

Wheelchair Seating (for North Carolina Only)

Guideline Number: CSNC.CDG.111.03
Effective Date: May 1, 2022

[Instructions for Use](#)

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- Related Policies**
- [Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements \(for North Carolina Only\)](#)
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Application

This Coverage Determination Guideline only applies to the state of North Carolina.

Coverage Rationale

Indications for Coverage

Wheelchair seating is proven and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the InterQual® 2022, Apr. 2022 Release, Medicare: Durable Medical Equipment, Wheelchair Seating.

Click [here](#) to view the InterQual® criteria.

Repair, Replacement, and Upgrade

Repair and replacement of durable medical equipment (DME) is covered and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the [North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policy for Medical Equipment, 5A-1 Physical Rehabilitation Equipment and Supplies](#).

Coverage Limitations and Exclusions

When more than one piece of DME can meet the member’s functional needs, benefits are available only for the item that meets the minimum specifications for member needs. Examples include but are not limited to standard electric wheelchair vs. custom wheelchair.

Personal care, comfort, or convenience items are excluded from coverage, including but not limited to supplies, equipment, and similar incidental services and supplies for personal comfort.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws

that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

UnitedHealthcare has adopted the requirements and intent of the National Correct Coding Initiative. The Centers for Medicare & Medicaid Services (CMS) has contracted with Palmetto to manage Pricing, Data, Analysis and Coding (PDAC) for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). This notice is to confirm UnitedHealthcare has established the PDAC as a source for correct coding and coding clarification.

| HCPCS Code | Description |
|--------------------------------|--|
| Seat Cushions | |
| E2601 | General use wheelchair seat cushion, width less than 22 in, any depth |
| E2602 | General use wheelchair seat cushion, width 22 in or greater, any depth |
| E2603 | Skin protection wheelchair seat cushion, width less than 22 in, any depth |
| E2604 | Skin protection wheelchair seat cushion, width 22 in or greater, any depth |
| E2605 | Positioning wheelchair seat cushion, width less than 22 in, any depth |
| E2606 | Positioning wheelchair seat cushion, width 22 in or greater, any depth |
| E2607 | Skin protection and positioning wheelchair seat cushion, width less than 22 in, any depth |
| E2608 | Skin protection and positioning wheelchair seat cushion, width 22 in or greater, any depth |
| E2609 | Custom fabricated wheelchair seat cushion, any size |
| E2610 | Wheelchair seat cushion, powered |
| E2622 | Skin protection wheelchair seat cushion, adjustable, width less than 22 in, any depth |
| E2623 | Skin protection wheelchair seat cushion, adjustable, width 22 in or greater, any depth |
| E2624 | Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 in, any depth |
| E2625 | Skin protection and positioning wheelchair seat cushion, adjustable, width 22 in or greater, any depth |
| Back Cushions | |
| E2611 | General use wheelchair back cushion, width less than 22 in, any height, including any type mounting hardware |
| E2612 | General use wheelchair back cushion, width 22 in or greater, any height, including any type mounting hardware |
| E2613 | Positioning wheelchair back cushion, posterior, width less than 22 in, any height, including any type mounting hardware |
| E2614 | Positioning wheelchair back cushion, posterior, width 22 in or greater, any height, including any type mounting hardware |
| E2615 | Positioning wheelchair back cushion, posterior-lateral, width less than 22 in, any height, including any type mounting hardware |
| E2616 | Positioning wheelchair back cushion, posterior-lateral, width 22 in 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 in, any height, including any type mounting hardware |
| E2621 | Positioning wheelchair back cushion, planar back with lateral supports, width 22 in or greater, any height, including any type mounting hardware |
| Positioning Accessories | |
| E0953 | Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each |
| 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 |

| HCPCS Code | Description |
|--------------------------------|---|
| Positioning Accessories | |
| E0957 | Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each |
| E0960 | Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware |
| E0966 | Manual wheelchair accessory, headrest extension, each |
| E1028 | Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory |
| Miscellaneous | |
| E0992 | Manual wheelchair accessory, solid seat insert |
| E2231 | Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware |
| E2291 | Back, planar, for pediatric size wheelchair including fixed attaching hardware |
| E2292 | Seat, planar, for pediatric size wheelchair including fixed attaching hardware |
| E2293 | Back, contoured, for pediatric size wheelchair including fixed attaching hardware |
| E2294 | Seat, contoured, for pediatric size wheelchair including fixed attaching hardware |
| E2619 | Replacement cover for wheelchair seat cushion or back cushion, each |
| K0108 | Wheelchair component or accessory, not otherwise specified |
| K0669 | Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from DME PDAC |

References

Noridian Healthcare Solutions: <https://med.noridianmedicare.com/web/jddme/article-detail/-/view/2230703/reasonable-useful-lifetime-and-duplicate-items-billing-reminder>. Accessed January 15, 2021.

North Carolina Medicaid, Division of Health Benefits, Clinical Coverage Policies, Physical Rehabilitation Equipment and Supplies, No: 5A-1. https://files.nc.gov/ncdma/documents/files/5A-1_6.pdf. Accessed March 29, 2021.

UnitedHealthcare Insurance Company Generic Certificate of Coverage 2018.

Guideline History/Revision Information

| Date | Summary of Changes |
|------------|---|
| 05/01/2022 | <p>Coverage Rationale</p> <ul style="list-style-type: none"> Replaced reference to “InterQual® 2021, Dec. 2021 Release” with “InterQual® 2022, Apr. 2022 Release” <p>Supporting Information</p> <ul style="list-style-type: none"> Archived previous policy version CSNC.CDG.111.02 |

Instructions for Use

This Coverage Determination Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this guideline, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Coverage Determination Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual[®] criteria, to assist us in administering health benefits. The UnitedHealthcare Coverage Determination Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.