

# HCPCS CODING ELIGIBILITY REQUIREMENTS MEDICARE WHEELCHAIR CUSHION



## START HERE

The patient meets coverage criteria for a medicare approved wheelchair

YES

**General Use Wheelchair Cushion**  
Physipro does not offer products in this category at this time

### CRITERIA 1

Does the patient have either of the following:

#### Current pressure ulcer

- 707.03 Pressure ulcer, low back
- 707.04 Pressure ulcer, hip
- 707.05 Pressure ulcer, buttock

**OR past history of the pressure ulcer on seating surface:**

- 707.03 Pressure ulcer, low back
- 707.04 Pressure ulcer, hip
- 707.05 Pressure ulcer, buttock

### CRITERIA 2

**OR, absent or impaired sensation OR inability to carry out functional weight shift due to one of the following ICD-9 codes:**

- Hemiplegia (342.00-342.92, 438.20-438.22) due to strong, traumatic brain injury, or other etiology
- 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 Disease Including ALS ; SMA (335.0-335.21)
- Other Motor Neuron Disease (335.23-335.9)
- Late Effects of Acute Poliomyelitis (138)
- Traumatic Brain Injury Resulting in Quadriplegia (344.09)
- Spina Bifida (741.00-741.93)
- Alzheimer's Disease (331.0)
- Parkinson's Disease (332.0)
- Childhood Cerebral Degeneration (330.0-330.9),
- Huntington's Chorea (333.4)
- Idiopathic Torsion Dystonia (333.6)
- Athetoid Cerebral Palsy (333.71)
- Paralysis Agitans (332.0)
- Congenital Hereditary Muscular Dystrophy (359.0)
- Hereditary Progressive Muscular Dystrophy (359.1)

NO

YES

Does the patient have any significant postural asymmetries that are due to one of the ICD-9 codes listed in **CRITERIA 2**, or a combination of the **CRITERIA 1** and one of the following ICD-9 codes:

- Osteogenesis Imperfecta (756.51)
- Other Causes of Myelitis (323.82)
- Traumatic Amputation of leg(s) (complete) (partial) unilateral at or above knee without complication – Traumatic Amputation of leg(s) (complete)(partial) bilateral (any level) complicated (897.2 – 897.7)
- Monoplegia of the Lower Limb (344.30-344.32) (438.40 438.42)
- Friedreich's Ataxia (334.0)
- Spinocerebellar Disease, unspecified (334.9)

Is there a comprehensive written evaluation by a licensed clinician (not an employee or paid by supplier) which clearly demonstrates why prefabricated is insufficient?

YES

NO

NO

YES

**E2607/E2608**

Skin protection and positioning cushion  
**ULTRA cushion**  
**Zero-Pressure**  
**Resolve**

**E2609**

Custom fabricated wheelchair seat cushion  
Physipro does not offer products in this category at this time

**E2603/E2604**

Skin Protection  
**C3S Cushion**  
**Brio Cushion**

# HCPCS CODING ELIGIBILITY REQUIREMENTS MEDICARE WHEELCHAIR BACKREST



## START HERE

The patient meets coverage criteria for a medicare approved wheelchair

YES

Does the patient have any significant postural asymmetries that are due to a diagnoses listed below:

- Traumatic Amputation of the Leg(s) (897.2-897.7)
- Osteogenesis Imperfecta (756.51)
- Transverse Myelitis (323.82)
- Late Effects of Acute Poliomyelitis (138)
- Cerebral Degeneration Usually Manifest in Childhood (330.0-330.9)
- Alzheimer's Disease (331.0)
- Paralysis Agitans (332.0)
- Huntington's Chorea (333.4)
- Idiopathic Torsion Dystonia (333.6)
- Athetoid Cerebral Palsy (333.71)
- Spinocerebellar Diseases (334.0-334.9)
- Anterior Horn Cell Disease Including ALS (SMA) (335.0-335.21)
- Other Motor Neuron Disease (335.23-335.9)
- Other Diseases of the Spinal Cord (336.0-336.3)
- Multiple Sclerosis (340)
- Other Demyelinating Diseases of CNS (341.0-341.9)
- Hemiplegia (342.00-342.92), (438.20-438.22)
- Infantile Cerebral Palsy (343.0-343.9)
- Quadriplegia, Quadriparesis, Paraplegia (Lower Limbs) (344.00-344.1)
- Other Paralytic Syndromes (Monoplegia of the Lower Limbs) (344.30-344.32)
- Congenital Hereditary Muscular Dystrophy (359.0)
- Hereditary Progressive Muscular Dystrophy (359.1)
- Monoplegia of Lower Limb (438.40-438.42)
- Spina Bifida (741.00-741.93)
- Osteogenesis Imperfecta (756.51)
- Traumatic Brain Injury Resulting in Quadriplegia (344.09)
- Above the Knee Amputation (897.2 - 897.7)

NO

E2611/E2612

General Use Back  
**PREMIUM Back**

YES

Is there a comprehensive written evaluation by a licensed clinician (not an employee or paid by supplier) which clearly demonstrates why prefabricated is insufficient?

NO

E2613/  
E2614

Posterior Positioning  
Back  
**HP2 Backrest**

E2615

Posterior – Lateral  
Positioning Back  
Physipro does not offer  
products in this category at this  
time

E2620

Planar with Laterals  
Positioning Back  
Physipro does not offer  
products in this category at this  
time

YES

E2617

Custom fabricated  
wheelchair back  
Physipro does not offer  
products in this  
category at this time