



1034 Broadway
Eureka, CA 95501
(707) 442-3719 Fax (707) 442-0237
123 Commerce Circle
Sacramento, CA 95815
(916) 927-4047 Fax (916) 927-5383

The following information is provided by Broadway Medical to assist in obtaining the specified medical device and is taken directly from Medicare's LCD's. Please call us with any questions.

Wheelchair Cushions- Standard and Roho

- **Face-to-Face Examination (F2F)**
 - A documented face to face examination by the physician, NP, PA or CNS within SIX months prior to the written order for the DME. If the face to face is performed by the NP, PA or CNS the physician must co-sign the part of the documentation in the medical record pertinent to the DME being ordered. The documentation must state the diagnosis and medical condition that supports the need for each item being ordered (or be ordered in the near future).
- **Rx with the following elements:**
 - Beneficiary Name
 - Beneficiary D.O.B
 - DME item and description
 - Length of need
 - Diagnosis: ICD-10 code/s
 - Prescribing practitioner NPI
 - Signature of prescribing practitioner- (NO Electronic Signatures ONLY)
 - Date of the order
 -

A general use seat cushion (E2601, E2602) and a general use wheelchair back cushion (E2611-E2612) is covered for a beneficiary who has a manual wheelchair or a power wheelchair with a sling/solid seat/back which meets Medicare coverage criteria.

If the beneficiary does not have a covered wheelchair, then the cushion will be denied as not reasonable and necessary. If the beneficiary has a captain's chair seat, the cushion will be denied as not reasonable and necessary.



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

1. The beneficiary has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the Beneficiary meets Medicare coverage criteria for it; **and**
2. The beneficiary has either of the following:
 - Current pressure ulcer (ICD-10-CM codes L89.139, L89.149, L89.159) or past history of a pressure ulcer (L89.139, L89.149, L89.159) on the area of contact with the seating surface; **or**
 - 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 (G825.0-G825.1), other spinal cord disease (G950, G951.9, G320, G992), multiple sclerosis (G35), other demyelinating disease (G360-G79), cerebral palsy (G800-G809), anterior horn cell diseases including amyotrophic lateral sclerosis (G120-G129), post polio paralysis (G14), traumatic brain injury resulting in quadriplegia (G839), spina bifida (Q050-Q058), childhood cerebral degeneration (G230-G259) Alzheimer's disease (G30.9), Parkinson's disease (G20), muscular dystrophy (G710, G712), hemiplegia (G81.00-G819.4, I699.51-I699.59), Huntington's chorea (G10), idiopathic torsion dystonia (G241), athetoid cerebral palsy (G803), arthrogryposis (M62.9, M62.89 or Q678, Q681, Q743) osteogenesis imperfecta (Q780), spinocerebellar disease (G111-G119) or transverse myelitis (G048.9).