

# QUANTUM® SEAT AND BACK CUSHIONS

Medicare Product Planning Guide - January 2017

SEAT CUSHIONS	TYPE	SIZES	HCPCS CODE	DESCRIPTION
<b>TRU-COMFORT 2</b> 	FOAM	16" x 14" thru 20" x 24"	<b>E2603</b>	Skin protection wheelchair seat cushion, width less than 22 inches, any depth
	FOAM	22" x 18" thru 22" x 24"	<b>E2604</b>	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth
<b>SIMPLICITY</b> 	FOAM	16" x 16" thru 20" x 18"	<b>E2601</b>	General use wheelchair seat cushion, width less than 22 inches, any depth
	FOAM	24" x 18"	<b>E2602</b>	General use wheelchair seat cushion, width 22 inches or greater, any depth
<b>SOLUTION 1</b> 	GEL	14" x 16" thru 20" x 22"	<b>E2603</b>	Skin protection wheelchair seat cushion, width less than 22 inches, any depth
	GEL	22" x 16" thru 24" x 24"	<b>E2604</b>	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth
<b>SOLUTION</b> 	GEL	14" x 14" thru 20" x 22"	<b>E2607</b>	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth
	GEL	22" x 18" thru 24" x 22"	<b>E2608</b>	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth
<b>SPECTRUM GEL</b> 	GEL	12" x 16" thru 20" x 22"	<b>E2605</b>	Positioning wheelchair seat cushion, width less than 22 inches, any depth
	GEL	22" x 18" thru 22" x 22"	<b>E2606</b>	Positioning wheelchair seat cushion, width 22 inches or greater, any depth
<b>SPECTRUM FOAM</b> 	FOAM	16" x 16" thru 20" x 22"	<b>E2607</b>	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth
	FOAM	22" x 18" thru 28" x 22"	<b>E2608</b>	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth
<b>BACK CUSHIONS</b>				
<b>TRU-COMFORT 2*</b> 		12" x 11" 14" x 13" 16" - 17" x 13-19" 18" x 13-21" 19" x 13-19" 20" x 13-21"	<b>E2620</b>	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22", any height, including any type mounting hardware
		22-24" x 13-19" 26-28" x 15-17"	<b>E2621</b>	Positioning wheelchair back cushion, planar back with lateral supports, width 22" or greater, any height, including any type mounting hardware

\* When ordered with power recline, add five inches to overall back height.

DME providers are responsible for determining appropriate billing codes when submitting for insurance reimbursement. HCPCS codes should not be considered as legal advice and do not guarantee reimbursement. Payer coding, coverage, and bundling guidelines may apply.



A general use seat cushion E2601, E2602 (Simplicity Foam) is covered is covered for a beneficiary who has a manual wheelchair or a power wheelchair with a sling/solid seat/back which meets Medicare coverage criteria. If the beneficiary does not have a covered wheelchair, then the cushion will be denied as not reasonable and necessary. If the beneficiary has a POV or a power wheelchair with a captain's chair seat, the cushion will be denied as not reasonable and necessary. If a general use seat cushion is provided with a power chair with a solid seat instead of a Captain's Chair, the wheelchair and the cushion will be covered only if the power wheelchair base is not available in a Captain's chair model, or a covered positioning back cushion is provided.

A skin protection seat cushion E2603, E2604 (TRU-Comfort 2, Solution 1) is covered for a beneficiary who meets both of the following criteria:

1. The beneficiary has a manual wheelchair or a power wheelchair with a sling/solid/seat/back and the beneficiary meets the Medicare coverage criteria for it and...
2. The beneficiary has either of the following:
  - a. Current pressure ulcer or past history of a pressure ulcer on the area in contact with the seating surface\* or...
  - b. Absent or impaired sensation in the area of contact with the seating surface or inability to carry out a functional weight shift due to one of the following diagnoses: spinal cord injury resulting in quadriplegia or paraplegia, other spinal cord disease, multiple sclerosis, other demyelinating disease, cerebral palsy, anterior horn cell diseases including amyotrophic lateral sclerosis, post polio paralysis, traumatic brain injury resulting in quadriplegia, spina bifida, childhood cerebral degeneration, Alzheimer's disease, Parkinson's disease, muscular dystrophy, hemiplegia, Huntington's chorea, idiopathic torsion dystonia, athetoid cerebral palsy, arthrogryposis, osteogenesis imperfecta, spinocerebellar disease or transverse myelitis.\*

A positioning seat cushion, positioning back cushion E2605, E2606 (Spectrum Gel), E2620, E2621 (TRU-Comfort 2) is covered for a beneficiary who meets both of the following criteria:

1. The beneficiary has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the beneficiary meets Medicare coverage criteria for it and...
2. The beneficiary has any significant postural asymmetries that are due to one of the diagnoses listed in criterion 2b above (for a skin protection cushion) or to one of the following diagnoses: monoplegia of the lower limb due to stroke, traumatic brain injury, or other etiology, spinocerebellar disease, above knee leg amputation, osteogenesis imperfecta, transverse myelitis.\*

A combination skin protection and positioning cushion E2607, E2608 (Solution, Spectrum Foam) is covered for a beneficiary who meets the criteria for both a skin protection seat cushion and a positioning seat cushion.

Criteria (a), (b), or (c) must be met AND criteria (d) must be met:

- a. If there is a past history or current pressure ulcer in the area of contact with the seating surface\* or...
- b. If there is absent or impaired sensation in the area of contact with the seating surface due to one of the diagnoses listed as a covered diagnoses for skin protection cushions\* or...
- c. If there is an inability to carry out a functional weight shift due to one of the diagnoses listed as a covered diagnosis for skin protection cushions\* and...
- d. If the beneficiary has significant postural asymmetries due to one of the diagnoses listed as a covered diagnosis for positioning cushions.\*