# Local Coverage Determination (LCD): Wheelchair Seating (L33312)

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# Contractor Information

| CONTRACTOR NAME | CONTRACT TYPE | CONTRACT NUMBER | JURISDICTION | STATE(S) |
|---|---|---|---|---|
| CGS Administrators, LLC | DME MAC | 17013 - DME MAC | J-B | Illinois<br>Indiana<br>Kentucky<br>Michigan<br>Minnesota<br>Ohio<br>Wisconsin |
| CGS Administrators, LLC | DME MAC | 18003 - DME MAC | J-C | Alabama<br>Arkansas<br>Colorado<br>Florida<br>Georgia<br>Louisiana<br>Mississippi<br>New Mexico<br>North Carolina<br>Oklahoma<br>Puerto Rico<br>South Carolina<br>Tennessee<br>Texas<br>Virgin Islands<br>Virginia<br>West Virginia |
| Noridian Healthcare Solutions, LLC | DME MAC | 16013 - DME MAC | J-A | Connecticut<br>Delaware<br>District of Columbia<br>Maine<br>Maryland<br>Massachusetts<br>New Hampshire<br>New Jersey<br>New York - Entire State<br>Pennsylvania<br>Rhode Island<br>Vermont |

| CONTRACTOR NAME | CONTRACT TYPE | CONTRACT NUMBER | JURISDICTION | STATE(S) |
|---|---|---|---|---|
| Noridian Healthcare Solutions, LLC | DME MAC | 19003 - DME MAC | J-D | Alaska<br>American Samoa<br>Arizona<br>California - Entire State<br>Guam<br>Hawaii<br>Idaho<br>Iowa<br>Kansas<br>Missouri - Entire State<br>Montana<br>Nebraska<br>Nevada<br>North Dakota<br>Northern Mariana Islands<br>Oregon<br>South Dakota<br>Utah<br>Washington<br>Wyoming |

# LCD Information

## Document Information

**LCD ID**
L33312

**LCD Title**
Wheelchair Seating

**Proposed LCD in Comment Period**
N/A

**Source Proposed LCD**
N/A

**AMA CPT / ADA CDT / AHA NUBC Copyright Statement**


**Original Effective Date**
For services performed on or after 10/01/2015

**Revision Effective Date**
For services performed on or after 01/01/2020

**Revision Ending Date**
N/A

**Retirement Date**
N/A

**Notice Period Start Date**
N/A

**Notice Period End Date**
N/A

## CMS National Coverage Policy

Pub. 100-03 (Medicare National Coverage Determinations Manual), Chapter 1, Sections 280.1, 280.3

## Coverage Guidance

**Coverage Indications, Limitations, and/or Medical Necessity**

For any item to be covered by Medicare, it must: 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements.

The purpose of a Local Coverage Determination (LCD) is to provide information regarding "reasonable and necessary" criteria based on Social Security Act § 1862(a)(1)(A) provisions.

In addition to the "reasonable and necessary" criteria contained in this LCD there are other payment rules, which are discussed in the following documents, that must also be met prior to Medicare reimbursement:

- The LCD-related Standard Documentation Requirements Article, located at the bottom of this policy under the Related Local Coverage Documents section.

- The LCD-related Policy Article, located at the bottom of this policy under the Related Local Coverage Documents section.
- Refer to the Supplier Manual for additional information on documentation requirements.
- Refer to the DME MAC web sites for additional bulletin articles and other publications related to this LCD.

For the items addressed in this LCD, the "reasonable and necessary" criteria, based on Social Security Act § 1862(a)(1)(A) provisions, are defined by the following coverage indications, limitations and/or medical necessity.

A general use seat cushion (E2601, E2602) and a general use wheelchair back cushion (E2611, E2612) are covered for a beneficiary who has a manual wheelchair or a power wheelchair with a sling/solid seat/back which meets Medicare coverage criteria. If the beneficiary does not have a covered wheelchair, then the cushion will be denied as not reasonable and necessary. If the beneficiary has a POV or a power wheelchair with a captain's chair seat, the cushion will be denied as not reasonable and necessary.

For beneficiaries who meet coverage criteria for a power wheelchair and who do not have special skin protection or positioning needs, a power wheelchair with Captain's Chair provides appropriate support. Therefore, if a general use cushion is provided with a power wheelchair with a sling/solid seat/back instead of Captain's Chair, the wheelchair and the cushion(s) will be covered if either criterion 1 or criterion 2 is met:

1. The cushion is provided with a covered power wheelchair base that is not available in a Captain's Chair model – i.e., codes K0839, K0840, K0843, K0860, K0861, K0862, K0863, K0864, K0890, K0891; or
2. A skin protection and/or positioning seat or back cushion that meets coverage criteria is provided.

If one of these criteria is not met, both the power wheelchair with a sling/solid seat and the general use cushion will be denied as not reasonable and necessary.

If the beneficiary has a POV or a power wheelchair with a captain's chair seat, a separate seat and/or back cushion will be denied as not reasonable and necessary.

A skin protection seat cushion (E2603, E2604, E2622, E2623) is covered for a beneficiary who meets both of the following criteria:

1. The beneficiary has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the beneficiary meets Medicare coverage criteria for it; and
2. The beneficiary has either of the following (a or b):
    a. Current pressure ulcer or past history of a pressure ulcer on the area of contact with the seating surface as reflected in a diagnosis code listed in Group 1 of the ICD-10 code list in the LCD-related Policy Article; or
    b. Absent or impaired sensation in the area of contact with the seating surface or inability to carry out a functional weight shift as reflected in a diagnosis code listed in Group 2 of the ICD-10 code list in the LCD-related Policy Article.

A positioning seat cushion (E2605, E2606), positioning back cushion (E2613, E2614, E2615, E2616, E2620, E2621), and positioning accessory (E0953, E0955, E0956, E0957, E0960) are covered for a beneficiary who meets both of the following criteria:

1. The beneficiary has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the beneficiary meets Medicare coverage criteria for it; and
2. The beneficiary has any significant postural asymmetries that are due to one of the following (a or b):
    a. A diagnosis code listed in Group 2 of the ICD-10 code list in the LCD-related Policy Article; or
    b. A diagnosis code listed in Group 3 of the ICD-10 code list in the LCD-related Policy Article.

A combination skin protection and positioning seat cushion (E2607, E2608, E2624, E2625) is covered for a beneficiary who meets the criteria for both a skin protection seat cushion and a positioning seat cushion. (Note special instructions for a combination skin protection and positioning cushion in the ICD-10 code list in the LCD-related Policy Article.)

A headrest (E0955) is also covered when the beneficiary has a covered manual tilt-in-space, manual semi or fully reclining back on a manual wheelchair, a manual fully reclining back on a power wheelchair, or power tilt and/or recline power seating system.

If the beneficiary has a POV or a power wheelchair with a captain's chair seat, a headrest or other positioning accessory will be denied as not reasonable and necessary.

If a skin protection seat cushion, positioning seat cushion, or combination skin protection and positioning seat cushion is provided and if the stated coverage criteria are not met, it will be denied as not reasonable and necessary.

If a positioning back cushion is provided for a beneficiary who does not meet the stated coverage criteria, it will be denied as not reasonable and necessary.

If a positioning accessory is provided and the criteria are not met, the item will be denied as not reasonable and necessary.

A custom fabricated seat cushion (E2609) is covered if criteria (1) and (3) are met. A custom fabricated back cushion (E2617) is covered if criteria (2) and (3) are met:

1. Beneficiary meets all of the criteria for a prefabricated skin protection seat cushion or positioning seat cushion;
2. Beneficiary meets all of the criteria for a prefabricated positioning back cushion;
3. There is a comprehensive 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 beneficiary’s seating and positioning needs. The PT or OT may have no financial relationship with the supplier.

If a custom fabricated cushion is provided for a beneficiary who does not meet the stated coverage criteria, it will be denied as not reasonable and necessary.

A seat or back cushion that is provided for use with a transport chair (E1037, E1038) will be denied as not reasonable and necessary.

The effectiveness of a powered seat cushion (E2610) has not been established. Claims for a powered seat cushion will be denied as not reasonable and necessary.

A 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 or which does not meet the criteria stated in the Coding Guidelines section (see Policy Article) will be denied as not reasonable and necessary.

GENERAL

A Standard Written Order (SWO) must be communicated to the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving a completed SWO, the claim shall be denied as not reasonable and necessary.

For Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) base items that require a Written Order Prior to Delivery (WOPD), the supplier must have received a signed SWO before the DMEPOS item is delivered to a beneficiary. If a supplier delivers a DMEPOS item without first receiving a WOPD, the claim shall be denied as not reasonable and necessary. Refer to the LCD-related Policy Article, located at the bottom of this policy under the Related Local Coverage Documents section.

For DMEPOS base items that require a WOPD, and also require separately billed associated options, accessories, and/or supplies, the supplier must have received a WOPD which lists the base item and which may list all the associated options, accessories, and/or supplies that are separately billed prior to the delivery of the items. In this scenario, if the supplier separately bills for associated options, accessories, and/or supplies without first receiving a completed and signed WOPD of the base item prior to delivery, the claim(s) shall be denied as not reasonable and necessary.

An item/service is correctly coded when it meets all the coding guidelines listed in CMS HCPCS guidelines, LCDs, LCD-related Policy Articles, or DME MAC articles. Claims that do not meet coding guidelines shall be denied as not reasonable and necessary/incorrectly coded.

Proof of delivery (POD) is a Supplier Standard and DMEPOS suppliers are required to maintain POD documentation in their files. Proof of delivery documentation must be made available to the Medicare contractor upon request. All services that do not have appropriate proof of delivery from the supplier shall be denied as not reasonable and necessary.

**Summary of Evidence**

N/A

**Analysis of Evidence**
**(Rationale for Determination)**

N/A

# Coding Information

**CPT/HCPCS Codes**

**Group 1 Paragraph:**

The appearance of a code in this section does not necessarily indicate coverage.

**HCPCS MODIFIERS:**

EY - No physician or other licensed healthcare provider order for this item or service

GA - Waiver of liability statement on file issued as required by payer policy, individual case

GY - Item or service statutorily excluded or doesn't meet the definition of any Medicare benefit category

GZ - Item or service expected to be denied as not reasonable and necessary

KX - Requirements specified in the medical policy have been met

**HCPCS CODES:**

**SEAT CUSHIONS:**

**Group 1 Codes:**

| CODE | DESCRIPTION |
|---|---|
| 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 |

| CODE | DESCRIPTION |
|---|---|
| | INCHES 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 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 |

**Group 2 Paragraph:**

BACK CUSHIONS:

**Group 2 Codes:**

| CODE | DESCRIPTION |
|---|---|
| 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 |
| 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 |

**Group 3 Paragraph:**

POSITIONING ACCESSORIES:

**Group 3 Codes:**

| CODE | DESCRIPTION |
|---|---|
| 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 |

**Group 4 Paragraph:**

MISCELLANEOUS:

**Group 4 Codes:**

| CODE | DESCRIPTION |
|---|---|
| A9900 | MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE |
| 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 |

| CODE | DESCRIPTION |
|---|---|
| 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 |

# General Information

**Associated Information**

**DOCUMENTATION REQUIREMENTS**
Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider." It is expected that the beneficiary's medical records will reflect the need for the care provided. The beneficiary's medical records include the treating practitioner's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available upon request.

**GENERAL DOCUMENTATION REQUIREMENTS**

In order to justify payment for DMEPOS items, suppliers must meet the following requirements:

- SWO
- Medical Record Information (including continued need/use if applicable)
- Correct Coding
- Proof of Delivery

Refer to the LCD-related Standard Documentation Requirements article, located at the bottom of this policy under the Related Local Coverage Documents section for additional information regarding these requirements.

Refer to the Supplier Manual for additional information on documentation requirements.

Refer to the DME MAC web sites for additional bulletin articles and other publications related to this LCD.

**POLICY SPECIFIC DOCUMENTATION REQUIREMENTS**

Items covered in this LCD have additional policy-specific requirements that must be met to justify Medicare reimbursement.

Refer to the LCD-related Policy article, located at the bottom of this policy under the Related Local Coverage Documents section for additional information.

**Miscellaneous**

**Appendices**

**Utilization Guidelines**
Refer to Coverage Indications, Limitations and/or Medical Necessity

**Sources of Information**

**Bibliography**

N/A

# Revision History Information

| REVISION HISTORY DATE | REVISION HISTORY NUMBER | REVISION HISTORY EXPLANATION | REASON(S) FOR CHANGE |
|---|---|---|---|
| 01/01/2020 | R11 | Revision Effective Date: 01/01/2020<br>COVERAGE INDICATIONS, LIMITATIONS, AND/OR MEDICAL NECESSITY:<br>Revised: Format of HCPCS code references, from code 'spans' to individually-listed HCPCS<br>Removed: Statement to refer to ICD-10 Codes that are Covered section in the LCD-related PA<br>Added: Statement to refer to the ICD-10 code list in the LCD-related Policy Article<br>Revised: Order information as a result of Final Rule 1713<br>CODING INFORMATION:<br>Removed: Field titled “Bill Type”<br>Removed: Field titled “Revenue Codes”<br>Removed: Field titled “ICD-10 Codes that Support Medical Necessity”<br>Removed: Field titled “ICD-10 Codes that DO NOT Support Medical Necessity”<br>Removed: Field titled “Additional ICD-10 Information”<br>DOCUMENTATION REQUIREMENTS:<br>Revised: “physician’s” to “treating practitioner’s”<br>GENERAL DOCUMENTATION REQUIREMENTS:<br>Revised: Prescriptions (orders) to SWO<br><br>*03/12/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713, HCPCS code changes, and non-substantive corrections (listing individual HCPCS codes instead of a HCPCS code-span).* | • Provider Education/Guidance<br>• Other |

| REVISION HISTORY DATE | REVISION HISTORY NUMBER | REVISION HISTORY EXPLANATION | REASON(S) FOR CHANGE |
|---|---|---|---|
| 01/01/2019 | R10 | Revision Effective Date: 01/01/2019<br>COVERAGE INDICATIONS, LIMITATIONS, AND/OR MEDICAL NECESSITY:<br>Removed: Statement to refer to diagnosis code section below<br>Added: Refer to Covered ICD-10 Codes in the LCD-related Policy Article<br>ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:<br>Moved: All diagnosis codes to the LCD-related Policy Article diagnosis code section per CMS instruction<br>ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:<br>Moved: Statement about noncovered diagnosis codes moved to LCD-related Policy Article noncovered diagnosis code section per CMS instruction | • Other (ICD-10 code relocation per CMS instruction) |
| 10/01/2018 | R9 | Revision Effective Date: 10/01/2018<br><br>ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:<br><br>Removed: ICD-10 code G71.0 from Group 2 and Group 4 due to annual ICD-10 Code updates<br><br>Added: New expanded ICD-10 codes, to Group 2 and Group 4, for those removed<br><br>*09/27/2018: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.* | • Revisions Due To ICD-10-CM Code Changes |
| 01/01/2018 | R8 | Revision Effective Date: 01/01/2018<br><br>Coverage Indications, Limitations, and/or Medical Necessity:<br><br>Added: E0953 to positioning items<br><br>HCPCS CODES:<br><br>Added: E0953 to Group 3 (Positioning Accessories) codes | • Revisions Due To CPT/HCPCS Code Changes |

| REVISION HISTORY DATE | REVISION HISTORY NUMBER | REVISION HISTORY EXPLANATION | REASON(S) FOR CHANGE |
|---|---|---|---|
| | | per 2018 annual HCPCS code update<br><br>ICD-10 Codes that Support Medical Necessity:<br><br>Added: E0953 to paragraphs for Group 2 and Group 3 codes<br><br>*12/21/2017: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.* | |
| 10/01/2017 | R7 | Revision Effective Date: 10/01/2017<br><br>ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:<br>Added: New ICD-10 codes G12.23, G12.24, G12.25 to Group 2 and Group 4<br><br>*10/01/2017: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.* | • Revisions Due To ICD-10-CM Code Changes |
| 01/01/2017 | R6 | Revision Effective: 01/01/2017<br><br>ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:<br><br>Added: Z codes for acquired absence of limb to Group 3 and Group 4 Diagnosis Codes<br><br>POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:<br><br>Clarified: Verbiage in Policy Specific Documentation Requirements<br><br>*08/24/2017: At this time 21st Century Cures Act will apply to new and revised* | • Provider Education/Guidance<br>• Reconsideration Request |

| REVISION HISTORY DATE | REVISION HISTORY NUMBER | REVISION HISTORY EXPLANATION | REASON(S) FOR CHANGE |
|---|---|---|---|
| | | *LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.* | |
| 01/01/2017 | R5 | Revision Effective: 01/01/2017<br>COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:<br>Removed: Standard Documentation Language<br>Added: New reference language and directions to Standard Documentation Requirements<br>Removed: HCPCS codes for Group 4 wheelchairs not available in Captain's chair model.<br>ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:<br>The diagnosis code groups were reorganized to more closely reflect the disease conditions described in the reasonable and necessary section. This resulted in a consolidation/collapsing of the 4 diagnosis code groups for 3 types of items (skin protection, positioning items and combination skin protection and positioning items) into 3 groups. Diagnosis code Groups 5 and 6 were renamed to 4 and 5. Effective 10/01/2015<br>Added: General Requirements<br>ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:<br>Added: Instructions to summarize the coverage criteria for the wheelchair seating options<br>DOCUMENTATION REQUIREMENTS:<br>Removed: Standard Documentation Language<br>Added: General Documentation Requirements<br>Added: New reference language and Directions to Standard Documentation Requirements<br>POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:<br>Removed: Standard Documentation Language<br>Added: Direction to Standard Documentation Requirements<br>Removed: Information under Miscellaneous and Appendices<br>RELATED LOCAL COVERAGE DOCUMENTS:<br>Added: LCD-related Standard Documentation | • Provider Education/Guidance<br>• Revisions Due To ICD-10-CM Code Changes<br>• Reconsideration Request |

| REVISION HISTORY DATE | REVISION HISTORY NUMBER | REVISION HISTORY EXPLANATION | REASON(S) FOR CHANGE |
|---|---|---|---|
| | | Requirements article | |
| 07/01/2016 | R4 | Effective July 1, 2016 oversight for DME MAC LCDs is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the LCDs. | • Change in Assigned States or Affiliated Contract Numbers |
| 10/01/2015 | R3 | **Revision Effective: 10/1/2015**<br>ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY<br>Added: ICD-10 codes for Stage 1 Pressure Ulcers<br>DOCUMENTATION REQUIREMENTS<br>Removed: Start date verbiage from Prescription Requirements<br>Added: Standard documentation language for dates on orders | • Provider Education/Guidance<br>• Revisions Due To ICD-10-CM Code Changes |
| 10/01/2015 | R2 | **Revision Effective: 10/1/2015**<br>ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY<br>Added: Inadvertently omitted ICD10's; G and Q codes, subsequent visit and sequela | • Typographical Error<br>• Revisions Due To ICD-10-CM Code Changes |
| 10/01/2015 | R1 | **Revision Effective Date: 10/31/2014**<br>COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:<br>Revised: Standard Documentation Language to add covered prior to a beneficiary's Medicare eligibility<br>DOCUMENTATION REQUIREMENTS:<br>Deleted: Reference to refill of supplies from Continued Use<br><br>Revised: Standard Documentation Language to add who can enter date of delivery date on the POD<br>Added: Repair/Replacement section | • Provider Education/Guidance |

# Associated Documents

**Attachments**

N/A

**Related Local Coverage Documents**

Article(s)
A55426 - Standard Documentation Requirements for All Claims Submitted to DME MACs
A52505 - Wheelchair Seating - Policy Article

**Related National Coverage Documents**

N/A

**Public Version(s)**

Updated on 03/07/2020 with effective dates 01/01/2020 - N/A

Updated on 05/16/2019 with effective dates 01/01/2019 - 12/31/2019

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

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# Keywords

N/A