



**DETAILED WRITTEN ORDER PRIOR TO DELIVERY**  
Homecare Dimensions

Document #: **09.DWO.HCD.19b**  
Effective: **09/15/2009**

Rev.: **B**

Title: **Wheelchair Seating**

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Initial Date of Medical Necessity: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Medicare #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ DOB: \_\_\_\_\_

Email: \_\_\_\_\_ Length of Need: \_\_\_\_\_ (99 = Lifetime)

**Diagnosis Code:** \_\_\_\_\_

**NOTE:** Wheelchair seating coverage is **diagnosis driven**; see *Indications and Limitations of Coverage and/or Medical Necessity* for specific diagnosis codes.

**Medical records:** The Medical Records, **supplied with this order**, will need to document that the patient qualifies for or has purchased a covered manual or powered wheelchair.

**Equipment Ordered:** All Wheelchair Seating and accessories are billed using the specific codes listed in the Local Coverage Determination.

ORDERED	CODE	DETAILED DESCRIPTION OF ORDERED ITEMS: WHEELCHAIR SEATING
	<b>E2601</b>	General use wheelchair seat cushion, width less than 22 inches, any depth
	<b>E2602</b>	General use wheelchair seat cushion, width 22 inches or greater, any depth
	<b>E2603</b>	Skin protection wheelchair seat cushion, width less than 22 inches, any depth
	<b>E2604</b>	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth
	<b>E2605</b>	Positioning wheelchair seat cushion, width less than 22 inches, any depth
	<b>E2606</b>	Positioning wheelchair seat cushion, width 22 inches or greater, any depth
	<b>E2607</b>	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth
	<b>E2608</b>	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth
	<b>E2609</b>	Custom fabricated wheelchair seat cushion, any size
	<b>E2610</b>	Wheelchair seat cushion, powered
	<b>K0734</b>	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth
	<b>K0735</b>	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth
	<b>K0736</b>	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth
	<b>K0737</b>	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth

ORDERED	CODE	DETAILED DESCRIPTION OF ORDERED ITEMS: WHEELCHAIR BACK CUSHIONS
	<b>E2611</b>	General use wheelchair back cushion, width less than 22 inches, any height.
	<b>E2612</b>	General use wheelchair back cushion, width 22 inches or greater, any height.
	<b>E2613</b>	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height.
	<b>E2614</b>	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height.
	<b>E2615</b>	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height.
	<b>E2616</b>	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height.
	<b>E2617</b>	Custom fabricated wheelchair back cushion, any size.
	<b>E2620</b>	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height.
	<b>E2621</b>	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater.



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ORDERED	CODE	DETAILED DESCRIPTION OF ORDERED ITEMS: POSITIONING ACCESSORIES
	<b>E0955</b>	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each
	<b>E0956</b>	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each
	<b>E0957</b>	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each
	<b>E0960</b>	Wheelchair accessory, shoulder harness/straps or chest strap.
	<b>E0966</b>	Manual wheelchair accessory, headrest extension, each
	<b>E1028</b>	Wheelchair accessory, manual swing-away, retractable or removable mounting hardware for joystick, other control interface or positioning accessory

Treating Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Treating Physician Name: \_\_\_\_\_

NPI: \_\_\_\_\_

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**Indications and Limitations of Coverage and/or Medical Necessity**

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity.

A general use seat cushion (E2601, E2602) and a general use wheelchair back cushion (E2611-E2612) are covered for a patient who has a manual wheelchair or a power wheelchair with a sling/solid seat/back, which meets Medicare coverage criteria.

A skin protection seat cushion (E2603, E2604, K0734, K0735) is covered for a patient who meets both of the following criteria:

The patient has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the patient meets Medicare coverage criteria for it; **and**

The patient has either of the following:

Current pressure ulcer or past history of a pressure ulcer on the area of contact with the seating surface; **or**

Absent or impaired sensation in the area of contact with the seating surface or inability to carry out a functional weight shift due to one of the following diagnoses:

Spinal cord injury resulting in quadriplegia or paraplegia (344.00-344.1),

Other spinal cord disease (336.0-336.3),

Multiple sclerosis (340),

Other demyelinating disease (341.0-341.9),

Cerebral palsy (343.0-343.9),

Anterior horn cell diseases including amyotrophic lateral sclerosis (335.0-335.21, 335.23-335.9),

Post polio paralysis (138),

Traumatic brain injury resulting in quadriplegia (344.09),

Spinal bifida (741.00-741.93),

Childhood cerebral degeneration (330.0-330.9),

Alzheimer's disease (331.0),

Parkinson's disease (332.0),

Muscular dystrophy (359.0, 359.1).

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

The patient has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the patient meets Medicare coverage criteria for it; **and**

The patient has any significant postural asymmetries that are due to one of the diagnoses listed above or to one of the following diagnoses:

Monoplegia of the lower limb (344.30-344.32, 438.40-438.42) or

Hemiplegia (342.00-342.92, 438.20-438.22) due to stroke, traumatic brain injury, or other etiology,

Torsion dystonias (333.4, 333.6, 333.71),

Spinocerebellar disease (334.0-334.9).

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