START HERE
Does the beneficiary have a wheelchair and meets Medicare coverage criteria for it?

YES

BENEFICIARY DOES NOT QUALIFY.

NO

DOES THE BENEFICIARY HAVE ANY OF THE FOLLOWING?

S1: CURRENT PRESSURE ULCER
- Decubitus Ulcer, Lower Back (707.03)
- Decubitus Ulcer, Hip (707.04)
- Decubitus Ulcer, Buttock (707.05)

OR PAST HISTORY OF A PRESSURE ULCER ON SEATING SURFACE
- Decubitus Ulcer, Lower Back (707.03)
- Decubitus Ulcer, Hip (707.04)
- Decubitus Ulcer, Buttock (707.05)

OR S2: ABSENT OR IMPAIRED SENSATION
OR INABILITY TO CARRY OUT FUNCTIONAL WEIGHT SHIFT DUE TO ONE OF THE FOLLOWING ICD-9 CODES

- Huntington’s Chorea (333.4)
- Idiopathic Torsion Dystonia (333.6)
- Symptomatic Torsion Dystonia (333.7)
- Spinocerebellar Disease (334.0-334.9)
- Hemiplegia and Hemiparesis (342.00-342.92) (438.20-438.22)
- Other Paralytic Syndromes (Monoplegia of the lower limbs) (344.30-344.32)
- Congenital Hereditary Muscular Dystrophy (359.0)
- Hereditary Progressive Muscular Dystrophy (359.1)
- Hemiplegia- Late Effects of CVD (438.20-438.22)
- Monoplegia of Lower Limbs-Late effects of CVD(438.40-438.42)

Does the beneficiary require individual consideration or have they been denied as not medically necessary?

YES

NO

HCPCS CODING: E2605/E2606
Positioning
- RIDGE

HCPCS CODING: E2601/E2602
General Use
- CURVE®
- ELEMENTS W/GEL

DOES THE BENEFICIARY NEED ADDITIONAL POSITIONING COMPONENTS?

Does the patient meet all of the criteria for a prefabricated skin & protection & positioning cushion?

YES

NO

HCPCS CODING: E2622/E2623
Adjustable Skin Protection
- ADJUSTER X
- ADJUSTER

HCPCS CODING: E2624/E2625
Adjustable Skin Protection & Positioning
- VECTOR X
- VECTOR
- VERSA X
- ACTA-EMBRACE ATI
- M2 ATI

HCPCS CODING: E2603/E2604
Adjustable Skin Protection
- LIBERTY X

HCPCS CODING: E2607/E2608
Skin Protection & Positioning
- ACTA-EMBRACE
- M2
- MAXX

HCPCS CODING: E2609
Custom Cushion
- INCEPTION CUSHION

Requires individual consideration or denies as not medically necessary.

NO

HCPCS CODING ELIGIBILITY REQUIREMENTS
MEDICARE WHEELCHAIR CUSHION

START HERE
Does the beneficiary have a wheelchair and meets Medicare coverage criteria for it?

YES

BENEFICIARY DOES NOT QUALIFY.

NO

DOES THE BENEFICIARY HAVE ANY SIGNIFICANT ASYMMETRIES THAT ARE DUE TO ONE OF THE ICD-9 CODES LISTED ON THE CRITERIA “S2”, ABOVE, OR ONE OF THE FOLLOWING ICD-9 CODES? ADDITIONALLY, A KX MODIFIER FOR THE K0734 & K0736 CODES NEEDS TO BE INCLUDED WHICH INDICATED ALL NECESSARY DOCUMENTATION TO SUPPORT CLINICAL NEED IS IN FILE.

- Symptomatic Torsion Dystonia (333.7)
- Other Paralytic Syndromes (Monoplegia of the lower limbs) (344.30-344.32)
- Congenital Hereditary Muscular Dystrophy (359.0)
- Hereditary Progressive Muscular Dystrophy (359.1)
- Hemiplegia- Late Effects of CVD (438.20-438.22)
- Monoplegia of Lower Limbs-Late effects of CVD(438.40-438.42)

YES

NO

HCPCS CODING ELIGIBILITY REQUIREMENTS
MEDICARE WHEELCHAIR CUSHION

START HERE
Does the beneficiary have a wheelchair and meets Medicare coverage criteria for it?

YES

BENEFICIARY DOES NOT QUALIFY.

NO

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- Hemiplegia and Hemiparesis (342.00-342.92) (438.20-438.22)
- Other Paralytic Syndromes (Monoplegia of the lower limbs) (344.30-344.32)
- Congenital Hereditary Muscular Dystrophy (359.0)
- Hereditary Progressive Muscular Dystrophy (359.1)
- Hemiplegia- Late Effects of CVD (438.20-438.22)
- Monoplegia of Lower Limbs-Late effects of CVD(438.40-438.42)

Does the beneficiary require individual consideration or have they been denied as not medically necessary?

YES

NO

HCPCS CODING: E2605/E2606
Positioning
- RIDGE

HCPCS CODING: E2601/E2602
General Use
- CURVE®
- ELEMENTS W/GEL

DOES THE BENEFICIARY NEED ADDITIONAL POSITIONING COMPONENTS?

Does the patient meet all of the criteria for a prefabricated skin & protection & positioning cushion?

YES

NO

HCPCS CODING: E2622/E2623
Adjustable Skin Protection
- ADJUSTER X
- ADJUSTER

HCPCS CODING: E2624/E2625
Adjustable Skin Protection & Positioning
- VECTOR X
- VECTOR
- VERSA X
- ACTA-EMBRACE ATI
- M2 ATI

HCPCS CODING: E2603/E2604
Adjustable Skin Protection
- LIBERTY X

HCPCS CODING: E2607/E2608
Skin Protection & Positioning
- ACTA-EMBRACE
- M2
- MAXX

HCPCS CODING: E2609
Custom Cushion
- INCEPTION CUSHION

Requires individual consideration or denies as not medically necessary.

NO
Does the beneficiary have any significant postural asymmetries that are due to the diagnoses listed below?

- 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)
- Symptomatic Torsion Dystonia (333.7)
- Spinocerebellar Disease (334.0-334.9)
- Anterior Horn Cell Disease (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 and Hemiparesis (342.00-342.92)(438.20-438.22)
- Infantile Cerebral Palsy (343.0-343.9)
- Quadriplegia, Quadripareisis, Paraplegia (lower limbs) (344.0-344.1)
- Other Paralytic Syndromes (Monoplegia of the lower limbs) (344.30-344.32)
- Congenital Hereditary Muscular Dystrophy (359.0)
- Hereditary Progressive Muscular Dystrophy (359.1)
- Hemiplegia- Late Effects of CVD (348.20-438.22)
- Spina Bifida (741.00-741.93)
- Traumatic Amputation of Leg (897.2-897.6)
- Osteogenesis Imperfecta (756.51)

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

Start Here

Does the beneficiary have a wheelchair and meets Medicare coverage criteria for it?

Yes

No

Beneficiary does not qualify.

Does the beneficiary require individual consideration or have they been denied as not medically necessary?

No

Yes

Hcpcs coding: E2611/e2612

General Use Back
- VISCO BACK
- RADIUS BACK
- ELEMENTS BACK

Requires individual consideration or denies as not medically necessary.

Hcpcs coding: E2617

Custom Back Cushion
- ACTA-BACK
- ACTA-BACK DEEP
- ACTA-EMBRACE
- ACTA-RELIEF

Hcpcs coding: E2613/e2614

Posterior Positioning Back
- ACTA-BACK
- ACTA-EMBRACE™

Hcpcs coding: E2615/e2616

Positioning Back, Posterior Lateral
- ACTA-BACK DEEP

Hcpcs coding: E2615

Positioning Back, Posterior Lateral
- ACTA RELIEF

Hcpcs coding: E2620/e2621

Planar with Lateral Positioning Back
- ACTA-CONTOUR™
- ACTA-EMBRACE™ TS
- ACTA-BACK™ TS

Hcpcs coding: E2620

Planar with Lateral Positioning Back
- ACTA RELIEF TS