



Medicare Wheelchair Cushion HCPCS Coding Eligibility Requirements

The patient has a wheelchair and meets Medicare coverage criteria for it. No → Individual consideration or denied as not medically necessary.



The patient has either of the following:

1) A current pressure ulcer or a past history of a pressure ulcer on the area of contact with the seating surface.

ICD-9 Code	Description
707.03	Decubitus Ulcer, Lower Back
707.04	Decubitus Ulcer, Hip
707.05	Decubitus Ulcer, Buttock

2) 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.

138	Late effects of Acute Poliomyelitis
323.82	Tranverse Myelitis NOS
330.0-330.9	Childhood Cerebral Degeneration
331	Alzheimer's Disease
332	Parkinson's Disease
333.4	Huntington's Chorea
333.6	Genetic Torsion Dystonia
333.71	Athetoid Cerebral Palsy
334.0-334.9	Spinocerebellar Disease
335.0-335.21	Anterior Horn Cell (SMA)
335.23-335.9	Other Motor Neuron Disease
336.0-336.3	Other Diseases of the Spinal Cord
340	Multiple Sclerosis
341.0-341.9	Other Demyelinating Diseases of CNS
343.0-343.9	Infantile Cerebral Palsy/Congenital Diplegia
344.0-344.1	Quadriplegia, Quadriparesis, Paraplegia
359	Congenital Hereditary Muscular Dystrophy
359.1	Hereditary Progressive Muscular Dystrophy
438.20-438.22	Hemiplegia - Late effects of CVD
728.3	Arthrogryposis
741.00-741.93	Spina Bifida
754.89	Congenital LE Flexion Contractures
756.51	Osteogenesis Imperfecta



The patient has significant postural asymmetries that are due to one of the diagnoses listed in criterion 2 or to one of the following diagnoses:

323.82	Transverse Myelitis
334.0-334.90	Spinocerebellar Disease
342.0-342.92	Hemiplegia and Hemiparesis
344.3-344.32	Monoplegia of the Lower Limbs
359	Congenital Hereditary Muscular Dystrophy
359.1	Hereditary Progressive Muscular
438.4-438.42	Monoplegia of the Lower Limbs - Late Effects of CVD
756.51	Oseogenesis Imperfecta
897.2-897.7	Traumatic Amputation



E2624 - Cushions < 22"	E2625 - Cushions > 22"
Adjustable Skin Protection and Positioning	
Standard Contour (4") - Dual Valve	
Standard Contour (4") - Four Valve	
Mid Contour (3") - Dual Valve	
Mid Contour (3") - Dual Valve	
Short Contour (2") - Dual Valve	
Short Contour (2") - Four Valve	
Max Immerse (5") - Dual Valve	
Max Immerse (5") - Four Valve	
StarLock® - 4" Cushion	
StarLock® - 3" Cushion	
StarLock® - 2" Cushion	
StarLock® - 5" Cushion	
CXR® Cushion	
Galaxy® Cushion	
Stabil-Air (2",3",4", or 5") - Dual Valve	
Stabil-Air (2",3",4", or 5") - Four Valve	

E2622 - Cushions < 22"	E2623 - Cushions > 22"
Adjustable Skin Protection	
Standard Contour (4") - Single Valve	
Mid Contour (3") - Single Valve	
Short Contour (2") - Single Valve	
Max Immerse (5") - Single Vavle	
Stabil-Air 2" - Single Valve	
Stabil-Air 3" - Single Valve	
Stabil-Air 4" - Single Valve	
Stabil-Air 5" - Single Valve	

Custom Cushions: Must meet both of the following criteria:

- 1) The patient meets all of the criteria for a prefabricated skin protection or positioning cushion.
- 2) Have a comprehensive written evaluation by a licensed/certified medical professional (not an employee or paid by supplier) which clearly demonstrates why prefabricated is insufficient.

↓ ↓

E2609
Custom
Star Custom Cushion

Use prefabricated skin protection or skin protection and positioning cushion

