

# Wheelchair Seating

Policy Number: DME 044.1 T2  
Effective Date: May 1, 2021

[Instructions for Use](#)

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**Related Policies**

- [Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements](#)
- [Manual Wheelchairs](#)
- [Power Mobility Devices](#)
- [Wheelchair Options and Accessories](#)

## 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® 2021, Apr. 2021 Release, Medicare: Durable Medical Equipment, Wheelchair Seating.

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

### *Repair, Replacement, and Upgrade*

#### Replacement

Replacement of DME is for the same or similar type of equipment which is beyond its reasonable useful life span and has become irreparable.

#### Upgrade

The physician provides documentation that the condition of the member changes (e.g., impaired function necessitates an upgrade to an electric wheelchair from a manual one).

#### General Criteria

- Routine wear on the equipment renders it non-functional and the member still requires the equipment.
  - Vendors/manufacturers are responsible for repairs, replacements, and maintenance for rented equipment and for purchased equipment covered by warranty
  - Coverage includes DME obtained in a physician’s office, DME vendor, or any other provider authorized to provide/dispense DME
- Unless otherwise stated, DME has a Reasonable Useful Lifetime (RUL) of 5 years

Note: A new prescription isn't needed if the needs of the patient are the same.

#### Equipment Upgrades

- A change in the member’s medical condition and equipment needs requires the same documentation as a new request
- Equipment upgrades are equivalent to a new service

## 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.

The following services are excluded from coverage:

- Personal care, comfort, or convenience items
  - Supplies, equipment, and similar incidental services and supplies for personal comfort
- Replacement of items due to malicious damage, neglect or abuse
- Replacement of lost or stolen items
- Upgrade or replacement of DME when the existing equipment is still functional; refer to the [Repair, Replacement, and Upgrade](#) section

## Definitions

The following definitions may not apply to all plans. Refer to the member specific benefit plan document for applicable definitions.

**Durable Medical Equipment (DME):** Medical Equipment that is all of the following:

- Ordered or provided by a Physician for outpatient use primarily in a home setting
- Used for medical purposes
- Not consumable or disposable except as needed for the effective use of covered DME
- Not of use to a person in the absence of a disease or disability
- Serves a medical purpose for the treatment of a Sickness or injury
- Primarily used within the home

**Medically Necessary:** Health Care Services that are all of the following as determined by us or our designee.

- In accordance with Generally Accepted Standards of Medical Practice
- Clinically appropriate, in terms of type, frequency, extent, service site and duration, and considered effective for your Sickness, Injury, Mental Illness, substance-related and addictive disorders, disease or its symptoms
- Not mainly for your convenience or that of your doctor or other health care provider
- Not more costly than an alternative drug, service(s), service site or supply that is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of your Sickness, Injury, disease or symptoms

**Mobility Device:** A manual wheelchair, electric wheelchair, transfer chair or scooter.

**Reasonable Useful Lifetime (RUL):** RUL is the expected minimum lifespan for the item. It starts on the initial date of service and runs for the defined length of time. The default RUL for durable medical equipment is set at 5 years. RUL is also applied to other non-DME items such as orthoses and prostheses. RUL is not applied to supply items.

## Prior Authorization Requirements

Prior authorization is required in all sites of service for:

- The purchase of any DME item that is greater than \$500.00.
- All custom molded or custom made (fabricated) items; this includes custom molded/custom made or custom fabricated orthotics and custom molded helmets.
- Any DME being rented, repaired and/or replaced; this includes coverage for the repair or replacement of custom molded/custom made or custom fabricated and custom molded helmets for children when growth or change in the member's medical condition make replacement Medically Necessary.

Note: If an authorization is not required, referral guidelines apply in order for a member to receive in-network coverage. A prescription form or provider's medical necessity form may be accepted as a referral for Durable Medical Equipment.

## 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 policy 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 the member specific benefit plan document 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 may apply.

Oxford Health Plans 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 and Coding (PDAC) for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS). This notice is to confirm Oxford Health Plans has established the PDAC as a source for correct coding and coding clarification.

HCPCS Code	Description
<b>Seat Cushions</b>	
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
<b>Back Cushions</b>	
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

HCPCS Code	Description
<b>Positioning Accessories</b>	
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
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
<b>Miscellaneous</b>	
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

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Coverage Determination Guidelines Committee. [CDG.035.007]

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

## Policy History/Revision Information

Date	Summary of Changes
05/01/2021	<ul style="list-style-type: none"> <li>New Clinical Policy</li> </ul>

## Instructions for Use

This Clinical Policy provides assistance in interpreting UnitedHealthcare Oxford standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare Oxford reserves the right to modify its Policies as necessary. This Clinical Policy is provided for informational purposes. It does not constitute medical advice.

The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. UnitedHealthcare Oxford Clinical Policies 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.