

Clinical Policy: Wheelchair Seating

Reference Number: CP.MP.99

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[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Policy/Criteria

- I. It is the policy of health plans affiliated with Centene Corporation® that special wheelchair seating cushions are **medically necessary** for the following indications:
- A. A general use seat cushion (E2601, E2602) and a general use wheelchair back cushion (E2611-E2612) for an approved manual wheelchair or power wheelchair with a sling or solid seat or back.
 - B. A skin-protection seat cushion (E2603, E2604, E2622, E2623) with an approved manual wheelchair or power wheelchair, with a sling/solid seat/back; and either of the following:
 - 1. Current pressure ulcer or past history of a pressure ulcer (see “ICD-10-CM Diagnosis Codes That Support Medical Necessity” section below) on the area of contact with the seating surface; or
 - 2. 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 cerebral palsy, arthrogryposis, osteogenesis imperfecta, spinocerebellar disease or transverse myelitis (see “ICD-10-CM Diagnosis Codes That Support Medical Necessity” section below).
 - C. A positioning seat cushion (E2605, E2606), positioning back cushion (E2613-E2616, E2620, E2621), and positioning accessory (E0953, E0955-E0957, E0960) with both of the following:
 - 1. An approved manual wheelchair or power wheelchair with a sling/solid seat/back; and
 - 2. Significant postural asymmetries that are due to one of the diagnoses listed in the skin-protection seat cushion criterion 2b 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, or transverse myelitis (see “ICD-10-CM Diagnosis Codes That Support Medical Necessity” section below).
 - D. A headrest (E0955) when the member/enrollee has an approved 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.
 - E. A combination skin-protection and positioning seat cushion (E2607, E2608, E2624, E2625) if the criteria for both a skin-protection seat cushion and a positioning seat cushion are met..

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- F. A custom fabricated seat cushion (E2609) if criteria (1) and (3) below are met. A custom fabricated back cushion (E2617) if criteria (2) and (3) below are met:
1. The member/enrollee meets all of the criteria for a prefabricated skin-protection seat cushion or positioning seat cushion;
 2. The member/enrollee 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 seating and positioning needs. The PT or OT must have no financial relationship with the supplier.
- II. It is the policy of health plans affiliated with Centene Corporation that special wheelchair cushions and accessories are **not medically necessary** for the following indications:
- A. A general use seat cushion (E2601, E2602) if the member/enrollee has a power-operated vehicle (POV) or a power wheelchair with a captain's chair seat.
 - B. A separate seat, back cushion, headrest, and/or other positioning accessories if the member/enrollee has a POV or power wheelchair with a captain's chair seat. Power wheelchair bases that do not include a captain's chair model are: K0839, K0840, K0843, K0860, K0861, K0862, K0863, K0864, K0890, K0891.
 - C. A seat or back cushion that is provided for use with a transport chair (E1037, E1038).
 - D. Powered seat cushion (E2610) for any indication as effectiveness has not been established.

Background

Careful consideration should be given to anticipated or potential changes in the person's function or psychosocial role changes. For instance, when working with an individual with a progressive disease process such as a multiple sclerosis (MS) or amyotrophic lateral sclerosis (ALS), the wheelchair must meet current and potential needs as the disease progresses. Likewise, a child or adolescent certainly may have growth or other anthropomorphic changes. This should be taken into consideration when ordering a new chair or related equipment.³

The evaluating provider should ascertain the individual's level of bowel and bladder control. Certain types of cushions are better suited for patients who are frequently incontinent. During the examination, the evaluating provider should question the patient about any past skin breakdown. Once a patient has had a decubitus ulcer, his or her skin is at best 80% the strength that it was prior to the ulcer.³ Such a patient will be more susceptible to skin breakdown in the future, and use of a previous seating system that induced or contributed to the skin breakdown should be avoided.

The evaluating provider needs to record the method and frequency of achieving pressure relief in order to prescribe a system that does not unknowingly remove a part of the wheelchair that previously provided pressure relief.

Coding Implications

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Seat Cushions

| HCPCS Codes | 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 inches or greater, any depth |
| E2609 | Custom fabricated wheelchair seat cushion, any size |
| 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 |

Back Cushions

| HCPCS Codes | 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 |

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| HCPCS Codes | Description |
|-------------|--|
| 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 |

Positioning Accessories

| HCPCS Codes | 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 swing-away, retractable or removable mounting hardware for joystick, other control interface or positioning accessory |

Miscellaneous

| HCPCS Codes | Description |
|-------------|---|
| A9900 | Miscellaneous DME supply, accessory, and/or service component of another HCPCS code |
| 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 |

Not Medically Necessary Procedure Codes

The following is a list of procedure codes which are NOT medically necessary, unless an exception is noted in this policy.

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| HCPCS Codes | Description |
|-------------|---|
| E0992 | Manual wheelchair accessory, solid seat insert |
| E2610 | Wheelchair Seat cushion, powered |
| K0669 | Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from DME PDAC |

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

The following is a list of diagnosis codes that support medical necessity for procedure code(s) E2603, E2604, E2622, and E2623.

| ICD-10-CM Code | Description |
|----------------|---|
| B91 | Sequelae of poliomyelitis |
| E75.00 | GM2 gangliosidosis, unspecified |
| E75.01 | Sandhoff disease |
| E75.02 | Tay-Sachs disease |
| E75.09 | Other GM2 gangliosidosis |
| E75.10 | Unspecified gangliosidosis |
| E75.11 | Mucopolipidosis IV |
| E75.19 | Other gangliosidosis |
| E75.23 | Krabbe disease |
| E75.25 | Metachromatic leukodystrophy |
| E75.29 | Other sphingolipidosis |
| E75.4 | Neuronal ceroid lipofuscinosis |
| F84.2 | Rett's syndrome |
| G04.1 | Tropical spastic paraplegia |
| G04.89 | Other myelitis |
| G10 | Huntington's disease |
| G11.0 | Congenital nonprogressive ataxia |
| G11.10 | Early-onset cerebellar ataxia, unspecified |
| G11.11 | Friedreich ataxia |
| G11.19 | Other early onset cerebellar ataxia |
| G11.2 | Late-onset cerebellar ataxia |
| G11.3 | Cerebellar ataxia with defective DNA repair |
| G11.4 | Hereditary spastic paraplegia |
| G11.8 | Other hereditary ataxias |
| G11.9 | Hereditary ataxia, unspecified |
| G12.0 | Infantile spinal muscular atrophy, type I [Werdnig-Hoffman] |
| G12.1 | Other inherited spinal muscular atrophy |
| G12.20 | Motor neuron disease, unspecified |
| G12.21 | Amyotrophic lateral sclerosis |
| G12.23 | Primary lateral sclerosis |
| G12.24 | Familial motor neuron disease |
| G12.25 | Progressive spinal muscle atrophy |
| G12.29 | Other motor neuron disease |

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| ICD-10-CM Code | Description |
|----------------|---|
| G12.8 | Other spinal muscular atrophies and related syndromes |
| G12.9 | Spinal muscular atrophy, unspecified |
| G14 | Postpolio syndrome |
| G20 | Parkinson's disease |
| G21.4 | Vascular parkinsonism |
| G24.1 | Genetic torsion dystonia |
| G30.0 | Alzheimer's disease with early onset |
| G30.1 | Alzheimer's disease with late onset |
| G30.8 | Other Alzheimer's disease |
| G30.9 | Alzheimer's disease, unspecified |
| G31.81 | Alpers disease |
| G31.82 | Leigh's disease |
| G32.0 | Subacute combined degeneration of spinal cord in diseases classified elsewhere |
| G32.81 | Cerebellar ataxia in diseases classified elsewhere |
| G32.89 | Other specified degenerative disorders of nervous system in diseases classified elsewhere |
| G35 | Multiple sclerosis |
| G36.0 | Neuromyelitis optica [Devic] |
| G36.1 | Acute and subacute hemorrhagic leukoencephalitis [Hurst] |
| G36.8 | Other specified acute disseminated demyelination |
| G36.9 | Acute disseminated demyelination, unspecified |
| G37.0 | Diffuse sclerosis of central nervous system |
| G37.1 | Central demyelination of corpus callosum |
| G37.2 | Central pontine myelinolysis |
| G37.3 | Acute transverse myelitis in demyelinating disease of central nervous system |
| G37.4 | Subacute necrotizing myelitis of central nervous system |
| G37.5 | Concentric sclerosis [Balo] of central nervous system |
| G37.8 | Other specified demyelinating diseases of central nervous system |
| G37.9 | Demyelinating disease of central nervous system, unspecified |
| G61.0 | Guillain-Barre syndrome |
| G71.00 | Muscular dystrophy |
| G71.01 | Duchenne or Becker muscular dystrophy |
| G71.02 | Facioscapulohumeral muscular dystrophy |
| G71.09 | Other specified muscular dystrophies |
| G71.11 | Myotonic muscular dystrophy |
| G71.20 | Congenital myopathy, unspecified |
| G71.21 | Nemaline myopathy |
| G71.220 | X-linked myotubular myopathy |
| G71.228 | Other centronuclear myopathy |
| G71.29 | Other congenital myopathy |
| G80.0 | Spastic quadriplegic cerebral palsy |
| G80.1 | Spastic diplegic cerebral palsy |
| G80.2 | Spastic hemiplegic cerebral palsy |

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| ICD-10-CM Code | Description |
|----------------|---|
| G80.3 | Athetoid cerebral palsy |
| G80.4 | Ataxic cerebral palsy |
| G80.8 | Other cerebral palsy |
| G80.9 | Cerebral palsy, unspecified |
| G81.00 | Flaccid hemiplegia affecting unspecified side |
| G81.01 | Flaccid hemiplegia affecting right dominant side |
| G81.02 | Flaccid hemiplegia affecting left dominant side |
| G81.03 | Flaccid hemiplegia affecting right nondominant side |
| G81.04 | Flaccid hemiplegia affecting left nondominant side |
| G81.10 | Spastic hemiplegia affecting unspecified side |
| G81.11 | Spastic hemiplegia affecting right dominant side |
| G81.12 | Spastic hemiplegia affecting left dominant side |
| G81.13 | Spastic hemiplegia affecting right nondominant side |
| G81.14 | Spastic hemiplegia affecting left nondominant side |
| G81.90 | Hemiplegia, unspecified affecting unspecified side |
| G81.91 | Hemiplegia, unspecified affecting right dominant side |
| G81.92 | Hemiplegia, unspecified affecting left dominant side |
| G81.93 | Hemiplegia, unspecified affecting right nondominant side |
| G81.94 | Hemiplegia, unspecified affecting left nondominant side |
| G82.20 | Paraplegia, unspecified |
| G82.21 | Paraplegia, complete |
| G82.22 | Paraplegia, incomplete |
| G82.50 | Quadriplegia, unspecified |
| G82.51 | Quadriplegia, C1-C4 complete |
| G82.52 | Quadriplegia, C1-C4 incomplete |
| G82.53 | Quadriplegia, C5-C7 complete |
| G82.54 | Quadriplegia, C5-C7 incomplete |
| G93.89 | Other specified disorders of brain |
| G93.9 | Disorder of brain, unspecified |
| G94 | Other disorders of brain in diseases classified elsewhere |
| G95.0 | Syringomyelia and syringobulbia |
| G95.11 | Acute infarction of spinal cord (embolic) (nonembolic) |
| G95.19 | Other vascular myelopathies |
| G99.2 | Myelopathy in diseases classified elsewhere |
| I69.051 | Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side |
| I69.052 | Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side |
| I69.053 | Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side |
| I69.054 | Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side |

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| ICD-10-CM Code | Description |
|----------------|---|
| I69.059 | Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side |
| I69.151 | Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side |
| I69.152 | Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side |
| I69.153 | Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side |
| I69.154 | Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side |
| I69.159 | Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side |
| I69.251 | Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side |
| I69.252 | Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side |
| I69.253 | Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side |
| I69.254 | Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side |
| I69.259 | Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side |
| I69.351 | Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side |
| I69.352 | Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side |
| I69.353 | Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side |
| I69.354 | Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side |
| I69.359 | Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side |
| I69.851 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side |
| I69.852 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side |
| I69.853 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side |
| I69.854 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side |
| I69.859 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side |
| I69.951 | Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side |

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| ICD-10-CM Code | Description |
|----------------|--|
| I69.952 | Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side |
| I69.953 | Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side |
| I69.954 | Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side |
| I69.959 | Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side |
| L89.130 | Pressure ulcer of right lower back, unstageable |
| L89.131 | Pressure ulcer of right lower back, stage 1 |
| L89.132 | Pressure ulcer of right lower back, stage 2 |
| L89.133 | Pressure ulcer of right lower back, stage 3 |
| L89.134 | Pressure ulcer of right lower back, stage 4 |
| L89.140 | Pressure ulcer of left lower back, unstageable |
| L89.141 | Pressure ulcer of left lower back, stage 1 |
| L89.142 | Pressure ulcer of left lower back, stage 2 |
| L89.143 | Pressure ulcer of left lower back, stage 3 |
| L89.144 | Pressure ulcer of left lower back, stage 4 |
| L89.150 | Pressure ulcer of sacral region, unstageable |
| L89.151 | Pressure ulcer of sacral region, stage 1 |
| L89.152 | Pressure ulcer of sacral region, stage 2 |
| L89.153 | Pressure ulcer of sacral region, stage 3 |
| L89.154 | Pressure ulcer of sacral region, stage 4 |
| L89.200 | Pressure ulcer of unspecified hip, unstageable |
| L89.201 | Pressure ulcer of unspecified hip, stage 1 |
| L89.202 | Pressure ulcer of unspecified hip, stage 2 |
| L89.203 | Pressure ulcer of unspecified hip, stage 3 |
| L89.204 | Pressure ulcer of unspecified hip, stage 4 |
| L89.210 | Pressure ulcer of right hip, unstageable |
| L89.211 | Pressure ulcer of right hip, stage 1 |
| L89.212 | Pressure ulcer of right hip, stage 2 |
| L89.213 | Pressure ulcer of right hip, stage 3 |
| L89.214 | Pressure ulcer of right hip, stage 4 |
| L89.220 | Pressure ulcer of left hip, unstageable |
| L89.221 | Pressure ulcer of left hip, stage 1 |
| L89.222 | Pressure ulcer of left hip, stage 2 |
| L89.223 | Pressure ulcer of left hip, stage 3 |
| L89.224 | Pressure ulcer of left hip, stage 4 |
| L89.300 | Pressure ulcer of unspecified buttock, unstageable |
| L89.301 | Pressure ulcer of unspecified buttock, stage 1 |
| L89.302 | Pressure ulcer of unspecified buttock, stage 2 |
| L89.303 | Pressure ulcer of unspecified buttock, stage 3 |
| L89.304 | Pressure ulcer of unspecified buttock, stage 4 |

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| ICD-10-CM Code | Description |
|----------------|---|
| L89.310 | Pressure ulcer of right buttock, unstageable |
| L89.311 | Pressure ulcer of right buttock, stage 1 |
| L89.312 | Pressure ulcer of right buttock, stage 2 |
| L89.313 | Pressure ulcer of right buttock, stage 3 |
| L89.314 | Pressure ulcer of right buttock, stage 4 |
| L89.320 | Pressure ulcer of left buttock, unstageable |
| L89.321 | Pressure ulcer of left buttock, stage 1 |
| L89.322 | Pressure ulcer of left buttock, stage 2 |
| L89.323 | Pressure ulcer of left buttock, stage 3 |
| L89.324 | Pressure ulcer of left buttock, stage 4 |
| L89.41 | Pressure ulcer of contiguous site of back, buttock and hip, stage 1 |
| L89.42 | Pressure ulcer of contiguous site of back, buttock and hip, stage 2 |
| L89.43 | Pressure ulcer of contiguous site of back, buttock and hip, stage 3 |
| L89.44 | Pressure ulcer of contiguous site of back, buttock and hip, stage 4 |
| L89.45 | Pressure ulcer of contiguous site of back, buttock and hip, unstageable |
| M62.3 | Immobility syndrome (paraplegic) |
| M62.89 | Other specified disorders of muscle |
| Q05.0 | Cervical spina bifida with hydrocephalus |
| Q05.1 | Thoracic spina bifida with hydrocephalus |
| Q05.2 | Lumbar spina bifida with hydrocephalus |
| Q05.3 | Sacral spina bifida with hydrocephalus |
| Q05.4 | Unspecified spina bifida with hydrocephalus |
| Q05.5 | Cervical spina bifida without hydrocephalus |
| Q05.6 | Thoracic spina bifida without hydrocephalus |
| Q05.7 | Lumbar spina bifida without hydrocephalus |
| Q05.8 | Sacral spina bifida without hydrocephalus |
| Q05.9 | Spina bifida, unspecified |
| Q07.00 | Arnold-Chiari syndrome without spina bifida or hydrocephalus |
| Q07.01 | Arnold-Chiari syndrome with spina bifida |
| Q07.02 | Arnold-Chiari syndrome with hydrocephalus |
| Q07.03 | Arnold-Chiari syndrome with spina bifida and hydrocephalus |
| Q67.8 | Other congenital deformities of chest |
| Q68.1 | Congenital deformity of finger(s) and hand |
| Q74.3 | Arthrogryposis multiplex congenita |
| Q78.0 | Osteogenesis imperfecta |

ICD-10-CM Diagnosis Codes That Support Medical Necessity

The following is a list of diagnosis codes that support medical necessity for procedure code(s) E0953, E0956, E0957, E0960, E2605, E2606, E2613-E2617, E2620 and E2621.

| ICD-10-CM Code | Description |
|----------------|---------------------------------|
| B91 | Sequelae of poliomyelitis |
| E75.00 | GM2 gangliosidosis, unspecified |

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| ICD-10- CM Code | Description |
|--------------------|---|
| E75.01 | Sandhoff disease |
| E75.02 | Tay-Sachs disease |
| E75.09 | Other GM2 gangliosidosis |
| E75.10 | Unspecified gangliosidosis |
| E75.11 | Mucopolipidosis IV |
| E75.19 | Other gangliosidosis |
| E75.23 | Krabbe disease |
| E75.25 | Metachromatic leukodystrophy |
| E75.29 | Other sphingolipidosis |
| E75.4 | Neuronal ceroid lipofuscinosis |
| F84.2 | Rett's syndrome |
| G04.1 | Tropical spastic paraplegia |
| G04.89 | Other myelitis |
| G10 | Huntington's disease |
| G11.0 | Congenital nonprogressive ataxia |
| G11.10 | Early-onset cerebellar ataxia, unspecified |
| G11.11 | Friedreich ataxia |
| G11.19 | Other early onset cerebellar ataxia |
| G11.2 | Late-onset cerebellar ataxia |
| G11.3 | Cerebellar ataxia with defective DNA repair |
| G11.4 | Hereditary spastic paraplegia |
| G11.8 | Other hereditary ataxias |
| G11.9 | Hereditary ataxia, unspecified |
| G12.0 | Infantile spinal muscular atrophy, type I [Werdnig-Hoffman] |
| G12.1 | Other inherited spinal muscular atrophy |
| G12.20 | Motor neuron disease, unspecified |
| G12.21 | Amyotrophic lateral sclerosis |
| G12.23 | Primary lateral sclerosis |
| G12.24 | Familial motor neuron disease |
| G12.25 | Progressive spinal muscle atrophy |
| G12.29 | Other motor neuron disease |
| G12.8 | Other spinal muscular atrophies and related syndromes |
| G12.9 | Spinal muscular atrophy, unspecified |
| G14 | Postpolio syndrome |
| G20 | Parkinson's disease |
| G21.4 | Vascular parkinsonism |
| G24.1 | Genetic torsion dystonia |
| G30.0 | Alzheimer's disease with early onset |
| G30.1 | Alzheimer's disease with late onset |
| G30.8 | Other Alzheimer's disease |
| G30.9 | Alzheimer's disease, unspecified |
| G31.81 | Alpers disease |
| G31.82 | Leigh's disease |

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| ICD-10- CM Code | Description |
|--------------------|---|
| G32.0 | Subacute combined degeneration of spinal cord in diseases classified elsewhere |
| G32.81 | Cerebellar ataxia in diseases classified elsewhere |
| G32.89 | Other specified degenerative disorders of nervous system in diseases classified elsewhere |
| G35 | Multiple sclerosis |
| G36.0 | Neuromyelitis optica [Devic] |
| G36.1 | Acute and subacute hemorrhagic leukoencephalitis [Hurst] |
| G36.8 | Other specified acute disseminated demyelination |
| G36.9 | Acute disseminated demyelination, unspecified |
| G37.0 | Diffuse sclerosis of central nervous system |
| G37.1 | Central demyelination of corpus callosum |
| G37.2 | Central pontine myelinolysis |
| G37.3 | Acute transverse myelitis in demyelinating disease of central nervous system |
| G37.4 | Subacute necrotizing myelitis of central nervous system |
| G37.5 | Concentric sclerosis [Balo] of central nervous system |
| G37.8 | Other specified demyelinating diseases of central nervous system |
| G37.9 | Demyelinating disease of central nervous system, unspecified |
| G61.0 | Guillain-Barre syndrome |
| G71.00 | Muscular dystrophy |
| G71.01 | Duchenne or Becker muscular dystrophy |
| G71.02 | Facioscapulohumeral muscular dystrophy |
| G71.09 | Other specified muscular dystrophies |
| G71.11 | Myotonic muscular dystrophy |
| G71.20 | Congenital myopathy, unspecified |
| G71.21 | Nemaline myopathy |
| G71.220 | X-linked myotubular myopathy |
| G71.228 | Other centronuclear myopathy |
| G71.29 | Other congenital myopathy |
| G80.0 | Spastic quadriplegic cerebral palsy |
| G80.1 | Spastic diplegic cerebral palsy |
| G80.2 | Spastic hemiplegic cerebral palsy |
| G80.3 | Athetoid cerebral palsy |
| G80.4 | Ataxic cerebral palsy |
| G80.8 | Other cerebral palsy |
| G80.9 | Cerebral palsy, unspecified |
| G81.00 | Flaccid hemiplegia affecting unspecified side |
| G81.01 | Flaccid hemiplegia affecting right dominant side |
| G81.02 | Flaccid hemiplegia affecting left dominant side |
| G81.03 | Flaccid hemiplegia affecting right nondominant side |
| G81.04 | Flaccid hemiplegia affecting left nondominant side |
| G81.10 | Spastic hemiplegia affecting unspecified side |
| G81.11 | Spastic hemiplegia affecting right dominant side |
| G81.12 | Spastic hemiplegia affecting left dominant side |

CLINICAL POLICY
Wheelchair Seating

| ICD-10- CM Code | Description |
|--------------------|---|
| G81.13 | Spastic hemiplegia affecting right nondominant side |
| G81.14 | Spastic hemiplegia affecting left nondominant side |
| G81.90 | Hemiplegia, unspecified affecting unspecified side |
| G81.91 | Hemiplegia, unspecified affecting right dominant side |
| G81.92 | Hemiplegia, unspecified affecting left dominant side |
| G81.93 | Hemiplegia, unspecified affecting right nondominant side |
| G81.94 | Hemiplegia, unspecified affecting left nondominant side |
| G82.20 | Paraplegia, unspecified |
| G82.21 | Paraplegia, complete |
| G82.22 | Paraplegia, incomplete |
| G82.50 | Quadriplegia, unspecified |
| G82.51 | Quadriplegia, C1-C4 complete |
| G82.52 | Quadriplegia, C1-C4 incomplete |
| G82.53 | Quadriplegia, C5-C7 complete |
| G82.54 | Quadriplegia, C5-C7 incomplete |
| G83.10 | Monoplegia of lower limb affecting unspecified side |
| G83.11 | Monoplegia of lower limb affecting right dominant side |
| G83.12 | Monoplegia of lower limb affecting left dominant side |
| G83.13 | Monoplegia of lower limb affecting right nondominant side |
| G83.14 | Monoplegia of lower limb affecting left nondominant side |
| G93.89 | Other specified disorders of brain |
| G93.9 | Disorder of brain, unspecified |
| G94 | Other disorders of brain in diseases classified elsewhere |
| G95.0 | Syringomyelia and syringobulbia |
| G95.11 | Acute infarction of spinal cord (embolic) (nonembolic) |
| G95.19 | Other vascular myelopathies |
| G99.2 | Myelopathy in diseases classified elsewhere |
| I69.041 | Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side |
| I69.042 | Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left dominant side |
| I69.043 | Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side |
| I69.044 | Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side |
| I69.049 | Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting unspecified side |
| I69.051 | Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side |
| I69.052 | Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side |
| I69.053 | Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side |

CLINICAL POLICY
Wheelchair Seating

| ICD-10-CM Code | Description |
|----------------|---|
| I69.054 | Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side |
| I69.059 | Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side |
| I69.141 | Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right dominant side |
| I69.142 | Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left dominant side |
| I69.143 | Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side |
| I69.144 | Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side |
| I69.149 | Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting unspecified side |
| I69.151 | Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side |
| I69.152 | Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side |
| I69.153 | Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side |
| I69.154 | Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side |
| I69.159 | Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side |
| I69.241 | Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right dominant side |
| I69.242 | Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left dominant side |
| I69.243 | Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side |
| I69.244 | Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side |
| I69.249 | Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting unspecified side |
| I69.251 | Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side |
| I69.252 | Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side |
| I69.253 | Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side |
| I69.254 | Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side |
| I69.259 | Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side |

CLINICAL POLICY
Wheelchair Seating

| ICD-10-CM Code | Description |
|----------------|--|
| I69.341 | Monoplegia of lower limb following cerebral infarction affecting right dominant side |
| I69.342 | Monoplegia of lower limb following cerebral infarction affecting left dominant side |
| I69.343 | Monoplegia of lower limb following cerebral infarction affecting right non-dominant side |
| I69.344 | Monoplegia of lower limb following cerebral infarction affecting left non-dominant side |
| I69.349 | Monoplegia of lower limb following cerebral infarction affecting unspecified side |
| I69.351 | Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side |
| I69.352 | Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side |
| I69.353 | Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side |
| I69.354 | Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side |
| I69.359 | Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side |
| I69.841 | Monoplegia of lower limb following other cerebrovascular disease affecting right dominant side |
| I69.842 | Monoplegia of lower limb following other cerebrovascular disease affecting left dominant side |
| I69.843 | Monoplegia of lower limb following other cerebrovascular disease affecting right non-dominant side |
| I69.844 | Monoplegia of lower limb following other cerebrovascular disease affecting left non-dominant side |
| I69.849 | Monoplegia of lower limb following other cerebrovascular disease affecting unspecified side |
| I69.851 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side |
| I69.852 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side |
| I69.853 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side |
| I69.854 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side |
| I69.859 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side |
| I69.941 | Monoplegia of lower limb following unspecified cerebrovascular disease affecting right dominant side |
| I69.942 | Monoplegia of lower limb following unspecified cerebrovascular disease affecting left dominant side |
| I69.943 | Monoplegia of lower limb following unspecified cerebrovascular disease affecting right non-dominant side |

CLINICAL POLICY
Wheelchair Seating

| ICD-10-CM Code | Description |
|----------------|--|
| I69.944 | Monoplegia of lower limb following unspecified cerebrovascular disease affecting left non-dominant side |
| I69.949 | Monoplegia of lower limb following unspecified cerebrovascular disease affecting unspecified side |
| I69.951 | Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side |
| I69.952 | Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side |
| I69.953 | Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side |
| I69.954 | Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side |
| I69.959 | Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side |
| M62.3 | Immobility syndrome (paraplegic) |
| M62.89 | Other specified disorders of muscle |
| Q05.0 | Cervical spina bifida with hydrocephalus |
| Q05.1 | Thoracic spina bifida with hydrocephalus |
| Q05.2 | Lumbar spina bifida with hydrocephalus |
| Q05.3 | Sacral spina bifida with hydrocephalus |
| Q05.4 | Unspecified spina bifida with hydrocephalus |
| Q05.5 | Cervical spina bifida without hydrocephalus |
| Q05.6 | Thoracic spina bifida without hydrocephalus |
| Q05.7 | Lumbar spina bifida without hydrocephalus |
| Q05.8 | Sacral spina bifida without hydrocephalus |
| Q05.9 | Spina bifida, unspecified |
| Q07.00 | Arnold-Chiari syndrome without spina bifida or hydrocephalus |
| Q07.01 | Arnold-Chiari syndrome with spina bifida |
| Q07.02 | Arnold-Chiari syndrome with hydrocephalus |
| Q07.03 | Arnold-Chiari syndrome with spina bifida and hydrocephalus |
| Q67.8 | Other congenital deformities of chest |
| Q68.1 | Congenital deformity of finger(s) and hand |
| Q74.3 | Arthrogryposis multiplex congenita |
| Q78.0 | Osteogenesis imperfecta |
| S78.011A | Complete traumatic amputation at right hip joint, initial encounter |
| S78.011D | Complete traumatic amputation at right hip joint, subsequent encounter |
| S78.011S | Complete traumatic amputation at right hip joint, sequela |
| S78.012A | Complete traumatic amputation at left hip joint, initial encounter |
| S78.012D | Complete traumatic amputation at left hip joint, subsequent encounter |
| S78.012S | Complete traumatic amputation at left hip joint, sequela |
| S78.019A | Complete traumatic amputation at unspecified hip joint, initial encounter |
| S78.019D | Complete traumatic amputation at unspecified hip joint, subsequent encounter |
| S78.019S | Complete traumatic amputation at unspecified hip joint, sequela |

CLINICAL POLICY
Wheelchair Seating

| ICD-10-CM Code | Description |
|----------------|---|
| S78.021A | Partial traumatic amputation at right hip joint, initial encounter |
| S78.021D | Partial traumatic amputation at right hip joint, subsequent encounter |
| S78.021S | Partial traumatic amputation at right hip joint, sequela |
| S78.022A | Partial traumatic amputation at left hip joint, initial encounter |
| S78.022D | Partial traumatic amputation at left hip joint, subsequent encounter |
| S78.022S | Partial traumatic amputation at left hip joint, sequela |
| S78.029A | Partial traumatic amputation at unspecified hip joint, initial encounter |
| S78.029D | Partial traumatic amputation at unspecified hip joint, subsequent encounter |
| S78.029S | Partial traumatic amputation at unspecified hip joint, sequela |
| S78.111A | Complete traumatic amputation at level between right hip and knee, initial encounter |
| S78.111D | Complete traumatic amputation at level between right hip and knee, subsequent encounter |
| S78.111S | Complete traumatic amputation at level between right hip and knee, sequela |
| S78.112A | Complete traumatic amputation at level between left hip and knee, initial encounter |
| S78.112D | Complete traumatic amputation at level between left hip and knee, subsequent encounter |
| S78.112S | Complete traumatic amputation at level between left hip and knee, sequela |
| S78.119A | Complete traumatic amputation at level between unspecified hip and knee, initial encounter |
| S78.119D | Complete traumatic amputation at level between unspecified hip and knee, subsequent encounter |
| S78.119S | Complete traumatic amputation at level between unspecified hip and knee, sequela |
| S78.121A | Partial traumatic amputation at level between right hip and knee, initial encounter |
| S78.121D | Partial traumatic amputation at level between right hip and knee, subsequent encounter |
| S78.121S | Partial traumatic amputation at level between right hip and knee, sequela |
| S78.122A | Partial traumatic amputation at level between left hip and knee, initial encounter |
| S78.122D | Partial traumatic amputation at level between left hip and knee, subsequent encounter |
| S78.122S | Partial traumatic amputation at level between left hip and knee, sequela |
| S78.129A | Partial traumatic amputation at level between unspecified hip and knee, initial encounter |
| S78.129D | Partial traumatic amputation at level between unspecified hip and knee, subsequent encounter |
| S78.129S | Partial traumatic amputation at level between unspecified hip and knee, sequela |
| S78.911A | Complete traumatic amputation of right hip and thigh, level unspecified, initial encounter |
| S78.911D | Complete traumatic amputation of right hip and thigh, level unspecified, subsequent encounter |
| S78.911S | Complete traumatic amputation of right hip and thigh, level unspecified, sequela |
| S78.912A | Complete traumatic amputation of left hip and thigh, level unspecified, initial encounter |

CLINICAL POLICY
Wheelchair Seating

| ICD-10-CM Code | Description |
|----------------|---|
| S78.912D | Complete traumatic amputation of left hip and thigh, level unspecified, subsequent encounter |
| S78.912S | Complete traumatic amputation of left hip and thigh, level unspecified, sequela |
| S78.919A | Complete traumatic amputation of unspecified hip and thigh, level unspecified, initial encounter |
| S78.919D | Complete traumatic amputation of unspecified hip and thigh, level unspecified, subsequent encounter |
| S78.919S | Complete traumatic amputation of unspecified hip and thigh, level unspecified, sequela |
| S78.921A | Partial traumatic amputation of right hip and thigh, level unspecified, initial encounter |
| S78.921D | Partial traumatic amputation of right hip and thigh, level unspecified, subsequent encounter |
| S78.921S | Partial traumatic amputation of right hip and thigh, level unspecified, sequela |
| S78.922A | Partial traumatic amputation of left hip and thigh, level unspecified, initial encounter |
| S78.922D | Partial traumatic amputation of left hip and thigh, level unspecified, subsequent encounter |
| S78.922S | Partial traumatic amputation of left hip and thigh, level unspecified, sequela |
| S78.929A | Partial traumatic amputation of unspecified hip and thigh, level unspecified, initial encounter |
| S78.929D | Partial traumatic amputation of unspecified hip and thigh, level unspecified, subsequent encounter |
| S78.929S | Partial traumatic amputation of unspecified hip and thigh, level unspecified, sequela |
| S88.011A | Complete traumatic amputation at knee level, right lower leg, initial encounter |
| S88.011D | Complete traumatic amputation at knee level, right lower leg, subsequent encounter |
| S88.011S | Complete traumatic amputation at knee level, right lower leg, sequela |
| S88.012A | Complete traumatic amputation at knee level, left lower leg, initial encounter |
| S88.012D | Complete traumatic amputation at knee level, left lower leg, subsequent encounter |
| S88.012S | Complete traumatic amputation at knee level, left lower leg, sequela |
| S88.019A | Complete traumatic amputation at knee level, unspecified lower leg, initial encounter |
| S88.019D | Complete traumatic amputation at knee level, unspecified lower leg, subsequent encounter |
| S88.019S | Complete traumatic amputation at knee level, unspecified lower leg, sequela |
| S88.021A | Partial traumatic amputation at knee level, right lower leg, initial encounter |
| S88.021D | Partial traumatic amputation at knee level, right lower leg, subsequent encounter |
| S88.021S | Partial traumatic amputation at knee level, right lower leg, sequela |
| S88.022A | Partial traumatic amputation at knee level, left lower leg, initial encounter |
| S88.022D | Partial traumatic amputation at knee level, left lower leg, subsequent encounter |
| S88.022S | Partial traumatic amputation at knee level, left lower leg, sequela |
| S88.029A | Partial traumatic amputation at knee level, unspecified lower leg, initial encounter |
| S88.029D | Partial traumatic amputation at knee level, unspecified lower leg, subsequent encounter |

CLINICAL POLICY
Wheelchair Seating

| ICD-10-CM Code | Description |
|----------------|---|
| S88.029S | Partial traumatic amputation at knee level, unspecified lower leg, sequela |
| S88.911A | Complete traumatic amputation of right lower leg, level unspecified, initial encounter |
| S88.911D | Complete traumatic amputation of right lower leg, level unspecified, subsequent encounter |
| S88.911S | Complete traumatic amputation of right lower leg, level unspecified, sequela |
| S88.912A | Complete traumatic amputation of left lower leg, level unspecified, initial encounter |
| S88.912D | Complete traumatic amputation of left lower leg, level unspecified, subsequent encounter |
| S88.912S | Complete traumatic amputation of left lower leg, level unspecified, sequela |
| S88.919A | Complete traumatic amputation of unspecified lower leg, level unspecified, initial encounter |
| S88.919D | Complete traumatic amputation of unspecified lower leg, level unspecified, subsequent encounter |
| S88.919S | Complete traumatic amputation of unspecified lower leg, level unspecified, sequela |
| S88.921A | Partial traumatic amputation of right lower leg, level unspecified, initial encounter |
| S88.921D | Partial traumatic amputation of right lower leg, level unspecified, subsequent encounter |
| S88.921S | Partial traumatic amputation of right lower leg, level unspecified, sequela |
| S88.922A | Partial traumatic amputation of left lower leg, level unspecified, initial encounter |
| S88.922D | Partial traumatic amputation of left lower leg, level unspecified, subsequent encounter |
| S88.922S | Partial traumatic amputation of left lower leg, level unspecified, sequela |
| S88.929A | Partial traumatic amputation of unspecified lower leg, level unspecified, initial encounter |
| S88.929D | Partial traumatic amputation of unspecified lower leg, level unspecified, subsequent encounter |
| S88.929S | Partial traumatic amputation of unspecified lower leg, level unspecified, sequela |
| Z89.511 | Acquired absence of right leg below knee |
| Z89.512 | Acquired absence of left leg below knee |
| Z89.519 | Acquired absence of unspecified leg below knee |
| Z89.611 | Acquired absence of right leg above knee |
| Z89.612 | Acquired absence of left leg above knee |
| Z89.619 | Acquired absence of unspecified leg above knee |
| Z89.621 | Acquired absence of right hip joint |
| Z89.622 | Acquired absence of left hip joint |
| Z89.629 | Acquired absence of unspecified hip joint |

ICD-10-CM Diagnosis Codes That Support Medical Necessity

The following is a list of diagnosis codes that support medical necessity for procedure code(s) E2607, E2608, E2624, E2625.

CLINICAL POLICY
Wheelchair Seating

| ICD-10- CM Code | Description |
|--------------------|---|
| B91 | Sequelae of poliomyelitis |
| E75.00 | GM2 gangliosidosis, unspecified |
| E75.01 | Sandhoff disease |
| E75.02 | Tay-Sachs disease |
| E75.09 | Other GM2 gangliosidosis |
| E75.10 | Unspecified gangliosidosis |
| E75.11 | Mucopolipidosis IV |
| E75.19 | Other gangliosidosis |
| E75.23 | Krabbe disease |
| E75.25 | Metachromatic leukodystrophy |
| E75.29 | Other sphingolipidosis |
| E75.4 | Neuronal ceroid lipofuscinosis |
| F84.2 | Rett's syndrome |
| G04.1 | Tropical spastic paraplegia |
| G04.89 | Other myelitis |
| G10 | Huntington's disease |
| G11.0 | Congenital nonprogressive ataxia |
| G11.10 | Early-onset cerebellar ataxia, unspecified |
| G11.11 | Friedreich ataxia |
| G11.19 | Other early onset cerebellar ataxia, |
| G11.2 | Late-onset cerebellar ataxia |
| G11.3 | Cerebellar ataxia with defective DNA repair |
| G11.4 | Hereditary spastic paraplegia |
| G11.8 | Other hereditary ataxias |
| G11.9 | Hereditary ataxia, unspecified |
| G12.0 | Infantile spinal muscular atrophy, type I [Werdnig-Hoffman] |
| G12.1 | Other inherited spinal muscular atrophy |
| G12.20 | Motor neuron disease, unspecified |
| G12.21 | Amyotrophic lateral sclerosis |
| G12.23 | Primary lateral sclerosis |
| G12.24 | Familial motor neuron disease |
| G12.25 | Progressive spinal muscle atrophy |
| G12.29 | Other motor neuron disease |
| G12.8 | Other spinal muscular atrophies and related syndromes |
| G12.9 | Spinal muscular atrophy, unspecified |
| G14 | Postpolio syndrome |
| G20 | Parkinson's disease |
| G21.4 | Vascular parkinsonism |
| G24.1 | Genetic torsion dystonia |
| G30.0 | Alzheimer's disease with early onset |
| G30.1 | Alzheimer's disease with late onset |
| G30.8 | Other Alzheimer's disease |
| G30.9 | Alzheimer's disease, unspecified |

CLINICAL POLICY
Wheelchair Seating

| ICD-10- CM Code | Description |
|--------------------|---|
| G31.81 | Alpers disease |
| G31.82 | Leigh's disease |
| G32.0 | Subacute combined degeneration of spinal cord in diseases classified elsewhere |
| G32.81 | Cerebellar ataxia in diseases classified elsewhere |
| G32.89 | Other specified degenerative disorders of nervous system in diseases classified elsewhere |
| G35 | Multiple sclerosis |
| G36.0 | Neuromyelitis optica [Devic] |
| G36.1 | Acute and subacute hemorrhagic leukoencephalitis [Hurst] |
| G36.8 | Other specified acute disseminated demyelination |
| G36.9 | Acute disseminated demyelination, unspecified |
| G37.0 | Diffuse sclerosis of central nervous system |
| G37.1 | Central demyelination of corpus callosum |
| G37.2 | Central pontine myelinolysis |
| G37.3 | Acute transverse myelitis in demyelinating disease of central nervous system |
| G37.4 | Subacute necrotizing myelitis of central nervous system |
| G37.5 | Concentric sclerosis [Balo] of central nervous system |
| G37.8 | Other specified demyelinating diseases of central nervous system |
| G37.9 | Demyelinating disease of central nervous system, unspecified |
| G61.0 | Guillain-Barre syndrome |
| G71.00 | Muscular dystrophy |
| G71.01 | Duchenne or Becker muscular dystrophy |
| G71.02 | Facioscapulohumeral muscular dystrophy |
| G71.09 | Other specified muscular dystrophies |
| G71.11 | Myotonic muscular dystrophy |
| G71.20 | Congenital myopathy, unspecified |
| G71.21 | Nemaline myopathy |
| G71.220 | X-linked myotubular myopathy |
| G71.228 | Other centronuclear myopathy |
| G71.29 | Other congenital myopathy |
| G80.0 | Spastic quadriplegic cerebral palsy |
| G80.1 | Spastic diplegic cerebral palsy |
| G80.2 | Spastic hemiplegic cerebral palsy |
| G80.3 | Athetoid cerebral palsy |
| G80.4 | Ataxic cerebral palsy |
| G80.8 | Other cerebral palsy |
| G80.9 | Cerebral palsy, unspecified |
| G81.00 | Flaccid hemiplegia affecting unspecified side |
| G81.01 | Flaccid hemiplegia affecting right dominant side |
| G81.02 | Flaccid hemiplegia affecting left dominant side |
| G81.03 | Flaccid hemiplegia affecting right nondominant side |
| G81.04 | Flaccid hemiplegia affecting left nondominant side |
| G81.10 | Spastic hemiplegia affecting unspecified side |

CLINICAL POLICY
Wheelchair Seating

| ICD-10- CM Code | Description |
|--------------------|--|
| G81.11 | Spastic hemiplegia affecting right dominant side |
| G81.12 | Spastic hemiplegia affecting left dominant side |
| G81.13 | Spastic hemiplegia affecting right nondominant side |
| G81.14 | Spastic hemiplegia affecting left nondominant side |
| G81.90 | Hemiplegia, unspecified affecting unspecified side |
| G81.91 | Hemiplegia, unspecified affecting right dominant side |
| G81.92 | Hemiplegia, unspecified affecting left dominant side |
| G81.93 | Hemiplegia, unspecified affecting right nondominant side |
| G81.94 | Hemiplegia, unspecified affecting left nondominant side |
| G82.20 | Paraplegia, unspecified |
| G82.21 | Paraplegia, complete |
| G82.22 | Paraplegia, incomplete |
| G82.50 | Quadriplegia, unspecified |
| G82.51 | Quadriplegia, C1-C4 complete |
| G82.52 | Quadriplegia, C1-C4 incomplete |
| G82.53 | Quadriplegia, C5-C7 complete |
| G82.54 | Quadriplegia, C5-C7 incomplete |
| G93.89 | Other specified disorders of brain |
| G93.9 | Disorder of brain, unspecified |
| G94 | Other disorders of brain in diseases classified elsewhere |
| G95.0 | Syringomyelia and syringobulbia |
| G95.11 | Acute infarction of spinal cord (embolic) (nonembolic) |
| G95.19 | Other vascular myelopathies |
| G99.2 | Myelopathy in diseases classified elsewhere |
| I69.051 | Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side |
| I69.052 | Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side |
| I69.053 | Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side |
| I69.054 | Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side |
| I69.059 | Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side |
| I69.151 | Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side |
| I69.152 | Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side |
| I69.153 | Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side |
| I69.154 | Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side |

CLINICAL POLICY
Wheelchair Seating

| ICD-10-CM Code | Description |
|----------------|---|
| I69.159 | Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side |
| I69.251 | Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side |
| I69.252 | Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side |
| I69.253 | Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side |
| I69.254 | Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side |
| I69.259 | Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side |
| I69.351 | Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side |
| I69.352 | Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side |
| I69.353 | Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side |
| I69.354 | Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side |
| I69.359 | Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side |
| I69.851 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side |
| I69.852 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side |
| I69.853 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side |
| I69.854 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side |
| I69.859 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side |
| I69.951 | Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side |
| I69.952 | Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side |
| I69.953 | Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side |
| I69.954 | Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side |
| I69.959 | Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side |
| M62.3 | Immobility syndrome (paraplegic) |
| M62.89 | Other specified disorders of muscle |
| Q05.0 | Cervical spina bifida with hydrocephalus |

| ICD-10-CM Code | Description |
|----------------|--|
| Q05.1 | Thoracic spina bifida with hydrocephalus |
| Q05.2 | Lumbar spina bifida with hydrocephalus |
| Q05.3 | Sacral spina bifida with hydrocephalus |
| Q05.4 | Unspecified spina bifida with hydrocephalus |
| Q05.5 | Cervical spina bifida without hydrocephalus |
| Q05.6 | Thoracic spina bifida without hydrocephalus |
| Q05.7 | Lumbar spina bifida without hydrocephalus |
| Q05.8 | Sacral spina bifida without hydrocephalus |
| Q05.9 | Spina bifida, unspecified |
| Q07.00 | Arnold-Chiari syndrome without spina bifida or hydrocephalus |
| Q07.01 | Arnold-Chiari syndrome with spina bifida |
| Q07.02 | Arnold-Chiari syndrome with hydrocephalus |
| Q07.03 | Arnold-Chiari syndrome with spina bifida and hydrocephalus |
| Q67.8 | Other congenital deformities of chest |
| Q68.1 | Congenital deformity of finger(s) and hand |
| Q74.3 | Arthrogryposis multiplex congenita |
| Q78.0 | Osteogenesis imperfecta |

ICD-10-CM Diagnosis Codes That Support Medical Necessity

The following is a list of diagnosis codes that support medical necessity for procedure code(s) E2607, E2608, E2624, E2625 for patients with pressure ulcers:

ICD-10-CM codes L89.130, L89.131, L89.132, L89.133, L89.134, L89.140, L89.141, L89.142, L89.143, L89.144, L89.150, L89.151, L89.152, L89.153, L89.154, , L89.200, L89.201, L89.202, L89.203, L89.204, L89.210, L89.211, L89.212, L89.213, L89.214, L89.220, L89.221, L89.222, L89.223, L89.224, L89.300, L89.301, L89.302, L89.303, L89.304, L89.310, L89.311, L89.312, L89.313, L89.314, L89.320, L89.321, L89.322, L89.323, L89.324, L89.41, L89.42, L89.43, L89.44, L89.45. The applicable diagnosis code for pressure ulcer must be billed with one of the codes below

| ICD-10-CM Code | Description |
|----------------|---|
| G83.10 | Monoplegia of lower limb affecting unspecified side |
| G83.11 | Monoplegia of lower limb affecting right dominant side |
| G83.12 | Monoplegia of lower limb affecting left dominant side |
| G83.13 | Monoplegia of lower limb affecting right nondominant side |
| G83.14 | Monoplegia of lower limb affecting left nondominant side |
| I69.041 | Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side |
| I69.042 | Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left dominant side |
| I69.043 | Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side |

CLINICAL POLICY
Wheelchair Seating

| ICD-10- CM Code | Description |
|--------------------------------|---|
| I69.044 | Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side |
| I69.049 | Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting unspecified side |
| I69.141 | Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right dominant side |
| I69.142 | Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left dominant side |
| I69.143 | Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side |
| I69.144 | Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side |
| I69.149 | Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting unspecified side |
| I69.241 | Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right dominant side |
| I69.242 | Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left dominant side |
| I69.243 | Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side |
| I69.244 | Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side |
| I69.249 | Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting unspecified side |
| I69.341 | Monoplegia of lower limb following cerebral infarction affecting right dominant side |
| I69.342 | Monoplegia of lower limb following cerebral infarction affecting left dominant side |
| I69.343 | Monoplegia of lower limb following cerebral infarction affecting right non-dominant side |
| I69.344 | Monoplegia of lower limb following cerebral infarction affecting left non-dominant side |
| I69.349 | Monoplegia of lower limb following cerebral infarction affecting unspecified side |
| I69.841 | Monoplegia of lower limb following other cerebrovascular disease affecting right dominant side |
| I69.842 | Monoplegia of lower limb following other cerebrovascular disease affecting left dominant side |
| I69.843 | Monoplegia of lower limb following other cerebrovascular disease affecting right non-dominant side |
| I69.844 | Monoplegia of lower limb following other cerebrovascular disease affecting left non-dominant side |
| I69.849 | Monoplegia of lower limb following other cerebrovascular disease affecting unspecified side |
| I69.941 | Monoplegia of lower limb following unspecified cerebrovascular disease affecting right dominant side |

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| ICD-10-CM Code | Description |
|----------------|--|
| I69.942 | Monoplegia of lower limb following unspecified cerebrovascular disease affecting left dominant side |
| I69.943 | Monoplegia of lower limb following unspecified cerebrovascular disease affecting right non-dominant side |
| I69.944 | Monoplegia of lower limb following unspecified cerebrovascular disease affecting left non-dominant side |
| I69.949 | Monoplegia of lower limb following unspecified cerebrovascular disease affecting unspecified side |
| Q78.0 | Osteogenesis imperfecta |
| S78.011A | Complete traumatic amputation at right hip joint, initial encounter |
| S78.011D | Complete traumatic amputation at right hip joint, subsequent encounter |
| S78.011S | Complete traumatic amputation at right hip joint, sequela |
| S78.012A | Complete traumatic amputation at left hip joint, initial encounter |
| S78.012D | Complete traumatic amputation at left hip joint, subsequent encounter |
| S78.012S | Complete traumatic amputation at left hip joint, sequela |
| S78.019A | Complete traumatic amputation at unspecified hip joint, initial encounter |
| S78.019D | Complete traumatic amputation at unspecified hip joint, subsequent encounter |
| S78.019S | Complete traumatic amputation at unspecified hip joint, sequela |
| S78.021A | Partial traumatic amputation at right hip joint, initial encounter |
| S78.021D | Partial traumatic amputation at right hip joint, subsequent encounter |
| S78.021S | Partial traumatic amputation at right hip joint, sequela |
| S78.022A | Partial traumatic amputation at left hip joint, initial encounter |
| S78.022D | Partial traumatic amputation at left hip joint, subsequent encounter |
| S78.022S | Partial traumatic amputation at left hip joint, sequela |
| S78.029A | Partial traumatic amputation at unspecified hip joint, initial encounter |
| S78.029D | Partial traumatic amputation at unspecified hip joint, subsequent encounter |
| S78.029S | Partial traumatic amputation at unspecified hip joint, sequela |
| S78.111A | Complete traumatic amputation at level between right hip and knee, initial encounter |
| S78.111D | Complete traumatic amputation at level between right hip and knee, subsequent encounter |
| S78.111S | Complete traumatic amputation at level between right hip and knee, sequela |
| S78.112A | Complete traumatic amputation at level between left hip and knee, initial encounter |
| S78.112D | Complete traumatic amputation at level between left hip and knee, subsequent encounter |
| S78.112S | Complete traumatic amputation at level between left hip and knee, sequela |
| S78.119A | Complete traumatic amputation at level between unspecified hip and knee, initial encounter |
| S78.119D | Complete traumatic amputation at level between unspecified hip and knee, subsequent encounter |
| S78.119S | Complete traumatic amputation at level between unspecified hip and knee, sequela |
| S78.121A | Partial traumatic amputation at level between right hip and knee, initial encounter |

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Wheelchair Seating

| ICD-10- CM Code | Description |
|--------------------------------|---|
| S78.121D | Partial traumatic amputation at level between right hip and knee, subsequent encounter |
| S78.121S | Partial traumatic amputation at level between right hip and knee, sequela |
| S78.122A | Partial traumatic amputation at level between left hip and knee, initial encounter |
| S78.122D | Partial traumatic amputation at level between left hip and knee, subsequent encounter |
| S78.122S | Partial traumatic amputation at level between left hip and knee, sequela |
| S78.129A | Partial traumatic amputation at level between unspecified hip and knee, initial encounter |
| S78.129D | Partial traumatic amputation at level between unspecified hip and knee, subsequent encounter |
| S78.129S | Partial traumatic amputation at level between unspecified hip and knee, sequela |
| S78.911A | Complete traumatic amputation of right hip and thigh, level unspecified, initial encounter |
| S78.911D | Complete traumatic amputation of right hip and thigh, level unspecified, subsequent encounter |
| S78.911S | Complete traumatic amputation of right hip and thigh, level unspecified, sequela |
| S78.912A | Complete traumatic amputation of left hip and thigh, level unspecified, initial encounter |
| S78.912D | Complete traumatic amputation of left hip and thigh, level unspecified, subsequent encounter |
| S78.912S | Complete traumatic amputation of left hip and thigh, level unspecified, sequela |
| S78.919A | Complete traumatic amputation of unspecified hip and thigh, level unspecified, initial encounter |
| S78.919D | Complete traumatic amputation of unspecified hip and thigh, level unspecified, subsequent encounter |
| S78.919S | Complete traumatic amputation of unspecified hip and thigh, level unspecified, sequela |
| S78.921A | Partial traumatic amputation of right hip and thigh, level unspecified, initial encounter |
| S78.921D | Partial traumatic amputation of right hip and thigh, level unspecified, subsequent encounter |
| S78.921S | Partial traumatic amputation of right hip and thigh, level unspecified, sequela |
| S78.922A | Partial traumatic amputation of left hip and thigh, level unspecified, initial encounter |
| S78.922D | Partial traumatic amputation of left hip and thigh, level unspecified, subsequent encounter |
| S78.922S | Partial traumatic amputation of left hip and thigh, level unspecified, sequela |
| S78.929A | Partial traumatic amputation of unspecified hip and thigh, level unspecified, initial encounter |
| S78.929D | Partial traumatic amputation of unspecified hip and thigh, level unspecified, subsequent encounter |
| S78.929S | Partial traumatic amputation of unspecified hip and thigh, level unspecified, sequela |
| S88.011A | Complete traumatic amputation at knee level, right lower leg, initial encounter |
| S88.011D | Complete traumatic amputation at knee level, right lower leg, subsequent encounter |

CLINICAL POLICY
Wheelchair Seating

| ICD-10-CM Code | Description |
|----------------|---|
| S88.011S | Complete traumatic amputation at knee level, right lower leg, sequela |
| S88.012A | Complete traumatic amputation at knee level, left lower leg, initial encounter |
| S88.012D | Complete traumatic amputation at knee level, left lower leg, subsequent encounter |
| S88.012S | Complete traumatic amputation at knee level, left lower leg, sequela |
| S88.019A | Complete traumatic amputation at knee level, unspecified lower leg, initial encounter |
| S88.019D | Complete traumatic amputation at knee level, unspecified lower leg, subsequent encounter |
| S88.019S | Complete traumatic amputation at knee level, unspecified lower leg, sequela |
| S88.021A | Partial traumatic amputation at knee level, right lower leg, initial encounter |
| S88.021D | Partial traumatic amputation at knee level, right lower leg, subsequent encounter |
| S88.021S | Partial traumatic amputation at knee level, right lower leg, sequela |
| S88.022A | Partial traumatic amputation at knee level, left lower leg, initial encounter |
| S88.022D | Partial traumatic amputation at knee level, left lower leg, subsequent encounter |
| S88.022S | Partial traumatic amputation at knee level, left lower leg, sequela |
| S88.029A | Partial traumatic amputation at knee level, unspecified lower leg, initial encounter |
| S88.029D | Partial traumatic amputation at knee level, unspecified lower leg, subsequent encounter |
| S88.029S | Partial traumatic amputation at knee level, unspecified lower leg, sequela |
| S88.911A | Complete traumatic amputation of right lower leg, level unspecified, initial encounter |
| S88.911D | Complete traumatic amputation of right lower leg, level unspecified, subsequent encounter |
| S88.911S | Complete traumatic amputation of right lower leg, level unspecified, sequela |
| S88.912A | Complete traumatic amputation of left lower leg, level unspecified, initial encounter |
| S88.912D | Complete traumatic amputation of left lower leg, level unspecified, subsequent encounter |
| S88.912S | Complete traumatic amputation of left lower leg, level unspecified, sequela |
| S88.919A | Complete traumatic amputation of unspecified lower leg, level unspecified, initial encounter |
| S88.919D | Complete traumatic amputation of unspecified lower leg, level unspecified, subsequent encounter |
| S88.919S | Complete traumatic amputation of unspecified lower leg, level unspecified, sequela |
| S88.921A | Partial traumatic amputation of right lower leg, level unspecified, initial encounter |
| S88.921D | Partial traumatic amputation of right lower leg, level unspecified, subsequent encounter |
| S88.921S | Partial traumatic amputation of right lower leg, level unspecified, sequela |
| S88.922A | Partial traumatic amputation of left lower leg, level unspecified, initial encounter |
| S88.922D | Partial traumatic amputation of left lower leg, level unspecified, subsequent encounter |
| S88.922S | Partial traumatic amputation of left lower leg, level unspecified, sequela |
| S88.929A | Partial traumatic amputation of unspecified lower leg, level unspecified, initial encounter |
| S88.929D | Partial traumatic amputation of unspecified lower leg, level unspecified, subsequent encounter |

| ICD-10-CM Code | Description |
|----------------|---|
| S88.929S | Partial traumatic amputation of unspecified lower leg, level unspecified, sequela |
| Z89.511 | Acquired absence of right leg below knee |
| Z89.512 | Acquired absence of left leg below knee |
| Z89.519 | Acquired absence of unspecified leg below knee |
| Z89.611 | Acquired absence of right leg above knee |
| Z89.612 | Acquired absence of left leg above knee |
| Z89.619 | Acquired absence of unspecified leg above knee |
| Z89.621 | Acquired absence of right hip joint |
| Z89.622 | Acquired absence of left hip joint |
| Z89.629 | Acquired absence of unspecified hip joint |

ICD-10-CM Diagnosis Codes That Support Medical Necessity

The following is a list of diagnosis codes that support medical necessity for procedure code E2609.

| ICD-10-CM Code | Description |
|----------------|---------------------------------|
| B91 | Sequelae of poliomyelitis |
| E75.00 | GM2 gangliosidosis, unspecified |

| ICD-10-CM Code | Description |
|----------------|--|
| E75.01 | Sandhoff disease |
| E75.02 | Tay-Sachs disease |
| E75.09 | Other GM2 gangliosidosis |
| E75.10 | Unspecified gangliosidosis |
| E75.11 | Mucopolipidosis IV |
| E75.19 | Other gangliosidosis |
| E75.23 | Krabbe disease |
| E75.25 | Metachromatic leukodystrophy |
| E75.29 | Other sphingolipidosis |
| E75.4 | Neuronal ceroid lipofuscinosis |
| F84.2 | Rett's syndrome |
| G04.1 | Tropical spastic paraplegia |
| G04.89 | Other myelitis |
| G10 | Huntington's disease |
| G11.0 | Congenital nonprogressive ataxia |
| G11.10 | Early-onset cerebellar ataxia, unspecified |
| G11.11 | Friedreich ataxia |
| G11.19 | Other early onset cerebellar ataxia |
| G11.2 | Late-onset cerebellar ataxia |

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| ICD-10-CM Code | Description |
|----------------|---|
| G11.3 | Cerebellar ataxia with defective DNA repair |
| G11.4 | Hereditary spastic paraplegia |
| G11.8 | Other hereditary ataxias |
| G11.9 | Hereditary ataxia, unspecified |
| G12.0 | Infantile spinal muscular atrophy, type I [Werdnig-Hoffman] |
| G12.1 | Other inherited spinal muscular atrophy |
| G12.20 | Motor neuron disease, unspecified |
| G12.21 | Amyotrophic lateral sclerosis |
| G12.23 | Primary lateral sclerosis |
| G12.24 | Familial motor neuron disease |
| G12.25 | Progressive spinal muscle atrophy |
| G12.29 | Other motor neuron disease |
| G12.8 | Other spinal muscular atrophies and related syndromes |
| G12.9 | Spinal muscular atrophy, unspecified |
| G14 | Postpolio syndrome |
| G20 | Parkinson's disease |
| G21.4 | Vascular parkinsonism |
| G24.1 | Genetic torsion dystonia |
| G30.0 | Alzheimer's disease with early onset |
| G30.1 | Alzheimer's disease with late onset |
| G30.8 | Other Alzheimer's disease |
| G30.9 | Alzheimer's disease, unspecified |
| G31.81 | Alpers disease |
| G31.82 | Leigh's disease |
| G32.0 | Subacute combined degeneration of spinal cord in diseases classified elsewhere |
| G32.81 | Cerebellar ataxia in diseases classified elsewhere |
| G32.89 | Other specified degenerative disorders of nervous system in diseases classified elsewhere |
| G35 | Multiple sclerosis |
| G36.0 | Neuromyelitis optica [Devic] |
| G36.1 | Acute and subacute hemorrhagic leukoencephalitis [Hurst] |
| G36.8 | Other specified acute disseminated demyelination |
| G36.9 | Acute disseminated demyelination, unspecified |
| G37.0 | Diffuse sclerosis of central nervous system |
| G37.1 | Central demyelination of corpus callosum |
| G37.2 | Central pontine myelinolysis |
| G37.3 | Acute transverse myelitis in demyelinating disease of central nervous system |
| G37.4 | Subacute necrotizing myelitis of central nervous system |
| G37.5 | Concentric sclerosis [Balo] of central nervous system |
| G37.8 | Other specified demyelinating diseases of central nervous system |
| G37.9 | Demyelinating disease of central nervous system, unspecified |
| G61.0 | Guillain-Barre syndrome |

CLINICAL POLICY
Wheelchair Seating

| ICD-10-CM Code | Description |
|----------------|---|
| G71.00 | Muscular dystrophy |
| G71.01 | Duchenne or Becker muscular dystrophy |
| G71.02 | Facioscapulohumeral muscular dystrophy |
| G71.09 | Other specified muscular dystrophies |
| G71.11 | Myotonic muscular dystrophy |
| G71.20 | Congenital myopathy, unspecified |
| G71.21 | Nemaline myopathy |
| G71.220 | X-linked myotubular myopathy |
| G71.228 | Other centronuclear myopathy |
| G71.29 | Other congenital myopathy |
| G80.0 | Spastic quadriplegic cerebral palsy |
| G80.1 | Spastic diplegic cerebral palsy |
| G80.2 | Spastic hemiplegic cerebral palsy |
| G80.3 | Athetoid cerebral palsy |
| G80.4 | Ataxic cerebral palsy |
| G80.8 | Other cerebral palsy |
| G80.9 | Cerebral palsy, unspecified |
| G81.00 | Flaccid hemiplegia affecting unspecified side |
| G81.01 | Flaccid hemiplegia affecting right dominant side |
| G81.02 | Flaccid hemiplegia affecting left dominant side |
| G81.03 | Flaccid hemiplegia affecting right nondominant side |
| G81.04 | Flaccid hemiplegia affecting left nondominant side |
| G81.10 | Spastic hemiplegia affecting unspecified side |
| G81.11 | Spastic hemiplegia affecting right dominant side |
| G81.12 | Spastic hemiplegia affecting left dominant side |
| G81.13 | Spastic hemiplegia affecting right nondominant side |
| G81.14 | Spastic hemiplegia affecting left nondominant side |

| ICD-10-CM Code | Description |
|----------------|--|
| G81.90 | Hemiplegia, unspecified affecting unspecified side |
| G81.91 | Hemiplegia, unspecified affecting right dominant side |
| G81.92 | Hemiplegia, unspecified affecting left dominant side |
| G81.93 | Hemiplegia, unspecified affecting right nondominant side |
| G81.94 | Hemiplegia, unspecified affecting left nondominant side |
| G82.20 | Paraplegia, unspecified |
| G82.21 | Paraplegia, complete |
| G82.22 | Paraplegia, incomplete |
| G82.50 | Quadriplegia, unspecified |
| G82.51 | Quadriplegia, C1-C4 complete |
| G82.52 | Quadriplegia, C1-C4 incomplete |

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| ICD-10-CM Code | Description |
|----------------|---|
| G82.53 | Quadriplegia, C5-C7 complete |
| G82.54 | Quadriplegia, C5-C7 incomplete |
| G83.10 | Monoplegia of lower limb affecting unspecified side |
| G83.11 | Monoplegia of lower limb affecting right dominant side |
| G83.12 | Monoplegia of lower limb affecting left dominant side |
| G83.13 | Monoplegia of lower limb affecting right nondominant side |
| G83.14 | Monoplegia of lower limb affecting left nondominant side |
| G93.89 | Other specified disorders of brain |
| G93.9 | Disorder of brain, unspecified |
| G94 | Other disorders of brain in diseases classified elsewhere |
| G95.0 | Syringomyelia and syringobulbia |
| G95.11 | Acute infarction of spinal cord (embolic) (nonembolic) |
| G95.19 | Other vascular myelopathies |
| G99.2 | Myelopathy in diseases classified elsewhere |
| I69.041 | Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side |
| I69.042 | Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left dominant side |
| I69.043 | Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side |
| I69.044 | Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side |
| I69.049 | Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting unspecified side |
| I69.051 | Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side |
| I69.052 | Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side |
| I69.053 | Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side |

| ICD-10-CM Code | Description |
|----------------|--|
| I69.054 | Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side |
| I69.059 | Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side |
| I69.141 | Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right dominant side |
| I69.142 | Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left dominant side |

CLINICAL POLICY
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| ICD-10- CM Code | Description |
|-----------------------|---|
| I69.143 | Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side |
| I69.144 | Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side |
| I69.149 | Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting unspecified side |
| I69.151 | Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side |
| I69.152 | Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side |
| I69.153 | Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side |
| I69.154 | Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side |
| I69.159 | Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side |
| I69.241 | Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right dominant side |
| I69.242 | Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left dominant side |
| I69.243 | Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side |
| I69.244 | Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side |
| I69.249 | Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting unspecified side |
| I69.251 | Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side |
| I69.252 | Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side |
| I69.253 | Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side |
| I69.254 | Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side |

| ICD-10-CM Code | Description |
|----------------|--|
| I69.259 | Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side |
| I69.341 | Monoplegia of lower limb following cerebral infarction affecting right dominant side |
| I69.342 | Monoplegia of lower limb following cerebral infarction affecting left dominant side |
| I69.343 | Monoplegia of lower limb following cerebral infarction affecting right non-dominant side |
| I69.344 | Monoplegia of lower limb following cerebral infarction affecting left non-dominant side |
| I69.349 | Monoplegia of lower limb following cerebral infarction affecting unspecified side |
| I69.351 | Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side |
| I69.352 | Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side |
| I69.353 | Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side |
| I69.354 | Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side |
| I69.359 | Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side |
| I69.841 | Monoplegia of lower limb following other cerebrovascular disease affecting right dominant side |
| I69.842 | Monoplegia of lower limb following other cerebrovascular disease affecting left dominant side |
| I69.843 | Monoplegia of lower limb following other cerebrovascular disease affecting right non-dominant side |
| I69.844 | Monoplegia of lower limb following other cerebrovascular disease affecting left non-dominant side |
| I69.849 | Monoplegia of lower limb following other cerebrovascular disease affecting unspecified side |
| I69.851 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side |
| I69.852 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side |
| I69.853 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side |
| I69.854 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side |
| I69.859 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side |
| I69.941 | Monoplegia of lower limb following unspecified cerebrovascular disease affecting right dominant side |
| I69.942 | Monoplegia of lower limb following unspecified cerebrovascular disease affecting left dominant side |

| ICD-10-CM Code | Description |
|----------------|--|
| I69.943 | Monoplegia of lower limb following unspecified cerebrovascular disease affecting right non-dominant side |
| I69.944 | Monoplegia of lower limb following unspecified cerebrovascular disease affecting left non-dominant side |
| I69.949 | Monoplegia of lower limb following unspecified cerebrovascular disease affecting unspecified side |
| I69.951 | Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side |
| I69.952 | Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side |
| I69.953 | Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side |
| I69.954 | Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side |
| I69.959 | Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side |
| L89.130 | Pressure ulcer of right lower back, unstageable |
| L89.131 | Pressure ulcer of right lower back, stage 1 |
| L89.132 | Pressure ulcer of right lower back, stage 2 |
| L89.133 | Pressure ulcer of right lower back, stage 3 |
| L89.134 | Pressure ulcer of right lower back, stage 4 |
| L89.140 | Pressure ulcer of left lower back, unstageable |
| L89.141 | Pressure ulcer of left lower back, stage 1 |
| L89.142 | Pressure ulcer of left lower back, stage 2 |
| L89.143 | Pressure ulcer of left lower back, stage 3 |
| L89.144 | Pressure ulcer of left lower back, stage 4 |
| L89.150 | Pressure ulcer of sacral region, unstageable |
| L89.151 | Pressure ulcer of sacral region, stage 1 |
| L89.152 | Pressure ulcer of sacral region, stage 2 |
| L89.153 | Pressure ulcer of sacral region, stage 3 |
| L89.154 | Pressure ulcer of sacral region, stage 4 |
| L89.200 | Pressure ulcer of unspecified hip, unstageable |
| L89.201 | Pressure ulcer of unspecified hip, stage 1 |
| L89.202 | Pressure ulcer of unspecified hip, stage 2 |
| L89.203 | Pressure ulcer of unspecified hip, stage 3 |
| L89.204 | Pressure ulcer of unspecified hip, stage 4 |
| L89.210 | Pressure ulcer of right hip, unstageable |
| L89.211 | Pressure ulcer of right hip, stage 1 |
| L89.212 | Pressure ulcer of right hip, stage 2 |
| L89.213 | Pressure ulcer of right hip, stage 3 |
| L89.214 | Pressure ulcer of right hip, stage 4 |

| ICD-10- CM Code | Description |
|-----------------------|---|
| L89.220 | Pressure ulcer of left hip, unstageable |
| L89.221 | Pressure ulcer of left hip, stage 1 |
| L89.222 | Pressure ulcer of left hip, stage 2 |
| L89.223 | Pressure ulcer of left hip, stage 3 |
| L89.224 | Pressure ulcer of left hip, stage 4 |
| L89.300 | Pressure ulcer of unspecified buttock, unstageable |
| L89.301 | Pressure ulcer of unspecified buttock, stage 1 |
| L89.302 | Pressure ulcer of unspecified buttock, stage 2 |
| L89.303 | Pressure ulcer of unspecified buttock, stage 3 |
| L89.304 | Pressure ulcer of unspecified buttock, stage 4 |
| L89.310 | Pressure ulcer of right buttock, unstageable |
| L89.311 | Pressure ulcer of right buttock, stage 1 |
| L89.312 | Pressure ulcer of right buttock, stage 2 |
| L89.313 | Pressure ulcer of right buttock, stage 3 |
| L89.314 | Pressure ulcer of right buttock, stage 4 |
| L89.320 | Pressure ulcer of left buttock, unstageable |
| L89.321 | Pressure ulcer of left buttock, stage 1 |
| L89.322 | Pressure ulcer of left buttock, stage 2 |
| L89.323 | Pressure ulcer of left buttock, stage 3 |
| L89.324 | Pressure ulcer of left buttock, stage 4 |
| L89.41 | Pressure ulcer of contiguous site of back, buttock and hip, stage 1 |
| L89.42 | Pressure ulcer of contiguous site of back, buttock and hip, stage 2 |
| L89.43 | Pressure ulcer of contiguous site of back, buttock and hip, stage 3 |
| L89.44 | Pressure ulcer of contiguous site of back, buttock and hip, stage 4 |
| L89.45 | Pressure ulcer of contiguous site of back, buttock and hip, unstageable |
| M62.3 | Immobility syndrome (paraplegic) |
| M62.89 | Other specified disorders of muscle |
| Q05.0 | Cervical spina bifida with hydrocephalus |
| Q05.1 | Thoracic spina bifida with hydrocephalus |
| Q05.2 | Lumbar spina bifida with hydrocephalus |
| Q05.3 | Sacral spina bifida with hydrocephalus |
| Q05.4 | Unspecified spina bifida with hydrocephalus |
| Q05.5 | Cervical spina bifida without hydrocephalus |
| Q05.6 | Thoracic spina bifida without hydrocephalus |
| Q05.7 | Lumbar spina bifida without hydrocephalus |
| Q05.8 | Sacral spina bifida without hydrocephalus |
| Q05.9 | Spina bifida, unspecified |
| Q07.00 | Arnold-Chiari syndrome without spina bifida or hydrocephalus |
| Q07.01 | Arnold-Chiari syndrome with spina bifida |
| Q07.02 | Arnold-Chiari syndrome with hydrocephalus |
| Q07.03 | Arnold-Chiari syndrome with spina bifida and hydrocephalus |

| ICD-10-CM Code | Description |
|----------------|---|
| Q67.8 | Other congenital deformities of chest |
| Q68.1 | Congenital deformity of finger(s) and hand |
| Q74.3 | Arthrogryposis multiplex congenita |
| Q78.0 | Osteogenesis imperfect |
| S78.011A | Complete traumatic amputation at right hip joint, initial encounter |
| S78.011D | Complete traumatic amputation at right hip joint, subsequent encounter |
| S78.011S | Complete traumatic amputation at right hip joint, sequela |
| S78.012A | Complete traumatic amputation at left hip joint, initial encounter |
| S78.012D | Complete traumatic amputation at left hip joint, subsequent encounter |
| S78.012S | Complete traumatic amputation at left hip joint, sequela |
| S78.019A | Complete traumatic amputation at unspecified hip joint, initial encounter |
| S78.019D | Complete traumatic amputation at unspecified hip joint, subsequent encounter |
| S78.019S | Complete traumatic amputation at unspecified hip joint, sequela |
| S78.021A | Partial traumatic amputation at right hip joint, initial encounter |
| S78.021D | Partial traumatic amputation at right hip joint, subsequent encounter |
| S78.021S | Partial traumatic amputation at right hip joint, sequela |
| S78.022A | Partial traumatic amputation at left hip joint, initial encounter |
| S78.022D | Partial traumatic amputation at left hip joint, subsequent encounter |
| S78.022S | Partial traumatic amputation at left hip joint, sequela |
| S78.029A | Partial traumatic amputation at unspecified hip joint, initial encounter |
| S78.029D | Partial traumatic amputation at unspecified hip joint, subsequent encounter |
| S78.029S | Partial traumatic amputation at unspecified hip joint, sequela |
| S78.111A | Complete traumatic amputation at level between right hip and knee, initial encounter |
| S78.111D | Complete traumatic amputation at level between right hip and knee, subsequent encounter |
| S78.111S | Complete traumatic amputation at level between right hip and knee, sequela |
| S78.112A | Complete traumatic amputation at level between left hip and knee, initial encounter |
| S78.112D | Complete traumatic amputation at level between left hip and knee, subsequent encounter |
| S78.112S | Complete traumatic amputation at level between left hip and knee, sequela |
| S78.119A | Complete traumatic amputation at level between unspecified hip and knee, initial encounter |
| S78.119D | Complete traumatic amputation at level between unspecified hip and knee, subsequent encounter |
| S78.119S | Complete traumatic amputation at level between unspecified hip and knee, sequela |
| S78.121A | Partial traumatic amputation at level between right hip and knee, initial encounter |
| S78.121D | Partial traumatic amputation at level between right hip and knee, subsequent encounter |
| S78.121S | Partial traumatic amputation at level between right hip and knee, sequela |
| S78.122A | Partial traumatic amputation at level between left hip and knee, initial encounter |
| S78.122D | Partial traumatic amputation at level between left hip and knee, subsequent encounter |

| ICD-10-CM Code | Description |
|----------------|---|
| S78.122S | Partial traumatic amputation at level between left hip and knee, sequela |
| S78.129A | Partial traumatic amputation at level between unspecified hip and knee, initial encounter |
| S78.129D | Partial traumatic amputation at level between unspecified hip and knee, subsequent encounter |
| S78.129S | Partial traumatic amputation at level between unspecified hip and knee, sequela |
| S78.911A | Complete traumatic amputation of right hip and thigh, level unspecified, initial encounter |
| S78.911D | Complete traumatic amputation of right hip and thigh, level unspecified, subsequent encounter |
| S78.911S | Complete traumatic amputation of right hip and thigh, level unspecified, sequela |
| S78.912A | Complete traumatic amputation of left hip and thigh, level unspecified, initial encounter |
| S78.912D | Complete traumatic amputation of left hip and thigh, level unspecified, subsequent encounter |
| S78.912S | Complete traumatic amputation of left hip and thigh, level unspecified, sequela |
| S78.919A | Complete traumatic amputation of unspecified hip and thigh, level unspecified, initial encounter |
| S78.919D | Complete traumatic amputation of unspecified hip and thigh, level unspecified, subsequent encounter |
| S78.919S | Complete traumatic amputation of unspecified hip and thigh, level unspecified, sequela |
| S78.921A | Partial traumatic amputation of right hip and thigh, level unspecified, initial encounter |
| S78.921D | Partial traumatic amputation of right hip and thigh, level unspecified, subsequent encounter |
| S78.921S | Partial traumatic amputation of right hip and thigh, level unspecified, sequela |
| S78.922A | Partial traumatic amputation of left hip and thigh, level unspecified, initial encounter |
| S78.922D | Partial traumatic amputation of left hip and thigh, level unspecified, subsequent encounter |
| S78.922S | Partial traumatic amputation of left hip and thigh, level unspecified, sequela |
| S78.929A | Partial traumatic amputation of unspecified hip and thigh, level unspecified, initial encounter |
| S78.929D | Partial traumatic amputation of unspecified hip and thigh, level unspecified, subsequent encounter |
| S78.929S | Partial traumatic amputation of unspecified hip and thigh, level unspecified, sequela |
| S88.011A | Complete traumatic amputation at knee level, right lower leg, initial encounter |
| S88.011D | Complete traumatic amputation at knee level, right lower leg, subsequent encounter |
| S88.011S | Complete traumatic amputation at knee level, right lower leg, sequela |
| S88.012A | Complete traumatic amputation at knee level, left lower leg, initial encounter |
| S88.012D | Complete traumatic amputation at knee level, left lower leg, subsequent encounter |
| S88.012S | Complete traumatic amputation at knee level, left lower leg, sequela |

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| ICD-10-CM Code | Description |
|-----------------------|---|
| S88.019A | Complete traumatic amputation at knee level, unspecified lower leg, initial encounter |
| ICD-10-CM Code | Description |
| S88.019D | Complete traumatic amputation at knee level, unspecified lower leg, subsequent encounter |
| S88.019S | Complete traumatic amputation at knee level, unspecified lower leg, sequela |
| S88.021A | Partial traumatic amputation at knee level, right lower leg, initial encounter |
| S88.021D | Partial traumatic amputation at knee level, right lower leg, subsequent encounter |
| S88.021S | Partial traumatic amputation at knee level, right lower leg, sequela |
| S88.022A | Partial traumatic amputation at knee level, left lower leg, initial encounter |
| S88.022D | Partial traumatic amputation at knee level, left lower leg, subsequent encounter |
| S88.022S | Partial traumatic amputation at knee level, left lower leg, sequela |
| S88.029A | Partial traumatic amputation at knee level, unspecified lower leg, initial encounter |
| S88.029D | Partial traumatic amputation at knee level, unspecified lower leg, subsequent encounter |
| S88.029S | Partial traumatic amputation at knee level, unspecified lower leg, sequela |
| S88.911A | Complete traumatic amputation of right lower leg, level unspecified, initial encounter |
| S88.911D | Complete traumatic amputation of right lower leg, level unspecified, subsequent encounter |
| S88.911S | Complete traumatic amputation of right lower leg, level unspecified, sequela |
| S88.912A | Complete traumatic amputation of left lower leg, level unspecified, initial encounter |
| S88.912D | Complete traumatic amputation of left lower leg, level unspecified, subsequent encounter |
| S88.912S | Complete traumatic amputation of left lower leg, level unspecified, sequela |
| S88.919A | Complete traumatic amputation of unspecified lower leg, level unspecified, initial encounter |
| S88.919D | Complete traumatic amputation of unspecified lower leg, level unspecified, subsequent encounter |
| S88.919S | Complete traumatic amputation of unspecified lower leg, level unspecified, sequela |
| S88.921A | Partial traumatic amputation of right lower leg, level unspecified, initial encounter |
| S88.921D | Partial traumatic amputation of right lower leg, level unspecified, subsequent encounter |
| S88.921S | Partial traumatic amputation of right lower leg, level unspecified, sequela |
| S88.922A | Partial traumatic amputation of left lower leg, level unspecified, initial encounter |
| S88.922D | Partial traumatic amputation of left lower leg, level unspecified, subsequent encounter |
| S88.922S | Partial traumatic amputation of left lower leg, level unspecified, sequela |
| S88.929A | Partial traumatic amputation of unspecified lower leg, level unspecified, initial encounter |
| S88.929D | Partial traumatic amputation of unspecified lower leg, level unspecified, subsequent encounter |
| S88.929S | Partial traumatic amputation of unspecified lower leg, level unspecified, sequela |

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| ICD-10-CM Code | Description |
|----------------|--|
| Z89.511 | Acquired absence of right leg below knee |
| Z89.512 | Acquired absence of left leg below knee |
| Z89.519 | Acquired absence of unspecified leg below knee |
| Z89.611 | Acquired absence of right leg above knee |

| ICD-10-CM Code | Description |
|----------------|--|
| Z89.612 | Acquired absence of left leg above knee |
| Z89.619 | Acquired absence of unspecified leg above knee |
| Z89.621 | Acquired absence of right hip joint |
| Z89.622 | Acquired absence of left hip joint |
| Z89.629 | Acquired absence of unspecified hip joint |

Note: HCPCS codes E0955, E2601, E2602, E2611, E2612, and E2619 have no diagnosis-code restrictions.

| Reviews, Revisions, and Approvals | Date | Approval Date |
|--|-------|---------------|
| Policy created, Therapist reviewed | 09/15 | 10/15 |
| References reviewed and updated. Updated disclaimer language. Added ICD-10 codes per LCDs. Moved E0992 to not medically necessary codes per LCD. | 09/16 | 10/16 |
| References reviewed and updated as per LCD L33312, revised 1/1/17 2018 ICD-10 Code updates. | 10/17 | 10/17 |
| Added E0953 as medically necessary to C. as per LCD L33312. Added E0953 to code section, "Positioning Accessories". Added ICD-10 codes per LCD. References reviewed and updated. | 09/18 | 09/18 |
| References reviewed and updated as per LCD L33312, revised 1/1/19 ICD-10 code updates: added G61.0, G71.00, G71.01, G71.02 and G71.09 as medically necessary per revised LCD. Added ICD-10 codes M62.3, M62.89, Q67.8, Q68.1 and Q74.3 as codes that support E2609 which were inadvertently omitted from this section of the policy. | 08/19 | 09/19 |
| Typo corrected in II.B- Should be K0860-K0864, rather than K0860, K0864. For clarity, added the codes included in this range. References reviewed and updated. ICD-10 10/1/20 coding updates: Replaced G11.1 with G11.10 and revised description. Added subcategories G11.11 and G11.19. Replaced G71.2 with G71.20 and revised description. Added subcategories G71.21, G71.220, G71.228 and G71.29. Removed "member" from criteria and reworded, without impact on criteria. When not possible | 09/20 | 09/20 |

| Reviews, Revisions, and Approvals | Date | Approval Date |
|---|------|---------------|
| to remove, replaced “member” with “member/enrollee.” Replaced “members” with “members/enrollees” in the disclaimer of the policy. | | |

References

1. *HCPCS Level II*, 2015
2. *ICD-10-CM Official Draft Code Set*, 2015.
3. Walls, G and Rosen, L. Wheelchair seating and mobility evaluation. *Physical Therapy Magazine*. 2008; 16:28.
4. CGS Administrators LLC. Noridian Healthcare Solutions LLC. Local Coverage Determination L33312, Wheelchair Seating. Medicare Coverage Database. Effective Oct 2015. Revised 1/1/20.
5. CGS Administrators LLC. Noridian Healthcare Solutions, LLC. Local Coverage Article A52505, Wheelchair Seating. Medicare Coverage Database. Effective October 2015. Revised 1/1/20. Accessed September 08, 2020.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

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This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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