G93.89 | Other specified disorders of brain |
| G93.9 | Disorder of brain, unspecified |
| G94 | Other disorders of brain in diseases classified elsewhere |
| G95.0 | Syringomyelia and syringobulbia |
| G95.11 | Acute infarction of spinal cord (embolic) (nonembolic) |
| G95.19 | Other vascular myelopathies |
| G99.2 | Myelopathy in diseases classified elsewhere |
| I69.051 | Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side |
| I69.052 | Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side |
| I69.053 | Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side |
| I69.054 | Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side |
| I69.059 | Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side |
| I69.151 | Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side |
| I69.152 | Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side |

Medical Policy



Wheelchair Cushions/Seating Systems

| Code | Description |
|---------|---|
| I69.153 | Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side |
| I69.154 | Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side |
| I69.159 | Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side |
| I69.251 | Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side |
| I69.252 | Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side |
| I69.253 | Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side |
| I69.254 | Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side |
| I69.259 | Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side |
| I69.351 | Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side |
| I69.352 | Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side |
| I69.353 | Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side |
| I69.354 | Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side |
| I69.359 | Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side |
| I69.851 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side |
| I69.852 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side |
| I69.853 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side |
| I69.854 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side |
| I69.859 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side |
| I69.951 | Hemiplegia and hemiparesis following unspecified cerebrovascular disease |

Medical Policy



Wheelchair Cushions/Seating Systems

| Code | Description |
|---------|--|
| | affecting right dominant side |
| I69.952 | Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side |
| I69.953 | Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side |
| I69.954 | Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side |
| I69.959 | Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side |
| M48.00 | Spinal stenosis, site unspecified |
| M48.01 | Spinal stenosis, occipito-atlanto-axial region |
| M48.02 | Spinal stenosis, cervical region |
| M48.03 | Spinal stenosis, cervicothoracic region |
| M48.04 | Spinal stenosis, thoracic region |
| M48.05 | Spinal stenosis, thoracolumbar region |
| M48.061 | Spinal stenosis, lumbar region without neurogenic claudication |
| M48.062 | Spinal stenosis, lumbar region with neurogenic claudication |
| M48.07 | Spinal stenosis, lumbosacral region |
| M48.08 | Spinal stenosis, sacral and sacrococcygeal region |
| M62.3 | Immobility syndrome (paraplegic) |
| M62.85 | Dysfunction of the multifidus muscles, lumbar region |
| M62.89 | Other specified disorders of muscle |
| Q03.0 | Malformations of aqueduct of Sylvius |
| Q03.1 | Atresia of foramina of Magendie and Luschka |
| Q03.8 | Other congenital hydrocephalus |
| Q03.9 | Congenital hydrocephalus, unspecified |
| Q05.0 | Cervical spina bifida with hydrocephalus |
| Q05.1 | Thoracic spina bifida with hydrocephalus |
| Q05.2 | Lumbar spina bifida with hydrocephalus |
| Q05.3 | Sacral spina bifida with hydrocephalus |
| Q05.4 | Unspecified spina bifida with hydrocephalus |
| Q05.5 | Cervical spina bifida without hydrocephalus |
| Q05.6 | Thoracic spina bifida without hydrocephalus |
| Q05.7 | Lumbar spina bifida without hydrocephalus |
| Q05.8 | Sacral spina bifida without hydrocephalus |

Medical Policy



Wheelchair Cushions/Seating Systems

| Code | Description |
|--------|--|
| Q05.9 | Spina bifida, unspecified |
| Q07.00 | Arnold-Chiari syndrome without spina bifida or hydrocephalus |
| Q07.01 | Arnold-Chiari syndrome with spina bifida |
| Q07.02 | Arnold-Chiari syndrome with hydrocephalus |
| Q07.03 | Arnold-Chiari syndrome with spina bifida and hydrocephalus |
| Q67.8 | Other congenital deformities of chest |
| Q68.1 | Congenital deformity of finger(s) and hand |
| Q74.3 | Arthrogryposis multiplex congenita |
| Q78.0 | Osteogenesis imperfecta |
| Q79.60 | Ehlers-Danlos syndrome, unspecified |
| Q79.61 | Classical Ehlers-Danlos syndrome |
| Q79.62 | Hypermobile Ehlers-Danlos syndrome |
| Q79.63 | Vascular Ehlers-Danlos syndrome |
| Q79.69 | Other Ehlers-Danlos syndromes |
| Q90.0 | Trisomy 21, nonmosaicism (meiotic nondisjunction) |
| Q90.1 | Trisomy 21, mosaicism (mitotic nondisjunction) |
| Q90.2 | Trisomy 21, translocation |
| Q90.9 | Down syndrome, unspecified |

Group 3 Paragraph:

For positioning items (HCPCS codes E0953, E0955, E0956, E0957, E0960, E2605, E2606, E2613, E2614, E2615, E2616, E2617, E2620, and E2621) one diagnosis code from either Group 2 or Group 3. Note: For HCPCS code E0955, a diagnosis code from Group 2 or Group 3 is only required if the member has a medically necessary manual wheelchair or power wheelchair with a sling/solid seat/back. If the member has a medically necessary manual tilt-in-space, manual semi or fully reclining back on a manual wheelchair, a manual fully reclining back on a power wheelchair, or a power tilt and/or recline power seating system, then a diagnosis code from Group 2 or Group 3 is not required for HCPCS code E0955.

For combination skin protection and positioning items (HCPCS codes E2607, E2608, E2624, E2625), use one of the following (either 1 or 2):

- (1) one diagnosis code from Group 1 and one diagnosis code from Group 3 (total of 2 diagnosis codes); or,
- (2) one diagnosis code from Group 2.

Medical Policy



Wheelchair Cushions/Seating Systems

Positioning Criterion 2 b diagnosis codes.

Group 3 Codes

| Code | Description |
|---------|---|
| G83.10 | Monoplegia of lower limb affecting unspecified side |
| G83.11 | Monoplegia of lower limb affecting right dominant side |
| G83.12 | Monoplegia of lower limb affecting left dominant side |
| G83.13 | Monoplegia of lower limb affecting right nondominant side |
| G83.14 | Monoplegia of lower limb affecting left nondominant side |
| I69.041 | Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side |
| I69.042 | Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left dominant side |
| I69.043 | Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side |
| I69.044 | Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side |
| I69.049 | Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting unspecified side |
| I69.141 | Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right dominant side |
| I69.142 | Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left dominant side |
| I69.143 | Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side |
| I69.144 | Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side |
| I69.149 | Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting unspecified side |
| I69.241 | Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right dominant side |
| I69.242 | Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left dominant side |
| I69.243 | Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side |
| I69.244 | Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side |

Medical Policy



Wheelchair Cushions/Seating Systems

| Code | Description |
|---------|--|
| I69.249 | Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting unspecified side |
| I69.341 | Monoplegia of lower limb following cerebral infarction affecting right dominant side |
| I69.342 | Monoplegia of lower limb following cerebral infarction affecting left dominant side |
| I69.343 | Monoplegia of lower limb following cerebral infarction affecting right non-dominant side |
| I69.344 | Monoplegia of lower limb following cerebral infarction affecting left non-dominant side |
| I69.349 | Monoplegia of lower limb following cerebral infarction affecting unspecified side |
| I69.841 | Monoplegia of lower limb following other cerebrovascular disease affecting right dominant side |
| I69.842 | Monoplegia of lower limb following other cerebrovascular disease affecting left dominant side |
| I69.843 | Monoplegia of lower limb following other cerebrovascular disease affecting right non-dominant side |
| I69.844 | Monoplegia of lower limb following other cerebrovascular disease affecting left non-dominant side |
| I69.849 | Monoplegia of lower limb following other cerebrovascular disease affecting unspecified side |
| I69.941 | Monoplegia of lower limb following unspecified cerebrovascular disease affecting right dominant side |
| I69.942 | Monoplegia of lower limb following unspecified cerebrovascular disease affecting left dominant side |
| I69.943 | Monoplegia of lower limb following unspecified cerebrovascular disease affecting right non-dominant side |
| I69.944 | Monoplegia of lower limb following unspecified cerebrovascular disease affecting left non-dominant side |
| I69.949 | Monoplegia of lower limb following unspecified cerebrovascular disease affecting unspecified side |
| Q72.01 | Congenital complete absence of right lower limb |
| Q72.02 | Congenital complete absence of left lower limb |
| Q72.03 | Congenital complete absence of lower limb, bilateral |
| Q72.11 | Congenital absence of right thigh and lower leg with foot present |
| Q72.12 | Congenital absence of left thigh and lower leg with foot present |

Medical Policy



Wheelchair Cushions/Seating Systems

| Code | Description |
|----------|---|
| Q72.13 | Congenital absence of thigh and lower leg with foot present, bilateral |
| Q78.0 | Osteogenesis imperfecta |
| S78.011A | Complete traumatic amputation at right hip joint, initial encounter |
| S78.011D | Complete traumatic amputation at right hip joint, subsequent encounter |
| S78.011S | Complete traumatic amputation at right hip joint, sequela |
| S78.012A | Complete traumatic amputation at left hip joint, initial encounter |
| S78.012D | Complete traumatic amputation at left hip joint, subsequent encounter |
| S78.012S | Complete traumatic amputation at left hip joint, sequela |
| S78.019A | Complete traumatic amputation at unspecified hip joint, initial encounter |
| S78.019D | Complete traumatic amputation at unspecified hip joint, subsequent encounter |
| S78.019S | Complete traumatic amputation at unspecified hip joint, sequela |
| S78.021A | Partial traumatic amputation at right hip joint, initial encounter |
| S78.021D | Partial traumatic amputation at right hip joint, subsequent encounter |
| S78.021S | Partial traumatic amputation at right hip joint, sequela |
| S78.022A | Partial traumatic amputation at left hip joint, initial encounter |
| S78.022D | Partial traumatic amputation at left hip joint, subsequent encounter |
| S78.022S | Partial traumatic amputation at left hip joint, sequela |
| S78.029A | Partial traumatic amputation at unspecified hip joint, initial encounter |
| S78.029D | Partial traumatic amputation at unspecified hip joint, subsequent encounter |
| S78.029S | Partial traumatic amputation at unspecified hip joint, sequela |
| S78.111A | Complete traumatic amputation at level between right hip and knee, initial encounter |
| S78.111D | Complete traumatic amputation at level between right hip and knee, subsequent encounter |
| S78.111S | Complete traumatic amputation at level between right hip and knee, sequela |
| S78.112A | Complete traumatic amputation at level between left hip and knee, initial encounter |
| S78.112D | Complete traumatic amputation at level between left hip and knee, subsequent encounter |
| S78.112S | Complete traumatic amputation at level between left hip and knee, sequela |
| S78.119A | Complete traumatic amputation at level between unspecified hip and knee, initial encounter |
| S78.119D | Complete traumatic amputation at level between unspecified hip and knee, subsequent encounter |
| S78.119S | Complete traumatic amputation at level between unspecified hip and knee, sequela |

Medical Policy



Wheelchair Cushions/Seating Systems

| Code | Description |
|----------|---|
| S78.121A | Partial traumatic amputation at level between right hip and knee, initial encounter |
| S78.121D | Partial traumatic amputation at level between right hip and knee, subsequent encounter |
| S78.121S | Partial traumatic amputation at level between right hip and knee, sequela |
| S78.122A | Partial traumatic amputation at level between left hip and knee, initial encounter |
| S78.122D | Partial traumatic amputation at level between left hip and knee, subsequent encounter |
| S78.122S | Partial traumatic amputation at level between left hip and knee, sequela |
| S78.129A | Partial traumatic amputation at level between unspecified hip and knee, initial encounter |
| S78.129D | Partial traumatic amputation at level between unspecified hip and knee, subsequent encounter |
| S78.129S | Partial traumatic amputation at level between unspecified hip and knee, sequela |
| S78.911A | Complete traumatic amputation of right hip and thigh, level unspecified, initial encounter |
| S78.911D | Complete traumatic amputation of right hip and thigh, level unspecified, subsequent encounter |
| S78.911S | Complete traumatic amputation of right hip and thigh, level unspecified, sequela |
| S78.912A | Complete traumatic amputation of left hip and thigh, level unspecified, initial encounter |
| S78.912D | Complete traumatic amputation of left hip and thigh, level unspecified, subsequent encounter |
| S78.912S | Complete traumatic amputation of left hip and thigh, level unspecified, sequela |
| S78.919A | Complete traumatic amputation of unspecified hip and thigh, level unspecified, initial encounter |
| S78.919D | Complete traumatic amputation of unspecified hip and thigh, level unspecified, subsequent encounter |
| S78.919S | Complete traumatic amputation of unspecified hip and thigh, level unspecified, sequela |
| S78.921A | Partial traumatic amputation of right hip and thigh, level unspecified, initial encounter |
| S78.921D | Partial traumatic amputation of right hip and thigh, level unspecified, subsequent encounter |

Medical Policy



Wheelchair Cushions/Seating Systems

| Code | Description |
|----------|--|
| S78.921S | Partial traumatic amputation of right hip and thigh, level unspecified, sequela |
| S78.922A | Partial traumatic amputation of left hip and thigh, level unspecified, initial encounter |
| S78.922D | Partial traumatic amputation of left hip and thigh, level unspecified, subsequent encounter |
| S78.922S | Partial traumatic amputation of left hip and thigh, level unspecified, sequela |
| S78.929A | Partial traumatic amputation of unspecified hip and thigh, level unspecified, initial encounter |
| S78.929D | Partial traumatic amputation of unspecified hip and thigh, level unspecified, subsequent encounter |
| S78.929S | Partial traumatic amputation of unspecified hip and thigh, level unspecified, sequela |
| S88.011A | Complete traumatic amputation at knee level, right lower leg, initial encounter |
| S88.011D | Complete traumatic amputation at knee level, right lower leg, subsequent encounter |
| S88.011S | Complete traumatic amputation at knee level, right lower leg, sequela |
| S88.012A | Complete traumatic amputation at knee level, left lower leg, initial encounter |
| S88.012D | Complete traumatic amputation at knee level, left lower leg, subsequent encounter |
| S88.012S | Complete traumatic amputation at knee level, left lower leg, sequela |
| S88.019A | Complete traumatic amputation at knee level, unspecified lower leg, initial encounter |
| S88.019D | Complete traumatic amputation at knee level, unspecified lower leg, subsequent encounter |
| S88.019S | Complete traumatic amputation at knee level, unspecified lower leg, sequela |
| S88.021A | Partial traumatic amputation at knee level, right lower leg, initial encounter |
| S88.021D | Partial traumatic amputation at knee level, right lower leg, subsequent encounter |
| S88.021S | Partial traumatic amputation at knee level, right lower leg, sequela |
| S88.022A | Partial traumatic amputation at knee level, left lower leg, initial encounter |
| S88.022D | Partial traumatic amputation at knee level, left lower leg, subsequent encounter |
| S88.022S | Partial traumatic amputation at knee level, left lower leg, sequela |
| S88.029A | Partial traumatic amputation at knee level, unspecified lower leg, initial encounter |
| S88.029D | Partial traumatic amputation at knee level, unspecified lower leg, subsequent encounter |

Medical Policy



Wheelchair Cushions/Seating Systems

| Code | Description |
|----------|---|
| S88.029S | Partial traumatic amputation at knee level, unspecified lower leg, sequela |
| S88.911A | Complete traumatic amputation of right lower leg, level unspecified, initial encounter |
| S88.911D | Complete traumatic amputation of right lower leg, level unspecified, subsequent encounter |
| S88.911S | Complete traumatic amputation of right lower leg, level unspecified, sequela |
| S88.912A | Complete traumatic amputation of left lower leg, level unspecified, initial encounter |
| S88.912D | Complete traumatic amputation of left lower leg, level unspecified, subsequent encounter |
| S88.912S | Complete traumatic amputation of left lower leg, level unspecified, sequela |
| S88.919A | Complete traumatic amputation of unspecified lower leg, level unspecified, initial encounter |
| S88.919D | Complete traumatic amputation of unspecified lower leg, level unspecified, subsequent encounter |
| S88.919S | Complete traumatic amputation of unspecified lower leg, level unspecified, sequela |
| S88.921A | Partial traumatic amputation of right lower leg, level unspecified, initial encounter |
| S88.921D | Partial traumatic amputation of right lower leg, level unspecified, subsequent encounter |
| S88.921S | Partial traumatic amputation of right lower leg, level unspecified, sequela |
| S88.922A | Partial traumatic amputation of left lower leg, level unspecified, initial encounter |
| S88.922D | Partial traumatic amputation of left lower leg, level unspecified, subsequent encounter |
| S88.922S | Partial traumatic amputation of left lower leg, level unspecified, sequela |
| S88.929A | Partial traumatic amputation of unspecified lower leg, level unspecified, initial encounter |
| S88.929D | Partial traumatic amputation of unspecified lower leg, level unspecified, subsequent encounter |
| S88.929S | Partial traumatic amputation of unspecified lower leg, level unspecified, sequela |
| Z89.511 | Acquired absence of right leg below knee |
| Z89.512 | Acquired absence of left leg below knee |
| Z89.519 | Acquired absence of unspecified leg below knee |

Medical Policy



Wheelchair Cushions/Seating Systems

| Code | Description |
|---------|--|
| Z89.611 | Acquired absence of right leg above knee |
| Z89.612 | Acquired absence of left leg above knee |
| Z89.619 | Acquired absence of unspecified leg above knee |
| Z89.621 | Acquired absence of right hip joint |
| Z89.622 | Acquired absence of left hip joint |
| Z89.629 | Acquired absence of unspecified hip joint |

Group 4 Codes:

Note: When the member has a history of a healed pressure ulcer on the area of contact with the seating surface, ICD-10-CM code Z87.2 (in ICD-10-CM Codes that Support Medical Necessity Section Group 4 codes) is the diagnosis code that must be appended to the claim. Do not use other ICD-10-CM codes in the Group 4 Codes to represent a history of a healed pressure ulcer on the area contact with the seating surface. Z87.2 is not for use to describe a current pressure ulcer on the area of contact with the seating surface.

For HCPCS code E2609 custom fabricated seat cushions:

Group 4 Codes

| Code | Description |
|--------|--|
| B91 | Sequelae of poliomyelitis |
| E75.00 | GM2 gangliosidosis, unspecified |
| E75.01 | Sandhoff disease |
| E75.02 | Tay-Sachs disease |
| E75.09 | Other GM2 gangliosidosis |
| E75.10 | Unspecified gangliosidosis |
| E75.11 | Mucopolipidosis IV |
| E75.19 | Other gangliosidosis |
| E75.23 | Krabbe disease |
| E75.25 | Metachromatic leukodystrophy |
| E75.27 | Pelizaeus-Merzbacher disease |
| E75.28 | Canavan disease |
| E75.29 | Other sphingolipidosis |
| E75.4 | Neuronal ceroid lipofuscinosis |
| F03.90 | Unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety |

Medical Policy



Wheelchair Cushions/Seating Systems

| Code | Description |
|---------|---|
| F03.911 | Unspecified dementia, unspecified severity, with agitation |
| F03.918 | Unspecified dementia, unspecified severity, with other behavioral disturbance |
| F03.92 | Unspecified dementia, unspecified severity, with psychotic disturbance |
| F03.93 | Unspecified dementia, unspecified severity, with mood disturbance |
| F03.94 | Unspecified dementia, unspecified severity, with anxiety |
| F03.A11 | Unspecified dementia, mild, with agitation |
| F03.A18 | Unspecified dementia, mild, with other behavioral disturbance |
| F03.A2 | Unspecified dementia, mild, with psychotic disturbance |
| F03.A3 | Unspecified dementia, mild, with mood disturbance |
| F03.A4 | Unspecified dementia, mild, with anxiety |
| F03.B11 | Unspecified dementia, moderate, with agitation |
| F03.B18 | Unspecified dementia, moderate, with other behavioral disturbance |
| F03.B2 | Unspecified dementia, moderate, with psychotic disturbance |
| F03.B3 | Unspecified dementia, moderate, with mood disturbance |
| F03.B4 | Unspecified dementia, moderate, with anxiety |
| F03.C11 | Unspecified dementia, severe, with agitation |
| F03.C18 | Unspecified dementia, severe, with other behavioral disturbance |
| F03.C2 | Unspecified dementia, severe, with psychotic disturbance |
| F03.C3 | Unspecified dementia, severe, with mood disturbance |
| F03.C4 | Unspecified dementia, severe, with anxiety |
| F84.2 | Rett's syndrome |
| G04.1 | Tropical spastic paraplegia |
| G04.82 | Acute flaccid myelitis |
| G04.89 | Other myelitis |
| G10 | Huntington's disease |
| G11.0 | Congenital nonprogressive ataxia |
| G11.10 | Early-onset cerebellar ataxia, unspecified |
| G11.11 | Friedreich ataxia |
| G11.19 | Other early-onset cerebellar ataxia |
| G11.2 | Late-onset cerebellar ataxia |
| G11.3 | Cerebellar ataxia with defective DNA repair |
| G11.4 | Hereditary spastic paraplegia |
| G11.8 | Other hereditary ataxias |
| G11.9 | Hereditary ataxia, unspecified |
| G12.0 | Infantile spinal muscular atrophy, type I [Werdnig-Hoffman] |

Medical Policy



Wheelchair Cushions/Seating Systems

| Code | Description |
|--------|---|
| G12.1 | Other inherited spinal muscular atrophy |
| G12.20 | Motor neuron disease, unspecified |
| G12.21 | Amyotrophic lateral sclerosis |
| G12.23 | Primary lateral sclerosis |
| G12.24 | Familial motor neuron disease |
| G12.25 | Progressive spinal muscle atrophy |
| G12.29 | Other motor neuron disease |
| G12.8 | Other spinal muscular atrophies and related syndromes |
| G12.9 | Spinal muscular atrophy, unspecified |
| G14 | Postpolio syndrome |
| G20.A1 | Parkinson's disease without dyskinesia, without mention of fluctuations |
| G20.A2 | Parkinson's disease without dyskinesia, with fluctuations |
| G20.B1 | Parkinson's disease with dyskinesia, without mention of fluctuations |
| G20.B2 | Parkinson's disease with dyskinesia, with fluctuations |
| G20.C | Parkinsonism, unspecified |
| G21.4 | Vascular parkinsonism |
| G24.1 | Genetic torsion dystonia |
| G30.0 | Alzheimer's disease with early onset |
| G30.1 | Alzheimer's disease with late onset |
| G30.8 | Other Alzheimer's disease |
| G30.9 | Alzheimer's disease, unspecified |
| G31.80 | Leukodystrophy, unspecified |
| G31.81 | Alpers disease |
| G31.82 | Leigh's disease |
| G31.83 | Neurocognitive disorder with Lewy bodies |
| G31.86 | Alexander disease |
| G31.89 | Other specified degenerative diseases of nervous system |
| G32.0 | Subacute combined degeneration of spinal cord in diseases classified elsewhere |
| G32.81 | Cerebellar ataxia in diseases classified elsewhere |
| G32.89 | Other specified degenerative disorders of nervous system in diseases classified elsewhere |
| G35 | Multiple sclerosis |
| G36.0 | Neuromyelitis optica [Devic] |
| G36.1 | Acute and subacute hemorrhagic leukoencephalitis [Hurst] |

Medical Policy



Wheelchair Cushions/Seating Systems

| Code | Description |
|----------|---|
| G36.8 | Other specified acute disseminated demyelination |
| G36.9 | Acute disseminated demyelination, unspecified |
| G37.0 | Diffuse sclerosis of central nervous system |
| G37.1 | Central demyelination of corpus callosum |
| G37.2 | Central pontine myelinolysis |
| G37.3 | Acute transverse myelitis in demyelinating disease of central nervous system |
| G37.4 | Subacute necrotizing myelitis of central nervous system |
| G37.5 | Concentric sclerosis [Balo] of central nervous system |
| G37.81 | Myelin oligodendrocyte glycoprotein antibody disease |
| G37.89 | Other specified demyelinating diseases of central nervous system |
| G37.9 | Demyelinating disease of central nervous system, unspecified |
| G60.0 | Hereditary motor and sensory neuropathy |
| G61.0 | Guillain-Barre syndrome |
| G70.00 | Myasthenia gravis without (acute) exacerbation |
| G70.01 | Myasthenia gravis with (acute) exacerbation |
| G71.00 | Muscular dystrophy, unspecified |
| G71.01 | Duchenne or Becker muscular dystrophy |
| G71.02 | Facioscapulohumeral muscular dystrophy |
| G71.031 | Autosomal dominant limb girdle muscular dystrophy |
| G71.032 | Autosomal recessive limb girdle muscular dystrophy due to calpain-3 dysfunction |
| G71.033 | Limb girdle muscular dystrophy due to dysferlin dysfunction |
| G71.0340 | Limb girdle muscular dystrophy due to sarcoglycan dysfunction, unspecified |
| G71.0341 | Limb girdle muscular dystrophy due to alpha sarcoglycan dysfunction |
| G71.0342 | Limb girdle muscular dystrophy due to beta sarcoglycan dysfunction |
| G71.0349 | Limb girdle muscular dystrophy due to other sarcoglycan dysfunction |
| G71.035 | Limb girdle muscular dystrophy due to anoctamin-5 dysfunction |
| G71.038 | Other limb girdle muscular dystrophy |
| G71.039 | Limb girdle muscular dystrophy, unspecified |
| G71.09 | Other specified muscular dystrophies |
| G71.11 | Myotonic muscular dystrophy |
| G71.20 | Congenital myopathy, unspecified |
| G71.21 | Nemaline myopathy |
| G71.220 | X-linked myotubular myopathy |
| G71.228 | Other centronuclear myopathy |

Medical Policy



Wheelchair Cushions/Seating Systems

| Code | Description |
|--------|--|
| G71.29 | Other congenital myopathy |
| G72.41 | Inclusion body myositis [IBM] |
| G80.0 | Spastic quadriplegic cerebral palsy |
| G80.1 | Spastic diplegic cerebral palsy |
| G80.2 | Spastic hemiplegic cerebral palsy |
| G80.3 | Athetoid cerebral palsy |
| G80.4 | Ataxic cerebral palsy |
| G80.8 | Other cerebral palsy |
| G80.9 | Cerebral palsy, unspecified |
| G81.00 | Flaccid hemiplegia affecting unspecified side |
| G81.01 | Flaccid hemiplegia affecting right dominant side |
| G81.02 | Flaccid hemiplegia affecting left dominant side |
| G81.03 | Flaccid hemiplegia affecting right nondominant side |
| G81.04 | Flaccid hemiplegia affecting left nondominant side |
| G81.10 | Spastic hemiplegia affecting unspecified side |
| G81.11 | Spastic hemiplegia affecting right dominant side |
| G81.12 | Spastic hemiplegia affecting left dominant side |
| G81.13 | Spastic hemiplegia affecting right nondominant side |
| G81.14 | Spastic hemiplegia affecting left nondominant side |
| G81.90 | Hemiplegia, unspecified affecting unspecified side |
| G81.91 | Hemiplegia, unspecified affecting right dominant side |
| G81.92 | Hemiplegia, unspecified affecting left dominant side |
| G81.93 | Hemiplegia, unspecified affecting right nondominant side |
| G81.94 | Hemiplegia, unspecified affecting left nondominant side |
| G82.20 | Paraplegia, unspecified |
| G82.21 | Paraplegia, complete |
| G82.22 | Paraplegia, incomplete |
| G82.50 | Quadriplegia, unspecified |
| G82.51 | Quadriplegia, C1-C4 complete |
| G82.52 | Quadriplegia, C1-C4 incomplete |
| G82.53 | Quadriplegia, C5-C7 complete |
| G82.54 | Quadriplegia, C5-C7 incomplete |
| G83.10 | Monoplegia of lower limb affecting unspecified side |
| G83.11 | Monoplegia of lower limb affecting right dominant side |
| G83.12 | Monoplegia of lower limb affecting left dominant side |

Medical Policy



Wheelchair Cushions/Seating Systems

| Code | Description |
|---------|---|
| G83.13 | Monoplegia of lower limb affecting right nondominant side |
| G83.14 | Monoplegia of lower limb affecting left nondominant side |
| G93.89 | Other specified disorders of brain |
| G93.9 | Disorder of brain, unspecified |
| G94 | Other disorders of brain in diseases classified elsewhere |
| G95.0 | Syringomyelia and syringobulbia |
| G95.11 | Acute infarction of spinal cord (embolic) (nonembolic) |
| G95.19 | Other vascular myelopathies |
| G99.2 | Myelopathy in diseases classified elsewhere |
| I69.041 | Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side |
| I69.042 | Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left dominant side |
| I69.043 | Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side |
| I69.044 | Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side |
| I69.049 | Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting unspecified side |
| I69.051 | Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side |
| I69.052 | Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side |
| I69.053 | Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side |
| I69.054 | Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side |
| I69.059 | Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side |
| I69.141 | Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right dominant side |
| I69.142 | Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left dominant side |
| I69.143 | Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side |
| I69.144 | Monoplegia of lower limb following nontraumatic intracerebral hemorrhage |

Medical Policy



Wheelchair Cushions/Seating Systems

| Code | Description |
|---------|---|
| | affecting left non-dominant side |
| I69.149 | Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting unspecified side |
| I69.151 | Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side |
| I69.152 | Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side |
| I69.153 | Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side |
| I69.154 | Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side |
| I69.159 | Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side |
| I69.241 | Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right dominant side |
| I69.242 | Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left dominant side |
| I69.243 | Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side |
| I69.244 | Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side |
| I69.249 | Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting unspecified side |
| I69.251 | Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side |
| I69.252 | Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side |
| I69.253 | Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side |
| I69.254 | Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side |
| I69.259 | Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side |
| I69.341 | Monoplegia of lower limb following cerebral infarction affecting right dominant side |
| I69.342 | Monoplegia of lower limb following cerebral infarction affecting left dominant side |

Medical Policy



Wheelchair Cushions/Seating Systems

| Code | Description |
|---------|--|
| I69.343 | Monoplegia of lower limb following cerebral infarction affecting right non-dominant side |
| I69.344 | Monoplegia of lower limb following cerebral infarction affecting left non-dominant side |
| I69.349 | Monoplegia of lower limb following cerebral infarction affecting unspecified side |
| I69.351 | Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side |
| I69.352 | Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side |
| I69.353 | Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side |
| I69.354 | Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side |
| I69.359 | Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side |
| I69.841 | Monoplegia of lower limb following other cerebrovascular disease affecting right dominant side |
| I69.842 | Monoplegia of lower limb following other cerebrovascular disease affecting left dominant side |
| I69.843 | Monoplegia of lower limb following other cerebrovascular disease affecting right non-dominant side |
| I69.844 | Monoplegia of lower limb following other cerebrovascular disease affecting left non-dominant side |
| I69.849 | Monoplegia of lower limb following other cerebrovascular disease affecting unspecified side |
| I69.851 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side |
| I69.852 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side |
| I69.853 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side |
| I69.854 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side |
| I69.859 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side |
| I69.941 | Monoplegia of lower limb following unspecified cerebrovascular disease |

Medical Policy



Wheelchair Cushions/Seating Systems

| Code | Description |
|---------|--|
| | affecting right dominant side |
| I69.942 | Monoplegia of lower limb following unspecified cerebrovascular disease affecting left dominant side |
| I69.943 | Monoplegia of lower limb following unspecified cerebrovascular disease affecting right non-dominant side |
| I69.944 | Monoplegia of lower limb following unspecified cerebrovascular disease affecting left non-dominant side |
| I69.949 | Monoplegia of lower limb following unspecified cerebrovascular disease affecting unspecified side |
| I69.951 | Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side |
| I69.952 | Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side |
| I69.953 | Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side |
| I69.954 | Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side |
| I69.959 | Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side |
| L89.130 | Pressure ulcer of right lower back, unstageable |
| L89.131 | Pressure ulcer of right lower back, stage 1 |
| L89.132 | Pressure ulcer of right lower back, stage 2 |
| L89.133 | Pressure ulcer of right lower back, stage 3 |
| L89.134 | Pressure ulcer of right lower back, stage 4 |
| L89.140 | Pressure ulcer of left lower back, unstageable |
| L89.141 | Pressure ulcer of left lower back, stage 1 |
| L89.142 | Pressure ulcer of left lower back, stage 2 |
| L89.143 | Pressure ulcer of left lower back, stage 3 |
| L89.144 | Pressure ulcer of left lower back, stage 4 |
| L89.150 | Pressure ulcer of sacral region, unstageable |
| L89.151 | Pressure ulcer of sacral region, stage 1 |
| L89.152 | Pressure ulcer of sacral region, stage 2 |
| L89.153 | Pressure ulcer of sacral region, stage 3 |
| L89.154 | Pressure ulcer of sacral region, stage 4 |
| L89.200 | Pressure ulcer of unspecified hip, unstageable |
| L89.201 | Pressure ulcer of unspecified hip, stage 1 |

Medical Policy



Wheelchair Cushions/Seating Systems

| Code | Description |
|---------|---|
| L89.202 | Pressure ulcer of unspecified hip, stage 2 |
| L89.203 | Pressure ulcer of unspecified hip, stage 3 |
| L89.204 | Pressure ulcer of unspecified hip, stage 4 |
| L89.210 | Pressure ulcer of right hip, unstageable |
| L89.211 | Pressure ulcer of right hip, stage 1 |
| L89.212 | Pressure ulcer of right hip, stage 2 |
| L89.213 | Pressure ulcer of right hip, stage 3 |
| L89.214 | Pressure ulcer of right hip, stage 4 |
| L89.220 | Pressure ulcer of left hip, unstageable |
| L89.221 | Pressure ulcer of left hip, stage 1 |
| L89.222 | Pressure ulcer of left hip, stage 2 |
| L89.223 | Pressure ulcer of left hip, stage 3 |
| L89.224 | Pressure ulcer of left hip, stage 4 |
| L89.300 | Pressure ulcer of unspecified buttock, unstageable |
| L89.301 | Pressure ulcer of unspecified buttock, stage 1 |
| L89.302 | Pressure ulcer of unspecified buttock, stage 2 |
| L89.303 | Pressure ulcer of unspecified buttock, stage 3 |
| L89.304 | Pressure ulcer of unspecified buttock, stage 4 |
| L89.310 | Pressure ulcer of right buttock, unstageable |
| L89.311 | Pressure ulcer of right buttock, stage 1 |
| L89.312 | Pressure ulcer of right buttock, stage 2 |
| L89.313 | Pressure ulcer of right buttock, stage 3 |
| L89.314 | Pressure ulcer of right buttock, stage 4 |
| L89.320 | Pressure ulcer of left buttock, unstageable |
| L89.321 | Pressure ulcer of left buttock, stage 1 |
| L89.322 | Pressure ulcer of left buttock, stage 2 |
| L89.323 | Pressure ulcer of left buttock, stage 3 |
| L89.324 | Pressure ulcer of left buttock, stage 4 |
| L89.41 | Pressure ulcer of contiguous site of back, buttock and hip, stage 1 |
| L89.42 | Pressure ulcer of contiguous site of back, buttock and hip, stage 2 |
| L89.43 | Pressure ulcer of contiguous site of back, buttock and hip, stage 3 |
| L89.44 | Pressure ulcer of contiguous site of back, buttock and hip, stage 4 |
| L89.45 | Pressure ulcer of contiguous site of back, buttock and hip, unstageable |
| M48.00 | Spinal stenosis, site unspecified |
| M48.01 | Spinal stenosis, occipito-atlanto-axial region |

Medical Policy



Wheelchair Cushions/Seating Systems

| Code | Description |
|---------|--|
| M48.02 | Spinal stenosis, cervical region |
| M48.03 | Spinal stenosis, cervicothoracic region |
| M48.04 | Spinal stenosis, thoracic region |
| M48.05 | Spinal stenosis, thoracolumbar region |
| M48.061 | Spinal stenosis, lumbar region without neurogenic claudication |
| M48.062 | Spinal stenosis, lumbar region with neurogenic claudication |
| M48.07 | Spinal stenosis, lumbosacral region |
| M48.08 | Spinal stenosis, sacral and sacrococcygeal region |
| Q03.0 | Malformations of aqueduct of Sylvius |
| Q03.1 | Atresia of foramina of Magendie and Luschka |
| Q03.8 | Other congenital hydrocephalus |
| Q03.9 | Congenital hydrocephalus, unspecified |
| Q05.5 | Cervical spina bifida without hydrocephalus |
| Q05.6 | Thoracic spina bifida without hydrocephalus |
| Q05.7 | Lumbar spina bifida without hydrocephalus |
| Q05.8 | Sacral spina bifida without hydrocephalus |
| Q05.9 | Spina bifida, unspecified |
| Q07.00 | Arnold-Chiari syndrome without spina bifida or hydrocephalus |
| Q07.01 | Arnold-Chiari syndrome with spina bifida |
| Q07.02 | Arnold-Chiari syndrome with hydrocephalus |
| Q07.03 | Arnold-Chiari syndrome with spina bifida and hydrocephalus |
| Q67.8 | Other congenital deformities of chest |
| Q68.1 | Congenital deformity of finger(s) and hand |
| Q72.01 | Congenital complete absence of right lower limb |
| Q72.02 | Congenital complete absence of left lower limb |
| Q72.03 | Congenital complete absence of lower limb, bilateral |
| Q72.11 | Congenital absence of right thigh and lower leg with foot present |
| Q72.12 | Congenital absence of left thigh and lower leg with foot present |
| Q72.13 | Congenital absence of thigh and lower leg with foot present, bilateral |
| Q74.3 | Arthrogryposis multiplex congenita |
| Q78.0 | Osteogenesis imperfecta |
| Q79.60 | Ehlers-Danlos syndrome, unspecified |
| Q79.61 | Classical Ehlers-Danlos syndrome |
| Q79.62 | Hypermobile Ehlers-Danlos syndrome |
| Q79.63 | Vascular Ehlers-Danlos syndrome |

Medical Policy



Wheelchair Cushions/Seating Systems

| Code | Description |
|----------|--|
| Q79.69 | Other Ehlers-Danlos syndromes |
| Q90.0 | Trisomy 21, nonmosaicism (meiotic nondisjunction) |
| Q90.1 | Trisomy 21, mosaicism (mitotic nondisjunction) |
| Q90.2 | Trisomy 21, translocation |
| Q90.9 | Down syndrome, unspecified |
| S78.011A | Complete traumatic amputation at right hip joint, initial encounter |
| S78.011D | Complete traumatic amputation at right hip joint, subsequent encounter |
| S78.011S | Complete traumatic amputation at right hip joint, sequela |
| S78.012A | Complete traumatic amputation at left hip joint, initial encounter |
| S78.012D | Complete traumatic amputation at left hip joint, subsequent encounter |
| S78.012S | Complete traumatic amputation at left hip joint, sequela |
| S78.019A | Complete traumatic amputation at unspecified hip joint, initial encounter |
| S78.019D | Complete traumatic amputation at unspecified hip joint, subsequent encounter |
| S78.019S | Complete traumatic amputation at unspecified hip joint, sequela |
| S78.021A | Partial traumatic amputation at right hip joint, initial encounter |
| S78.021D | Partial traumatic amputation at right hip joint, subsequent encounter |
| S78.021S | Partial traumatic amputation at right hip joint, sequela |
| S78.022A | Partial traumatic amputation at left hip joint, initial encounter |
| S78.022D | Partial traumatic amputation at left hip joint, subsequent encounter |
| S78.022S | Partial traumatic amputation at left hip joint, sequela |
| S78.029A | Partial traumatic amputation at unspecified hip joint, initial encounter |
| S78.029D | Partial traumatic amputation at unspecified hip joint, subsequent encounter |
| S78.029S | Partial traumatic amputation at unspecified hip joint, sequela |
| S78.111A | Complete traumatic amputation at level between right hip and knee, initial encounter |
| S78.111D | Complete traumatic amputation at level between right hip and knee, subsequent encounter |
| S78.111S | Complete traumatic amputation at level between right hip and knee, sequela |
| S78.112A | Complete traumatic amputation at level between left hip and knee, initial encounter |
| S78.112D | Complete traumatic amputation at level between left hip and knee, subsequent encounter |
| S78.112S | Complete traumatic amputation at level between left hip and knee, sequela |
| S78.119A | Complete traumatic amputation at level between unspecified hip and knee, initial encounter |

Medical Policy



Wheelchair Cushions/Seating Systems

| Code | Description |
|----------|---|
| S78.119D | Complete traumatic amputation at level between unspecified hip and knee, subsequent encounter |
| S78.119S | Complete traumatic amputation at level between unspecified hip and knee, sequela |
| S78.121A | Partial traumatic amputation at level between right hip and knee, initial encounter |
| S78.121D | Partial traumatic amputation at level between right hip and knee, subsequent encounter |
| S78.121S | Partial traumatic amputation at level between right hip and knee, sequela |
| S78.122A | Partial traumatic amputation at level between left hip and knee, initial encounter |
| S78.122D | Partial traumatic amputation at level between left hip and knee, subsequent encounter |
| S78.122S | Partial traumatic amputation at level between left hip and knee, sequela |
| S78.129A | Partial traumatic amputation at level between unspecified hip and knee, initial encounter |
| S78.129D | Partial traumatic amputation at level between unspecified hip and knee, subsequent encounter |
| S78.129S | Partial traumatic amputation at level between unspecified hip and knee, sequela |
| S78.911A | Complete traumatic amputation of right hip and thigh, level unspecified, initial encounter |
| S78.911D | Complete traumatic amputation of right hip and thigh, level unspecified, subsequent encounter |
| S78.911S | Complete traumatic amputation of right hip and thigh, level unspecified, sequela |
| S78.912A | Complete traumatic amputation of left hip and thigh, level unspecified, initial encounter |
| S78.912D | Complete traumatic amputation of left hip and thigh, level unspecified, subsequent encounter |
| S78.912S | Complete traumatic amputation of left hip and thigh, level unspecified, sequela |
| S78.919A | Complete traumatic amputation of unspecified hip and thigh, level unspecified, initial encounter |
| S78.919D | Complete traumatic amputation of unspecified hip and thigh, level unspecified, subsequent encounter |
| S78.919S | Complete traumatic amputation of unspecified hip and thigh, level unspecified, sequela |

Medical Policy



Wheelchair Cushions/Seating Systems

| Code | Description |
|----------|--|
| S78.921A | Partial traumatic amputation of right hip and thigh, level unspecified, initial encounter |
| S78.921D | Partial traumatic amputation of right hip and thigh, level unspecified, subsequent encounter |
| S78.921S | Partial traumatic amputation of right hip and thigh, level unspecified, sequela |
| S78.922A | Partial traumatic amputation of left hip and thigh, level unspecified, initial encounter |
| S78.922D | Partial traumatic amputation of left hip and thigh, level unspecified, subsequent encounter |
| S78.922S | Partial traumatic amputation of left hip and thigh, level unspecified, sequela |
| S78.929A | Partial traumatic amputation of unspecified hip and thigh, level unspecified, initial encounter |
| S78.929D | Partial traumatic amputation of unspecified hip and thigh, level unspecified, subsequent encounter |
| S78.929S | Partial traumatic amputation of unspecified hip and thigh, level unspecified, sequela |
| S88.011A | Complete traumatic amputation at knee level, right lower leg, initial encounter |
| S88.011D | Complete traumatic amputation at knee level, right lower leg, subsequent encounter |
| S88.011S | Complete traumatic amputation at knee level, right lower leg, sequela |
| S88.012A | Complete traumatic amputation at knee level, left lower leg, initial encounter |
| S88.012D | Complete traumatic amputation at knee level, left lower leg, subsequent encounter |
| S88.012S | Complete traumatic amputation at knee level, left lower leg, sequela |
| S88.019A | Complete traumatic amputation at knee level, unspecified lower leg, initial encounter |
| S88.019D | Complete traumatic amputation at knee level, unspecified lower leg, subsequent encounter |
| S88.019S | Complete traumatic amputation at knee level, unspecified lower leg, sequela |
| S88.021A | Partial traumatic amputation at knee level, right lower leg, initial encounter |
| S88.021D | Partial traumatic amputation at knee level, right lower leg, subsequent encounter |
| S88.021S | Partial traumatic amputation at knee level, right lower leg, sequela |
| S88.022A | Partial traumatic amputation at knee level, left lower leg, initial encounter |
| S88.022D | Partial traumatic amputation at knee level, left lower leg, subsequent encounter |
| S88.022S | Partial traumatic amputation at knee level, left lower leg, sequela |

Medical Policy



Wheelchair Cushions/Seating Systems

| Code | Description |
|----------|---|
| S88.029A | Partial traumatic amputation at knee level, unspecified lower leg, initial encounter |
| S88.029D | Partial traumatic amputation at knee level, unspecified lower leg, subsequent encounter |
| S88.029S | Partial traumatic amputation at knee level, unspecified lower leg, sequela |
| S88.911A | Complete traumatic amputation of right lower leg, level unspecified, initial encounter |
| S88.911D | Complete traumatic amputation of right lower leg, level unspecified, subsequent encounter |
| S88.911S | Complete traumatic amputation of right lower leg, level unspecified, sequela |
| S88.912A | Complete traumatic amputation of left lower leg, level unspecified, initial encounter |
| S88.912D | Complete traumatic amputation of left lower leg, level unspecified, subsequent encounter |
| S88.912S | Complete traumatic amputation of left lower leg, level unspecified, sequela |
| S88.919A | Complete traumatic amputation of unspecified lower leg, level unspecified, initial encounter |
| S88.919D | Complete traumatic amputation of unspecified lower leg, level unspecified, subsequent encounter |
| S88.919S | Complete traumatic amputation of unspecified lower leg, level unspecified, sequela |
| S88.921A | Partial traumatic amputation of right lower leg, level unspecified, initial encounter |
| S88.921D | Partial traumatic amputation of right lower leg, level unspecified, subsequent encounter |
| S88.921S | Partial traumatic amputation of right lower leg, level unspecified, sequela |
| S88.922A | Partial traumatic amputation of left lower leg, level unspecified, initial encounter |
| S88.922D | Partial traumatic amputation of left lower leg, level unspecified, subsequent encounter |
| S88.922S | Partial traumatic amputation of left lower leg, level unspecified, sequela |
| S88.929A | Partial traumatic amputation of unspecified lower leg, level unspecified, initial encounter |
| S88.929D | Partial traumatic amputation of unspecified lower leg, level unspecified, subsequent encounter |
| S88.929S | Partial traumatic amputation of unspecified lower leg, level unspecified, sequela |

Medical Policy



Wheelchair Cushions/Seating Systems

| Code | Description |
|---------|--|
| Z87.2 | Personal history of diseases of the skin and subcutaneous tissue |
| Z89.511 | Acquired absence of right leg below knee |
| Z89.512 | Acquired absence of left leg below knee |
| Z89.519 | Acquired absence of unspecified leg below knee |
| Z89.611 | Acquired absence of right leg above knee |
| Z89.612 | Acquired absence of left leg above knee |
| Z89.619 | Acquired absence of unspecified leg above knee |
| Z89.621 | Acquired absence of right hip joint |
| Z89.622 | Acquired absence of left hip joint |
| Z89.629 | Acquired absence of unspecified hip joint |

ICD-10-CM Codes that DO NOT Support Medical Necessity

Group 1

Group 1 Paragraph

For the specific HCPCS codes indicated above, all ICD-10-CM codes that are not specified in the preceding section. Exception: For HCPCS code E0955, the ICD-10-CM codes specified in the preceding section are not an exhaustive list. See Group 2 and Group 3 in the preceding section, for additional information.

For HCPCS codes E2610 and K0669:

All ICD-10 codes

For HCPCS codes E2601, E2602, E2611, E2612 and E2619:

There are no specified ICD-10 codes

Documentation Requirements

Items in this policy may be subject to the Affordable Care Act (ACA) 6407 requirements.

The Affordable Care Act (ACA) 6407 requires that the treating practitioner conduct a face-to-face examination during the six month period preceding the written order. The documentation must be received by the provider prior to delivery for certain DME items. The documentation must describe a medical condition for which the DME is being prescribed.

Medical Policy



Wheelchair Cushions/Seating Systems

Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating practitioner in connection with diagnosis and treatment decisions.

Northwood follows all CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

References

Centers for Medicare and Medicaid Services, Medicare Coverage Database, National Coverage Documents. Last accessed/reviewed 12-10-25.

CGS Administrators, LLC. Jurisdiction B DME MAC, Wheelchair Seating. Local Coverage Determination No. L33312 Last accessed/reviewed December 10, 2025.

Medical Policy



Wheelchair Cushions/Seating Systems

Noridian Healthcare Solutions, LLC, Wheelchair Seating. Local Coverage Determination No. L33312. Durable Medical Equipment Medicare Administrative Carrier Jurisdiction A; revised October 1, 2022. Last accessed/reviewed December 14, 2023

Change/Authorization History

| Revision Number | Date | Description of Change | Prepared / Reviewed by | Approved by | Review Date: | Effective Date: |
|-----------------|-------------|---|------------------------|-------------|--------------|-----------------|
| A | 11-20-06 | Initial Release | Rosanne Brugnani | Ken Fasse | n/a | |
| 01 | 01-2008 | Deleted HCPC code E2618 and the coverage criteria for that HCPC code. Added muscular dystrophy (359.0, 359.1) to the list of covered diagnoses for prefabricated skin protection and combination skin protection and positioning seat cushions. Added K0108. | Rosanne Brugnani | Ken Fasse | n/a | |
| 02 | 12-2008 | Added HCPC codes E2231, K0108 and K0669 | Susan Glomb | Ken Fasse | n/a | |
| 03 | | Annual Review – no changes | Susan Glomb | Ken Fasse | Dec.2008 | |
| 04 | Jan.2009 | Added E2231 Revised K0669 | Susan Glomb | Ken Fasse | | |
| 05 | July 2009 | Added ICD-9 codes and added KX modifier requirements to policy | Susan Glomb | Ken Fasse | | |
| 06 | Dec.1, 2009 | Added: Hemiplegia, Huntington's chorea, idiopathic torsion dystonia, and cerebral palsy to the list of covered conditions for skin protection seat cushions. Added: above knee amputations, osteogenesis imperfecta, and transverse myelitis to the list of covered | Susan Glomb | Ken Fasse | | |

Medical Policy



Wheelchair Cushions/Seating Systems

| | | | | | | |
|----|----------|--|-------------|----------------|-----------|--|
| | | conditions for positioning seat and back cushions and positioning accessories. Added: corresponding ICD-9 codes. Moved: 359.0, 359.1 from second group of codes to the first group of codes for E2607, E2608, E2624, E2625. Added use of modifiers to be used in the event of implementation of modifiers. | | | | |
| 07 | 12-22-09 | Annual Review/ no additional changes | Susan Glomb | Ken Fasse | Dec.2009 | |
| 08 | 12-30-10 | Annual Review/ no changes | Susan Glomb | Ken Fasse | Dec.2010 | |
| 09 | 1-20-11 | Revised: Least costly alternative language for general use cushions used with power wheelchairs with sling/solid seats/back, for skin protection, positioning and combination seat cushions, for positioning back cushions, and for custom fabricated cushions. Added: E2622-E2625. Deleted: E2622-E2625 Replaced: E2622 –E2625 with E2622- E2625 | Susan Glomb | Ken Fasse | Jan.2011 | |
| 10 | 07-20-11 | Added Important Note to all Medical Policies | Susan Glomb | Dr. B. Almasri | | |
| 11 | 11-22-11 | Annual Review. Added References to Policy | Susan Glomb | Dr. B. Almasri | Nov. 2011 | |
| 12 | 12-06-12 | Annual review. No changes. | Susan Glomb | Dr. B. Almasri | Dec. 2012 | |
| 13 | 12-30-13 | Annual review. No changes. | Susan Glomb | Dr. B. Almasri | | |
| 14 | 12-3-14 | Annual Review. Added: Items in this policy may be | Susan Glomb | Dr. B. Almasri | | |

Medical Policy



Wheelchair Cushions/Seating Systems

| | | | | | | |
|----|----------|--|--------------|----------------|---------------|---------------|
| | | subject to the Affordable Care Act (ACA) 6407 requirements | | | | |
| 15 | 12-17-15 | Annual Review. Policy updated with Medicare criteria and ICD-10 codes. References updated. | Susan Glomb | Dr. B. Almasri | 12-17-15 | |
| 16 | 12-08-16 | Annual Review. No Changes. | Lisa Wojno | Dr. B. Almasri | December 2016 | |
| 17 | 04-06-17 | Policy reviewed per CMS memo. No changes required at this time. | Susan Glomb | Dr. C. Lerchin | | |
| 18 | 12-21-17 | Annual review. Added: New ICD-10 codes G12.23, G12.24, G12.25 to Group 2 and Group 4. Added: Z codes for acquired absence of limb to Group 3 and Group 4 Diagnosis Codes. Added coverage criteria for E2607, E2608, E2624, E2625. | Carol Dimech | Dr. C. Lerchin | December 2017 | |
| 19 | 12-14-18 | Annual review. Updated Medicare references. Added E0953 to positioning items and to group 2 and group 3 codes. Removed G71.0 and added G71.00, G71.01, G71.02 and G71.09. Wheelchair seat and back cushion codes all-inclusive. | Carol Dimech | Dr. C. Lerchin | December 2018 | |
| 20 | 12-11-19 | Annual review. Per CMS: Removed references to Group 5; added: ICD-10 Codes G61.0 and G71.11 to Groups 2 and 4 diagnosis codes; added: ICD-10 I69.342 to Group 3; added: ICD-10 codes M62.3, M62.89, Q67.8, Q68.1, and Q74.3 to Group | Carol Dimech | Dr. C. Lerchin | December 2019 | December 2019 |

Medical Policy



Wheelchair Cushions/Seating Systems

| | | | | | | |
|----|----------|--|--------------------------|----------------|------------------|-----------------|
| | | 4; added: for HCPCS codes E0955, E2601, E2602, E2611, E2612 and E2619, diagnosis codes are not specified. | | | | |
| 21 | 12-11-20 | Annual Review. Updated 'physician' to 'practitioner'. Per CMS: Removed G11.1 and G71.2 ICD-10 codes from Group 2 and 4 codes. Added G11.10, G11.11, G11.19 to Group 2 and 4. Added G71.20, G71.21, G71.220, G71.228 and G71.29 to Group 2 and 4. | Lisa Wojno | Dr. C. Lerchin | December 2020 | December 2020 |
| 22 | 12-07-21 | Annual Review. Added NCD/LCD verbiage to "Important Note". Per CGS, revised G71.20 for Groups 2 and 4 due to annual ICD-10 updates also added G04.82 to Groups 2 and 4. | Carol Dimech/Susan Glomb | Dr. C. Lerchin | December 7, 2021 | October 1, 2021 |
| 23 | 12-7-22 | Annual review. Added: CAD/CAM details to custom cushions; ICD-10 codes per CMS. | Carol Dimech | Dr. C. Lerchin | 12-7-22 | 12-7-22 |
| 24 | 12-14-23 | Annual review. Per CMS, removed: ICD-10 codes G20 and G37.8 from Group 2 and Group 4; added ICD-10 codes E75.27, E75.28, G20.A1, G20.A2, G20.B1, G20.B2, G20.C, G31.80, G31.86, G31.89, G37.81, and G37.89 to Group 2 and Group 4 Codes; added Specialty Evaluation criteria; added E0955 to group 2 and 3 and added code information; added Z87.2 to group 1 and 4; added Z87.2 applicable information. | Carol Dimech | Dr. C. Lerchin | 12-14-23 | 12-14-23 |

Medical Policy



Wheelchair Cushions/Seating Systems

| | | | | | | |
|----|----------|--|--------------|----------------|----------|----------|
| 25 | 12-11-24 | Annual review. Per CMS, added ICD-10 codes G72.41, M62.85, G70.00, G70.01, M48.00, M48.01, M48.02, M48.03, M48.04, M48.05, M48.061, M48.062, M48.07, M48.08, Q03.0, Q03.1, Q03.8, Q03.9 to groups 2 and 4. | Carol Dimech | Dr. C. Lerchin | 12-11-24 | 12-11-24 |
| 26 | 12-10-25 | Annual review. Per CMS, added long description for HCPCS code E1028. Added HCPCS codes E1033 and E1034 to Group 3 codes. Added coding guidelines for E1033, E1034. | Carol Dimech | Dr. C. Lerchin | 12-10-25 | 12-10-25 |