

Policy

Northern Light Employee Health Plan considers **Wheelchair Seating Options** medically necessary for the following indications:

1. The member has a wheelchair and/or is approved for a new wheelchair that is covered by their benefit plan;
And
2. The member meets specific coverage for the requested seating as listed below.

Specific Coverage Criteria:

General Use Seat Cushion/General Use Back Cushion covered when the member meets any of the following:

1. The member has a manual wheelchair, is approved for a new manual wheelchair, or has a Power Mobility Device (PMD) with a sling/solid seat back
2. A general use cushion for a power wheelchair with a sling/solid seat/back instead of Captain's Chair, the wheelchair and the cushion(s) will be covered for either of the following:
 - The cushion is provided with a covered power wheelchair base that is not available in a Captain's Chair model
OR
 - A skin protection and/or positioning seat or back cushion that meets coverage criteria is provided

Skin Protection Seat Cushion is covered when the member meets all of the following criteria:

1. The member has a manual wheelchair or PMD with a sling/solid seat/back
And
2. The member has a current pressure ulcer, or history of a pressure ulcer in the area of contact with the seating surface
Or

The member has 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

PA.073 – Wheelchair Seating Options

Policy Number: PA-073
Last Review Date: 02/09/2017
Effective Date: 01/01/2018

cerebral palsy, arthrogyrosis, osteogenesis imperfecta, spine cerebellar disease, or transverse myelitis.

Positioning Seat Cushion and/or Positioning Back Cushion and/or Positioning Accessory is covered when the member meets both of the following criteria:

1. The member has a manual wheelchair and/or is approved for a new manual wheelchair or the member has a PMD with a sling/solid seat/back
And
2. The member has significant postural asymmetries that are due to the diagnoses listed under the skin protection seat cushion section above 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.

Combination Skin Protection and Positioning Seat Cushion is covered for members who meet all of the criteria for:

1. A skin protection seat cushion
And
2. A positioning seat cushion

Custom Fabricated Seat Cushion is covered for members who meet all of the following criteria:

1. When all of the criteria is met for a prefabricated skin protection seat cushion or prefabricated positioning seat cushion
And
2. There is a written evaluation by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT), which clearly explains why a prefabricated seating system is not sufficient to meet the member's seating and positioning needs.
And
3. The PT or OT cannot have a financial relationship with the supplier

Custom Fabricated Back Cushion is covered for members who meet all of the following criteria:

1. When all of the criteria is met for a prefabricated positioning back cushion or prefabricated positioning seat cushion
And
2. A written evaluation by a physician or licensed/certified medical professional, PT, or OT, is provided that clearly explains why a prefabricated seating system is not sufficient to meet the member's seating and positioning needs.
And
3. The PT or OT cannot have a financial relationship with the supplier

PA.073 – Wheelchair Seating Options

Policy Number: PA-073
Last Review Date: 02/09/2017
Effective Date: 01/01/2018

Headrest is covered for members who have one of the following covered systems:

- Manual tilt-in-space wheelchair
- Manual semi or fully reclining back on a manual wheelchair,
- A manual fully reclining back on a power wheelchair
- Power tilt and/or recline power seating system.

Limitations per CMS Local Coverage Article A17918

1. There is no separate payment for a solid insert 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
2. There is no separate payment for mounting hardware for a seat or back cushion
3. There is no separate payment for a wheelchair seat or back cushion when it is used with a rollabout chair
4. Specific items are not covered without a documented face-to-face encounter conducted by the physician, physician assistant, nurse practitioner, or clinical nurse specialist within six months prior to written order.

The following are considered not medically necessary and are therefore not covered:

1. Any seating option specific to wheelchair- when the member does not have a covered PMD/ wheelchair.
2. A seat or back cushion that is provided for use with a transport chair (E1037, E1038)
3. Headrest or other positioning accessory- when the member has a PMD or POV with a captain's chair seat.
4. Powered seat cushion (E2610)
5. Prefabricated seat cushion, a prefabricated positioning back cushion, or a brand name custom fabricated seat or back cushion which has not received a written coding verification from the Pricing, Data Analysis, and Coding (PDAC) Contractor.

See Also:

PA-010 Durable Medical Equipment and Corrective Appliances, Repairs and Replacement

Background

Wheelchair seating/accessories are additions or attachments to a manual wheelchair or power mobility devices (PMDs) that are considered necessary options in order for the member to function in the home and to perform mobility related activities of daily living (MRADLs).

PA.073 – Wheelchair Seating Options

Policy Number: PA-073
Last Review Date: 02/09/2017
Effective Date: 01/01/2018

Codes – Refer to specific coverage criteria for the applicable codes below in the Indications Section of this policy.

HCPCS Codes	
Code	Description
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each
E0957	Wheelchair accessory, medical thigh support, any type, including fixed mounting hardware, each
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware
E2601	General use wheelchair seat cushion, width less than 22 inches, any depth
E2602	General use wheelchair seat cushion, width 22 inches or greater, any depth
E2603	Skin protection wheelchair seat cushion, width less than 22 inches, any depth
E2604	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth
E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth
E2606	Positioning wheelchair seat cushion, width 22 inches or greater, any depth
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth
E2608	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth
E2609	Custom fabricated wheelchair seat cushion, any size
E2611	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware
E2612	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware
E2613	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware
E2614	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware

PA.073 – Wheelchair Seating Options

Policy Number: PA-073
Last Review Date: 02/09/2017
Effective Date: 01/01/2018

E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth

References

1. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) No. L33312. Wheelchair Seating. (Contractor: NHIC, Corp.) Revision Effective Date 07/01/2016. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33312&ver=10&Date=&DocID=L33312&bc=iAAAABAAAAAAA A%3d%3d&>
2. Centers for Medicare and Medicaid Services (CMS). Local Coverage Article. No. A52505. Wheelchair Seating – Policy Article. Revision Effective Date 07/01/2016. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52505&ver=6&Date=&DocID=A52505&bc=hAAAABAAAAAAA AA%3d%3d&>
3. Centers for Medicare and Medicaid Services (CMS): Medicare Learning Network (MLN) Matters. No. MM8304 – Revised. March 14, 2014 Detailed written Orders and Face-to-Face Encounters. Effective Date July1, 2013. <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8304.pdf>
4. NHIC, Corp: Power Mobility Devices - 7-Element Order (MOB). Document No. TMP-EDO-0049. Release Date: 11/28/2007. Posted: Nov. 5, 2009 http://www.medicarenhic.com/dme/medical_review/mr_bulletins/mr_bulletin_current/110509_7-element-order.pdf
5. NHIC, Corp: Face-to-Face Examination Date on 7-Element Order for Power Mobility Devices Scenarios. Document No. TMP-EDO-0049. Release Date: 04/27/2012.

PA.073 – Wheelchair Seating Options

Policy Number: PA-073
Last Review Date: 02/09/2017
Effective Date: 01/01/2018

Posted: April 5, 2013.

http://www.medicarenhic.com/dme/medical_review/mr_bulletins/mr_bulletin_current/040513_f2f.pdf

Disclaimer:

Northern Light Employee Health Plan medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of Northern Light Employee Health Plan and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

Northern Light Employee Health Plan reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

These policies are the proprietary information of Northern Light Employee Health Plan. Any sale, copying, or dissemination of said policies is prohibited.