DIVISION OF MEDICAL SERVICES
PROVIDER BULLETIN

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Durable Medical Equipment

CONTENTS

- WHEELCHAIR SEAT CUSHIONS
- CUSTOM MOLDED SEAT AND BACK CUSHIONS
- COVERAGE CRITERIA FOR WHEELCHAIR SEAT AND BACK CUSHIONS

WHEELCHAIR SEAT CUSHIONS

Effective with implementation of the 2007 version of the Health Care Procedure Coding System (HCPCS) on January 1, 2007, Missouri Medicaid added coverage of the following wheelchair seat cushion codes:

CODE	MODI-FIER	DESCRIPTION	REIMBURSE-MENT GUIDELINES	MEDICAID MAXIMUM ALLOWABLE
K0734	NU	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	PA	$331.47
K0735	NU	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	PA	$421.78
K0736	NU	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	PA	$334.19
K0737	NU	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	PA	$423.06

Effective for dates of services on or after April 1, 2007, the Medicaid maximum allowable amounts for the following wheelchair seat cushion codes have been reduced to Medicare's allowable amount.

CODE	MODI-FIER	DESCRIPTION	REIMBURSE-MENT GUIDELINES	MEDICAID MAXIMUM ALLOWABLE
E2601	NU	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	PA	$61.16
E2602	NU	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	PA	$119.40
E2603	NU	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	PA	$151.59
E2604	NU	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	PA	$188.41
E2605	NU	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	PA	$269.17
E2606	NU	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	PA	$419.93
E2607	NU	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	PA	$289.85
E2608	NU	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	PA	$348.09
E2610	NU	WHEELCHAIR SEAT CUSHION, POWERED		Not covered

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CUSTOM MOLDED SEAT AND BACK CUSHIONS

Effective for prior authorization requests received on or after April 1, 2007, custom molded wheelchair seat (E2609) and back (E2617) cushions will be manually priced at 85% of the manufacturer's suggested retail price (MSRP). The maximum reimbursement for each code is $1,300. Charges for all modifications and mounting hardware will be added together to determine the total MSRP. Charges for molding fees and other labor charges are not to be included in the MSRP rate. These charges are not separately payable for cushions for new wheelchairs. Labor is allowed for repairs and replacement cushions.

COVERAGE CRITERIA FOR WHEELCHAIR SEAT AND BACK CUSHIONS

Missouri Medicaid will utilize the following coverage criteria when reviewing prior authorization requests for wheelchair seat and back cushions.

A general use seat cushion (E2601, E2602) and a general use wheelchair back cushion (E2611-E2612) may be covered for a recipient who has a manual wheelchair or who has a power wheelchair with a sling/solid seat/back which meets Medicaid's coverage guidelines. If the recipient has a power operated vehicle or a power wheelchair with a captain's chair seat, a general use seat and back cushion are not covered.

A skin protection seat cushion (E2603,E2604, K0734, K0735) is covered for a recipient who meets both of the following criteria:

1) The recipient has a manual wheelchair or a power wheelchair with a sling/solid seat/back and meets Medicaid coverage guidelines for it; and

2) The recipient has either of the following:

a) Current pressure ulcer (707.03, 707.04, 707.05) or past history of a pressure ulcer (707.03, 707.04, 707.05) on the area of contact with the seating surface; or

b) 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 (344.00-344.1), other spinal cord disease (336.0-336.3), multiple sclerosis (340), other demyelinating disease (341.0-341.9), cerebral palsy (343.0-343.9), anterior horn cell diseases including amyotrophic lateral sclerosis (335.0-335.21, 335.23-335.9), post polio paralysis (138), traumatic brain injury resulting in quadriplegia (344.09), spina bifida (741.00-741.93), childhood cerebral degeneration (330.0-330.9), Alzheimer's disease (331.0), Parkinson's disease (332.0).

A positioning seat cushion (E2605, E2606) and positioning back cushion (E2613-E2616, E2620, E2621) are covered for a recipient who meets both of the following criteria:

1) The recipient has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the meets Medicaid guidelines for it; and

2) The recipient has any significant postural asymmetries that are due to one of the diagnoses listed in criterion 2b above or to one of the following diagnoses: monoplegia of the lower limb (344.30-344.32, 438.40-438.42) or hemiplegia (342.00-342.92, 438.20-438.22) due to stroke, traumatic brain injury, or other etiology, muscular dystrophy (359.0, 359.1), torsion dystonias (333.4, 333.6, 333.71), spinocerebellar disease (334.0-334.9).

A combination skin protection and positioning seat cushion (E2607, E2608, K0736, K0737) is covered for a recipient who meets the criteria for both a skin protection seat cushion and a positioning seat cushion.

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

1) Recipient meets all of the criteria for a prefabricated skin protection seat cushion or positioning seat cushion;

2) Recipient meets all of the criteria for a prefabricated positioning back cushion;

3) There is comprehensive written documentation submitted with the prior authorization request that clearly and specifically explains the following:

a. Why a prefabricated system is not sufficient to meet the patient's seating a positioning needs.

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b. What orthopedic deformity is present; and it's fixed or flexible presentation.
c. What altered muscle tone is present; and it's increased or decreased presentation that affects seating and positioning.
d. Why any existing system is not meeting patient's seating and positioning needs.

If the above information is not included with the documentation submitted or if additional documentation is needed, the prior authorization request will be denied and additional information requested.

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

Provider Bulletins are available on the DMS Web site at http://dss.mo.gov/dms/providers/pages/bulletins.htm. Bulletins will remain on the Provider Bulletins page only until incorporated into the provider manuals as appropriate, then moved to the Archived Bulletins page.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Web site at http://dss.missouri.gov/dms/global/pages/mednewssubscribe.htm to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via E-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

Provider Communications Hotline
573-751-2896

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