Wheelchair Seating Reference


The only products which may be billed to Medicare using codes E2601-E2608, E2611-E2616, E2620, E2621, and E2622-E2625 and the only brand name products that may be billed using codes E2609 or E2617 are those products for which a written coding verification has been made by the Pricing, Data Analysis, and Coding (PDAC) contractor. A Product Classification List with products which have received a coding verification can be found on the PDAC web site. https://www.dmepdac.com/dmecsapp/

Wheelchair seat and back cushion codes are all-inclusive. Use of HCPCS code K0108 or any other HCPCS code to bill separately for added components such as foam blocks, gel packs, air cells, or equivalent material is considered incorrect coding. There is no separate payment for mounting hardware for a seat or back cushion.

Seat and back cushions provided for use with a transport chair (E1037, E1038) will be denied as not reasonable and necessary. There is no separate payment for a wheelchair seat or back cushion when it is used with a roll-about chair (E1031).

There is no separate payment for a solid insert (E0992) that is used with a seat or back cushion because a solid base is included in the allowance for a wheelchair seat or back cushion.

General Use Cushion or Back

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E2601</td>
<td>General use wheelchair seat cushion, width less than 22 inches, any depth</td>
</tr>
<tr>
<td>E2602</td>
<td>General use wheelchair seat cushion, width 22 inches or greater, any depth</td>
</tr>
<tr>
<td>E2611</td>
<td>General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware</td>
</tr>
<tr>
<td>E2612</td>
<td>General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware</td>
</tr>
</tbody>
</table>

A general use seat cushion and a general use back cushion are covered for a beneficiary who has a manual wheelchair or a power wheelchair with a sling/ solid seat/back which meets Medicare 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. For beneficiary’s who meet the coverage criteria for a power wheelchair who do not have special skin protection or positioning needs, a power wheelchair with a captain’s chair seat provides adequate support.
If a general use cushion is provided with a power wheelchair with a sling/solid seat/back instead of a captain’s chair, both the wheelchair and the cushion will be denied unless one of the following criteria is met:

1. The cushion is provided with a power wheelchair base that is not available in a captain’s chair model: codes K0839, K0840, K0843, K0860-K0864, K0890, or K0891; or
2. A skin protection and/or positioning seat or back cushion that meets coverage criteria is provided.

**Skin Protection Cushion**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>E2603</td>
<td>Skin protection wheelchair seat cushion, width less than 22 inches, any depth</td>
</tr>
<tr>
<td>E2604</td>
<td>Skin protection wheelchair seat cushion, width 22 inches or greater, any depth</td>
</tr>
<tr>
<td>E2622</td>
<td>Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth</td>
</tr>
<tr>
<td>E2623</td>
<td>Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth</td>
</tr>
</tbody>
</table>

A skin protection seat cushion 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 as reflected in a Group 1 ICD-10 code; or
   b. Absent or impaired sensation in the area of contact with the seating surface or inability to carry out a functional weight shift as reflected in Group 2 ICD-10 code.

The presence of a covered diagnosis code alone is not sufficient by itself to support coverage. Medical records must support policy requirements to justify payment.

**Group 1 ICD-10 Codes**

*a. The beneficiary has a current pressure ulcer or past history of a pressure ulcer on the area in contact with the seating surface; or*

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>L89.130</td>
<td>Pressure ulcer of right lower back, unstageable</td>
</tr>
<tr>
<td>L89.131</td>
<td>Pressure ulcer of right lower back, stage 1</td>
</tr>
<tr>
<td>L89.132</td>
<td>Pressure ulcer of right lower back, stage 2</td>
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<tr>
<td>L89.133</td>
<td>Pressure ulcer of right lower back, stage 3</td>
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<tr>
<td>L89.134</td>
<td>Pressure ulcer of right lower back, stage 4</td>
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<td>Pressure ulcer of left lower back, unstageable</td>
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<tr>
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<td>L89.142</td>
<td>Pressure ulcer of left lower back, stage 2</td>
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<td>L89.143</td>
<td>Pressure ulcer of left lower back, stage 3</td>
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<td>Pressure ulcer of sacral region, unstageable</td>
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<td>L89.151</td>
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<td>Code</td>
<td>Description</td>
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</tr>
<tr>
<td>L89.152</td>
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<tr>
<td>L89.42</td>
<td>Pressure ulcer of contiguous site of back, buttock and hip, stage 2</td>
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<td>Pressure ulcer of contiguous site of back, buttock and hip, stage 3</td>
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<tr>
<td>L89.45</td>
<td>Pressure ulcer of contiguous site of back, buttock and hip, unstageable</td>
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</tbody>
</table>
## Group 2 ICD-10 Codes

*b. The beneficiary has absent or impaired sensation in the area of contact with the seating surface or an inability to carry out a functional weight shift due to a diagnosis below.*

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<th>Code</th>
<th>Description</th>
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<tbody>
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<tr>
<td>E75.00</td>
<td>GM2 gangliosidosis, unspecified</td>
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<tr>
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<td>Sandhoff disease</td>
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<td>E75.02</td>
<td>Tay-Sachs disease</td>
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<td>E75.09</td>
<td>Other GM2 gangliosidosis</td>
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<td>E75.10</td>
<td>Upspecified gangliosidosis</td>
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<td>E75.11</td>
<td>Mucolipidosis IV</td>
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<td>E75.19</td>
<td>Other gangliosidosis</td>
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<td>E75.23</td>
<td>Krabbe disease</td>
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<td>Metachromatic leukodystrophy</td>
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<td>Other sphingolipidosis</td>
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<td>E75.4</td>
<td>Neuronal ceroid lipofuscinosis</td>
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<td>F84.2</td>
<td>Rett’s syndrome</td>
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<tr>
<td>G04.1</td>
<td>Tropical spastic paraplegia</td>
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<tr>
<td>G04.89</td>
<td>Other myelitis</td>
</tr>
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<td>G10</td>
<td>Huntington’s disease</td>
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<td>Congenital nonprogressive ataxia</td>
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<td>Early-onset cerebellar ataxia</td>
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<tr>
<td>G11.2</td>
<td>Late-onset cerebellar ataxia</td>
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<td>Cerebellar ataxia with defective DNA repair</td>
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<td>Hereditary spastic paraplegia</td>
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<td>G11.8</td>
<td>Other hereditary ataxies</td>
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<td>Amyotrophic lateral sclerosis</td>
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<td>G12.23</td>
<td>Primary lateral sclerosis</td>
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<td>G12.24</td>
<td>Familial motor neuron disease</td>
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<td>G12.25</td>
<td>Progressive spinal muscle atrophy</td>
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<td>G12.29</td>
<td>Other motor neuron disease</td>
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<td>G12.8</td>
<td>Other spinal muscular atrophies and related syndromes</td>
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<td>Spinal muscular atrophy, unspecified</td>
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<td>G14</td>
<td>Postpolio syndrome</td>
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<tr>
<td>G20</td>
<td>Parkinson’s disease</td>
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<td>G21.4</td>
<td>Vascular parkinsonism</td>
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<td>Genetic torsion dystonia</td>
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<td>G30.0</td>
<td>Alzheimer’s disease with early onset</td>
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<td>Alzheimer’s disease with late onset</td>
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<td>G30.8</td>
<td>Other Alzheimer’s disease</td>
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<td>G31.81</td>
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<tr>
<td>G31.82</td>
<td>Leigh’s disease</td>
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<td>G32.0</td>
<td>Subacute combined degeneration of spinal cord in diseases classified elsewhere</td>
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<td>G32.81</td>
<td>Cerebellar ataxia in diseases classified elsewhere</td>
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<tr>
<td>G32.89</td>
<td>Other specified degenerative disorders of nervous system in diseases classified elsewhere</td>
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<td>G35</td>
<td>Multiple sclerosis</td>
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<td>G36.0</td>
<td>Neuromyelitis optica [Devic]</td>
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<td>Acute and subacute hemorrhagic leukoencephalitis [Hurst]</td>
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<td>G36.8</td>
<td>Other specified acute disseminated demyelination</td>
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<td>G37.1</td>
<td>Central demyelination of corpus callosum</td>
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<td>Central pontine myelinolysis</td>
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<td>Acute transverse myelitis in demyelinating disease of central nervous system</td>
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<td>Subacute necrotizing myelitis of central nervous system</td>
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<td>G37.5</td>
<td>Concentric sclerosis [Balo] of central nervous system</td>
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<td>Other specified demyelinating diseases of central nervous system</td>
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<td>Spastic diplegic cerebral palsy</td>
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<td>Other cerebral palsy</td>
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<td>Cerebral palsy, unspecified</td>
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<td>Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side</td>
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<td>Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side</td>
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<td>I69.351</td>
<td>Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side</td>
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<td>I69.352</td>
<td>Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side</td>
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<td>I69.353</td>
<td>Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side</td>
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<td>Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side</td>
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<td>I69.359</td>
<td>Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side</td>
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<tr>
<td>I69.851</td>
<td>Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side</td>
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<tr>
<td>I69.852</td>
<td>Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side</td>
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<td>I69.853</td>
<td>Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side</td>
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<td>Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side</td>
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<td>Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side</td>
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<td>Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side</td>
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<td>Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side</td>
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<td>M62.3</td>
<td>Immobility syndrome (paraplegic)</td>
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<td>Cervical spina bifida with hydrocephalus</td>
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<td>Thoracic spina bifida with hydrocephalus</td>
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<td>Unspecified spina bifida with hydrocephalus</td>
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<td>Q07.00</td>
<td>Arnold-Chiari syndrome without spina bifida or hydrocephalus</td>
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<td>Arnold-Chiari syndrome with spina bifida</td>
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<td>Arnold-Chiari syndrome with hydrocephalus</td>
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<td>Q07.03</td>
<td>Arnold-Chiari syndrome with spina bifida and hydrocephalus</td>
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<td>Q67.8</td>
<td>Other congenital deformities of chest</td>
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<tr>
<td>Q68.1</td>
<td>Congenital deformity of finger(s) and hand</td>
</tr>
<tr>
<td>Q74.3</td>
<td>Arthrogryposis multiplex congenita</td>
</tr>
<tr>
<td>Q78.0</td>
<td>Osteogenesis imperfecta</td>
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Positioning Seat Cushions, Backs, Accessories

Positioning Seat Cushion

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>E2605</td>
<td>Positioning wheelchair seat cushion, width less than 22 inches, any depth</td>
</tr>
<tr>
<td>E2606</td>
<td>Positioning wheelchair seat cushion, width 22 inches or greater, any depth</td>
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</table>

Positioning Back Cushion

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>E2613</td>
<td>Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware</td>
</tr>
<tr>
<td>E2614</td>
<td>Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware</td>
</tr>
<tr>
<td>E2615</td>
<td>Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware</td>
</tr>
<tr>
<td>E2616</td>
<td>Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware</td>
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<tr>
<td>E2617</td>
<td>Custom fabricated wheelchair back cushion, any size, including any type mounting hardware</td>
</tr>
<tr>
<td>E2620</td>
<td>Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware</td>
</tr>
<tr>
<td>E2621</td>
<td>Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware</td>
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</table>

Positioning Accessories

<table>
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<tr>
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<tbody>
<tr>
<td>E0953</td>
<td>Wheelchair accessory, lateral thigh or knee support, any type, including fixed mounting hardware, each</td>
</tr>
<tr>
<td>E0955</td>
<td>Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware</td>
</tr>
<tr>
<td>E0956</td>
<td>Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each</td>
</tr>
<tr>
<td>E0957</td>
<td>Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each</td>
</tr>
<tr>
<td>E0960</td>
<td>Shoulder harness/straps or chest strap, including any type mounting hardware</td>
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</table>

A positioning seat cushion, positioning back cushion and positioning accessory (E0953, E0955*-E0957, E0960) 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 a Group 2 or Group 3 diagnosis code.

The presence of a covered diagnosis code alone is not sufficient by itself to support coverage. Medical records must support policy requirements to justify payment.
* A headrest, HCPCS E0955, is also covered when a beneficiary has a covered manual tilt-in-space, manual semi of fully reclining back on a manual wheelchair, and manual fully reclining back on a power wheelchair, or power tilt and/or recline power seating system.

**Group 2 ICD-10 Codes**

_The beneficiary has significant postural asymmetries due to a diagnosis below; or_

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<td>E75.00</td>
<td>GM2 gangliosidosis, unspecified</td>
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<tr>
<td>E75.01</td>
<td>Sandhoff disease</td>
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<tr>
<td>E75.02</td>
<td>Tay-Sachs disease</td>
</tr>
<tr>
<td>E75.09</td>
<td>Other GM2 gangliosidiosis</td>
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<tr>
<td>E75.10</td>
<td>Unspecified gangliosidiosis</td>
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<tr>
<td>E75.11</td>
<td>Mucolipidosis IV</td>
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<tr>
<td>E75.19</td>
<td>Other gangliosidosis</td>
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<td>E75.23</td>
<td>Krabbe disease</td>
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<td>E75.25</td>
<td>Metachromatic leukodystrophy</td>
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<td>E75.29</td>
<td>Other sphingolipidosis</td>
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<td>E75.4</td>
<td>Neuronal ceroid lipofuscinosis</td>
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<td>Rett's syndrome</td>
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<td>Tropical spastic paraplegia</td>
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<td>Other myelitis</td>
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<td>G10</td>
<td>Huntington's disease</td>
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<td>Congenital nonprogressive ataxia</td>
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<td>Early-onset cerebellar ataxia</td>
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<td>Late-onset cerebellar ataxia</td>
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<td>G11.3</td>
<td>Cerebellar ataxia with defective DNA repair</td>
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<tr>
<td>G11.4</td>
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<td>Other hereditary ataxias</td>
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<td>Hereditary ataxia, unspecified</td>
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<td>Other inherited spinal muscular atrophy</td>
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<td>Amyotrophic lateral sclerosis</td>
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<td>G12.23</td>
<td>Primary lateral sclerosis</td>
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<td>G12.24</td>
<td>Familial motor neuron disease</td>
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<td>Progressive spinal muscle atrophy</td>
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<td>Other spinal muscular atrophies and related syndromes</td>
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<td>Spinal muscular atrophy, unspecified</td>
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<td>G14</td>
<td>Postpolio syndrome</td>
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<td>Parkinson's disease</td>
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<td>Other specified degenerative disorders of nervous system in diseases classified elsewhere</td>
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<td>Acute disseminated demyelination, unspecified</td>
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<td>Other cerebral palsy</td>
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<td>Other disorders of brain in diseases classified elsewhere</td>
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<td>I69.359</td>
<td>Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side</td>
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</tbody>
</table>
The information contained herein is intended only as a general summary. While Pride makes every effort to update our Product Planning and Reimbursement resources as regulatory changes occur, it is recommended that suppliers contact us at pprc@pridemobility.com with any concerns or questions.

<table>
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<th>Description</th>
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<td>I69.852</td>
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<td>Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side</td>
</tr>
<tr>
<td>M62.3</td>
<td>Immobility syndrome (paraplegic)</td>
</tr>
<tr>
<td>M62.89</td>
<td>Other specified disorders of muscle</td>
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<tr>
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<td>Cervical spina bifida with hydrocephalus</td>
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<tr>
<td>Q05.1</td>
<td>Thoracic spina bifida with hydrocephalus</td>
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<tr>
<td>Q05.2</td>
<td>Lumbar spina bifida with hydrocephalus</td>
</tr>
<tr>
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<td>Sacral spina bifida with hydrocephalus</td>
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<tr>
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<tr>
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<tr>
<td>Q05.6</td>
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<td>Sacral spina bifida without hydrocephalus</td>
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<tr>
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<td>Spina bifida, unspecified</td>
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<td>Q07.00</td>
<td>Arnold-Chiari syndrome without spina bifida or hydrocephalus</td>
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<tr>
<td>Q07.01</td>
<td>Arnold-Chiari syndrome with spina bifida</td>
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<tr>
<td>Q07.02</td>
<td>Arnold-Chiari syndrome with hydrocephalus</td>
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<tr>
<td>Q07.03</td>
<td>Arnold-Chiari syndrome with spina bifida and hydrocephalus</td>
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<tr>
<td>Q67.8</td>
<td>Other congenital deformities of chest</td>
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<tr>
<td>Q68.1</td>
<td>Congenital deformity of finger(s) and hand</td>
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<tr>
<td>Q74.3</td>
<td>Arthrogryposis multiplex congenita</td>
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<tr>
<td>Q78.0</td>
<td>Osteogenesis imperfecta</td>
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**Group 3 ICD-10 Codes**

*The beneficiary has significant postural asymmetries due to a diagnosis below.*

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>G83.10</td>
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<tr>
<td>G83.11</td>
<td>Monoplegia of lower limb affecting right dominant side</td>
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<tr>
<td>G83.12</td>
<td>Monoplegia of lower limb affecting left dominant side</td>
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<td>G83.13</td>
<td>Monoplegia of lower limb affecting right nondominant side</td>
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<tr>
<td>G83.14</td>
<td>Monoplegia of lower limb affecting left nondominant side</td>
</tr>
<tr>
<td>I69.041</td>
<td>Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side</td>
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<tr>
<td>I69.042</td>
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</tr>
<tr>
<td>I69.043</td>
<td>Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side</td>
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<td>I69.044</td>
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<tr>
<td>I69.049</td>
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<tr>
<td>I69.141</td>
<td>Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right dominant side</td>
</tr>
<tr>
<td>I69.142</td>
<td>Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left dominant side</td>
</tr>
<tr>
<td>I69.143</td>
<td>Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side</td>
</tr>
<tr>
<td>I69.144</td>
<td>Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side</td>
</tr>
<tr>
<td>I69.149</td>
<td>Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting unspecified side</td>
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<tr>
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<td>Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right dominant side</td>
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<td>I69.242</td>
<td>Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left dominant side</td>
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<td>I69.243</td>
<td>Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side</td>
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<td>I69.249</td>
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<td>I69.341</td>
<td>Monoplegia of lower limb following cerebral infarction affecting right dominant side</td>
</tr>
<tr>
<td>I69.343</td>
<td>Monoplegia of lower limb following cerebral infarction affecting right non-dominant side</td>
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<td>Monoplegia of lower limb following cerebral infarction affecting left non-dominant side</td>
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<td>Monoplegia of lower limb following cerebral infarction affecting unspecified side</td>
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<td>I69.844</td>
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<td>I69.941</td>
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<tr>
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</tr>
<tr>
<td>S78.011D</td>
<td>Complete traumatic amputation at right hip joint, subsequent encounter</td>
</tr>
<tr>
<td>S78.011S</td>
<td>Complete traumatic amputation at right hip joint, sequela</td>
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<td>S78.012S</td>
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<td>S78.019A</td>
<td>Complete traumatic amputation at unspecified hip joint, initial encounter</td>
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<td>S78.021A</td>
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<td>Partial traumatic amputation at right hip joint, subsequent encounter</td>
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<td>Complete traumatic amputation of right hip and thigh, level unspecified, subsequent encounter</td>
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<td>S78.912S</td>
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<td>Complete traumatic amputation of unspecified hip and thigh, level unspecified, initial encounter</td>
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<tr>
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<td>Complete traumatic amputation at knee level, right lower leg, subsequent encounter</td>
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<tr>
<td>S88.011S</td>
<td>Complete traumatic amputation at knee level, right lower leg, sequel</td>
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<td>S88.012A</td>
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<tr>
<td>S88.012D</td>
<td>Complete traumatic amputation at knee level, left lower leg, subsequent encounter</td>
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<td>S88.012S</td>
<td>Complete traumatic amputation at knee level, left lower leg, sequel</td>
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<tr>
<td>S88.019A</td>
<td>Complete traumatic amputation at knee level, unspecified lower leg, initial encounter</td>
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<tr>
<td>S88.019D</td>
<td>Complete traumatic amputation at knee level, unspecified lower leg, subsequent encounter</td>
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<td>Complete traumatic amputation at knee level, unspecified lower leg, sequel</td>
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<td>S88.022A</td>
<td>Partial traumatic amputation at knee level, left lower leg, initial encounter</td>
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<td>S88.029S</td>
<td>Partial traumatic amputation at knee level, unspecified lower leg, sequel</td>
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<td>S88.911A</td>
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<td>S88.911D</td>
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<td>S88.911S</td>
<td>Complete traumatic amputation of right lower leg, level unspecified, sequel</td>
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<td>S88.912S</td>
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<tr>
<td>S88.922S</td>
<td>Partial traumatic amputation of left lower leg, level unspecified, sequel</td>
</tr>
<tr>
<td>S88.929A</td>
<td>Partial traumatic amputation of unspecified lower leg, level unspecified, initial encounter</td>
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</table>
The information contained herein is intended only as a general summary. While Pride makes every effort to update our Product Planning and Reimbursement resources as regulatory changes occur, it is recommended that suppliers contact us at prpc@pridemobility.com with any concerns or questions.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
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<td>Partial traumatic amputation of unspecified lower leg, level unspecified, subsequent encounter</td>
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<tr>
<td>S88.929S</td>
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<td>Z89.511</td>
<td>Acquired absence of right leg below knee</td>
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<td>Z89.512</td>
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<tr>
<td>Z89.519</td>
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<td>Z89.611</td>
<td>Acquired absence of right leg above knee</td>
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<tr>
<td>Z89.612</td>
<td>Acquired absence of left leg above knee</td>
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<td>Z89.619</td>
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<tr>
<td>Z89.621</td>
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<tr>
<td>Z89.622</td>
<td>Acquired absence of left hip joint</td>
</tr>
<tr>
<td>Z89.629</td>
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**Skin Protection & Positioning**

<table>
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<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>E2607</td>
<td>Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth</td>
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<tr>
<td>E2608</td>
<td>Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth</td>
</tr>
<tr>
<td>E2624</td>
<td>Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth</td>
</tr>
<tr>
<td>E2625</td>
<td>Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches, any depth</td>
</tr>
</tbody>
</table>

A combination skin protection and positioning cushion is covered for a beneficiary who meet 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 – Group 1 ICD-10 code; or
- b. If there is absent or impaired sensation in the area of contact with the seating surface due to a Group 2 ICD-10 covered diagnosis 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 Group 2 ICD-10 covered diagnosis for skin protection cushions; and
- d. If the beneficiary has significant postural asymmetries due to one of the diagnoses listed as a Group 3 ICD-10 covered diagnosis for positioning cushions.

The presence of a covered diagnosis code alone is not sufficient by itself to support coverage. Medical records must support policy requirements to justify payment.
Group 1 Diagnosis Codes

a. The beneficiary has a current pressure ulcer or past history of a pressure ulcer on the area in contact with the seating surface due to a diagnosis in this section; or

<table>
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<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>L89.130</td>
<td>Pressure ulcer of right lower back, unstageable</td>
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<tr>
<td>L89.131</td>
<td>Pressure ulcer of right lower back, stage 1</td>
</tr>
<tr>
<td>L89.132</td>
<td>Pressure ulcer of right lower back, stage 2</td>
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<tr>
<td>L89.133</td>
<td>Pressure ulcer of right lower back, stage 3</td>
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<tr>
<td>L89.134</td>
<td>Pressure ulcer of right lower back, stage 4</td>
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<td>L89.140</td>
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<td>L89.141</td>
<td>Pressure ulcer of left lower back, stage 1</td>
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<td>L89.142</td>
<td>Pressure ulcer of left lower back, stage 2</td>
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<tr>
<td>L89.143</td>
<td>Pressure ulcer of left lower back, stage 3</td>
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<td>L89.144</td>
<td>Pressure ulcer of left lower back, stage 4</td>
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The information contained herein is intended only as a general summary. While Pride makes every effort to update our Product Planning and Reimbursement resources as regulatory changes occur, it is recommended that suppliers contact us at pprc@pridemobility.com with any concerns or questions.

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**Group 2 ICD-10 Codes**

b. The beneficiary has absent or impaired sensation in the area of contact with the seating surface due to a diagnosis in this section; or
c. The beneficiary has an inability to carry out a functional weight shift due to a diagnosis in this section; and

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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
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I69.859  Hemiplegia and hemiparesis following other 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
M62.3   Immobility syndrome (paraplegic)
M62.89  Other specified disorders of muscle
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
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
Q07.04  Other congenital deformities of chest
Q68.1   Congenital deformity of finger(s) and hand
Q74.3   Arthrogryposis multiplex congenita
Q78.0   Osteogenesis imperfecta
**Group 3 ICD-10 Codes**

*d. The beneficiary has significant postural asymmetries due to a diagnosis in this section.*

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<td>Monoplegia of lower limb following cerebral infarction affecting right dominant side</td>
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<td>S88.012A</td>
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The information contained herein is intended only as a general summary. While Pride makes every effort to update our Product Planning and Reimbursement resources as regulatory changes occur, it is recommended that suppliers contact us at pprc@pridemobility.com with any concerns or questions.

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<td>S88.921S</td>
<td>Partial traumatic amputation of right lower leg, level unspecified, sequela</td>
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<td>Z89.519</td>
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Custom Fabricated Seat and Back Cushions

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<th>Description</th>
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<tr>
<td>E2609</td>
<td>Custom fabricated wheelchair seat cushion, any size</td>
</tr>
<tr>
<td>E2617</td>
<td>Custom fabricated wheelchair back cushion, any size, including any type mounting hardware</td>
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</table>

For a custom fabricated seat or back cushion criteria (a) must be met and criterion (b), (c), or (d) must be met:

a. For E2609 or E2617, there is a comprehensive written evaluation by a licensed/certified medical professional such as a PT or OT (who has no financial relationship with the supplier) which explains why a prefabricated seating system is not sufficient to meet the beneficiary’s seating and positioning needs; and

b. For E2609, there is a past history of or current pressure ulcer in the area of contact with the seating surface; or

c. For E2609, there is absent or impaired sensation in the area in contact with the seating surface or an inability to carry out a functional weight shift due to one of the diagnoses listed as a covered diagnosis for skin protection cushions; or

d. For E2609 or E2617, the beneficiary has significant postural asymmetries due to one of the diagnoses listed as a covered diagnosis for positioning cushions.

The presence of a covered diagnosis code alone is not sufficient by itself to support coverage. Medical records must support policy requirements to justify payment.
Group 4 ICD-10 Codes for Custom Fabricated Seat Cushions – E2609
(Refer to the section on positioning backs, beginning on page 8 of this guide, for the ICD-10 codes for positioning backs - E2617)

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<td>Tay-Sachs disease</td>
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<td>Tropical spastic paraplegia</td>
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<td>Other myelitis</td>
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<td>Late-onset cerebellar ataxia</td>
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<td>Cerebellar ataxia with defective DNA repair</td>
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<td>Acute transverse myelitis in demyelinating disease of central nervous system</td>
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<td>Ataxic cerebral palsy</td>
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<tr>
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<td>Other cerebral palsy</td>
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<td>G80.9</td>
<td>Cerebral palsy, unspecified</td>
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<td>Flaccid hemiplegia affecting left dominant side</td>
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<td>Flaccid hemiplegia affecting right nondominant side</td>
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<td>Flaccid hemiplegia affecting left nondominant side</td>
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<td>Spastic hemiplegia affecting unspecified side</td>
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<td>G81.11</td>
<td>Spastic hemiplegia affecting right dominant side</td>
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<td>G81.12</td>
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<td>Spastic hemiplegia affecting right nondominant side</td>
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<td>Spastic hemiplegia affecting left nondominant side</td>
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<td>Paraplegia, complete</td>
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<td>G82.22</td>
<td>Paraplegia, incomplete</td>
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<td>Quadriplegia, unspecified</td>
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<td>G82.51</td>
<td>Quadriplegia, C1-C4 complete</td>
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<td>Quadriplegia, C1-C4 incomplete</td>
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<td>G82.53</td>
<td>Quadriplegia, C5-C7 complete</td>
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<td>Other specified disorders of brain</td>
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<td>Other disorders of brain in diseases classified elsewhere</td>
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<td>Acute infarction of spinal cord (embolic) (nonembolic)</td>
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<td>I69.042</td>
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<td>Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side</td>
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<td>Monoplegia of lower limb following cerebral infarction affecting left dominant side</td>
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<td>Pressure ulcer of right lower back, stage 3</td>
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<td>Pressure ulcer of right lower back, stage 4</td>
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<td>Pressure ulcer of sacral region, unstageable</td>
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<td>Pressure ulcer of sacral region, stage 1</td>
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<td>Pressure ulcer of sacral region, stage 3</td>
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<td>Pressure ulcer of sacral region, stage 4</td>
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<td>Pressure ulcer of left hip, stage 3</td>
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<td>Pressure ulcer of left buttock, stage 4</td>
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<td>Pressure ulcer of contiguous site of back, buttock and hip, stage 2</td>
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<td>Pressure ulcer of contiguous site of back, buttock and hip, stage 3</td>
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<td>Pressure ulcer of contiguous site of back, buttock and hip, stage 4</td>
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<tr>
<td>Q05.2</td>
<td>Lumbar spina bifida with hydrocephalus</td>
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<td>Sacral spina bifida with hydrocephalus</td>
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<td>Unspecified spina bifida with hydrocephalus</td>
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<td>S78.011D</td>
<td>Complete traumatic amputation at right hip joint, subsequent encounter</td>
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<td>S78.011S</td>
<td>Complete traumatic amputation at right hip joint, sequela</td>
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The information contained herein is intended only as a general summary. While Pride makes every effort to update our Product Planning and Reimbursement resources as regulatory changes occur, it is recommended that suppliers contact us at pprc@pridemobility.com with any concerns or questions.
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