

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

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Contractor Information

Contractor Name CGS Administrators, LLC Back to Top	Contract Number 18003	Contract Type DME MAC	Jurisdiction J-C
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LCD Information

Document Information

LCD ID
L33312

Original ICD-9 LCD ID
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LCD Title
Wheelchair Seating

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Coverage Indications, Limitations, and/or Medical Necessity

For any item to be covered by Medicare, it must: 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this local coverage determination, the criteria for "reasonable and necessary", based on Social Security Act § 1862(a)(1)(A) provisions, are defined by the following coverage indications, limitations and/or medical necessity.

Medicare does not automatically assume payment for a durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) item that was covered prior to a beneficiary becoming eligible for the Medicare Fee For Service (FFS) program. When a beneficiary receiving a DMEPOS item from another payer (including Medicare Advantage plans) becomes eligible for the Medicare FFS program, Medicare will pay for continued use of the DMEPOS item only if all Medicare coverage, coding and documentation requirements are met. Additional documentation to support that the item is reasonable and necessary, may be required upon request of the DME MAC.

For these items to be covered by Medicare, a written order prior to delivery (WOPD) is required. Refer to the DOCUMENTATION REQUIREMENTS section of this LCD and to the NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES section of the related Policy Article for information about WOPD prescription requirements.

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 POV or a power wheelchair with a captain's chair seat, the cushion will be denied as not reasonable and necessary.

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

1. The cushion is provided with a covered power wheelchair base that is not available in a Captain's Chair model – i.e., codes K0839, K0840, K0843, K0860 – K0864, K0870, K0871, K0879, K0880, K0886, K0890, K0891; or
2. A skin protection and/or positioning seat or back cushion that meets coverage criteria is provided.

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

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

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

1. The beneficiary has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the beneficiary meets Medicare coverage criteria for it; and
2. The beneficiary has either of the following:
 - a. Current pressure ulcer or past history of a pressure ulcer (see diagnosis codes that support medical necessity section below) 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, 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 diagnosis codes that support medical necessity section below).

A positioning seat cushion (E2605, E2606), positioning back cushion (E2613-E2616, E2620, E2621), and positioning accessory (E0955-E0957, E0960) 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 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 due to stroke, traumatic brain injury, or other etiology, spinocerebellar disease, above knee leg amputation, osteogenesis imperfecta, transverse myelitis (see diagnosis codes that support medical necessity section below).

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

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

A combination skin protection and positioning seat cushion (E2607, E2608, E2624, E2625) is covered for a beneficiary who meets the criteria for both a skin protection seat cushion and a positioning seat cushion.

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

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

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

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

1. Beneficiary meets all of the criteria for a prefabricated skin protection seat cushion or positioning seat cushion;
2. Beneficiary meets all of the criteria for a prefabricated positioning back cushion;
3. There is a comprehensive written evaluation by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT), which clearly explains why a prefabricated seating system is not sufficient to meet the beneficiary's seating and positioning needs. The PT or OT may have no financial relationship with the supplier.

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

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

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

A prefabricated seat cushion, a prefabricated positioning back cushion, or a brand name custom fabricated seat or back cushion which has not received a written coding verification from the Pricing, Data Analysis, and Coding (PDAC) contractor or which does not meet the criteria stated in the Coding Guidelines section (see Policy Article) will be denied as not reasonable and necessary.

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Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes

Group 1 Paragraph:

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

HCPCS MODIFIERS:

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

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

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

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

KX - Requirements specified in the medical policy have been met

HCPCS CODES:

SEAT CUSHIONS:

Group 1 Codes:

- 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
- E2610 WHEELCHAIR SEAT CUSHION, POWERED
- E2622 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH
- E2623 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH
- E2624 SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH

E2625 SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH

Group 2 Paragraph: BACK CUSHIONS:

Group 2 Codes:

- E2611 GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
- E2612 GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
- E2613 POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
- E2614 POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
- E2615 POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
- E2616 POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
- E2617 CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE
- E2620 POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
- E2621 POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE

Group 3 Paragraph: POSITIONING ACCESSORIES:

Group 3 Codes:

- E0955 WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH
- E0956 WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH
- E0957 WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH
- E0960 WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE
- E0966 MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH
- E1028 WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY

Group 4 Paragraph: MISCELLANEOUS:

Group 4 Codes:

- A9900 MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE
- E0992 MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT
- E2231 MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE
- E2291 BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE
- E2292 SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE
- E2293 BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE
- E2294 SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE
- E2619 REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH
- K0108 WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED
- K0669 WHEELCHAIR ACCESSORY, WHEELCHAIR SEAT OR BACK CUSHION, DOES NOT MEET SPECIFIC CODE CRITERIA OR NO WRITTEN CODING VERIFICATION FROM DME PDAC

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph: The presence of an ICD-10 code listed in this section is not sufficient by itself to assure coverage. Refer to the section on Coverage Indications, Limitation and/or Medical Necessity for other coverage

criteria and payment information.

For HCPCS codes E2603, E2604, E2622, E2623:

Group 1 Codes:

ICD-10 Codes	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	Mucopolidosis 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
G11.1	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
G12.29	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

ICD-10 Codes	Description
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
G71.0	Muscular dystrophy
G71.2	Congenital myopathies
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
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

ICD-10 Codes	Description
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
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

ICD-10 Codes	Description
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
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

Group 2 Paragraph: For HCPCS codes E0956-E0957, E0960, E2605, E2606, E2613-E2617, E2620, and E2621:

Group 2 Codes:

ICD-10 Codes	Description
B91	Sequelae of poliomyelitis
E75.00	GM2 gangliosidosis, unspecified
E75.01	Sandhoff disease
E75.02	Tay-Sachs disease

ICD-10 Codes	Description
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
G11.1	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
G12.29	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
G71.0	Muscular dystrophy
G71.2	Congenital myopathies
G80.0	Spastic quadriplegic cerebral palsy
G80.1	Spastic diplegic cerebral palsy
G80.2	Spastic hemiplegic cerebral palsy
G80.3	Athetoid cerebral palsy

ICD-10 Codes	Description
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
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
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	

ICD-10 Codes	Description
	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
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

ICD-10 Codes	Description
	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
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
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
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

**ICD-10
Codes****Description**

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
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
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

ICD-10 Codes	Description
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

Group 3 Paragraph: For HCPCS codes E2607, E2608, E2624, E2625, either:
1) One of the following ICD-10 codes:

Group 3 Codes:

ICD-10 Codes	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
G10	Huntington's disease
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
G12.29	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
G32.89	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

ICD-10 Codes	Description
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
G71.0	Muscular dystrophy
G71.2	Congenital myopathies
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
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

ICD-10 Codes	Description
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
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
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

Group 4 Paragraph: OR 2) A combination of ICD-10 code 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 or L89.45, AND one of the following ICD-10 codes:

Group 4 Codes:

ICD-10 Codes	Description
G04.89	Other myelitis
G11.0	Congenital nonprogressive ataxia
G11.1	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
G32.81	Cerebellar ataxia in diseases classified elsewhere
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
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

ICD-10 Codes	Description
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
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
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

ICD-10 Codes	Description
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
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

Group 5 Paragraph: For HCPCS code E2609:

Group 5 Codes:

ICD-10 Codes	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

ICD-10 Codes	Description
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
G11.1	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
G12.29	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
G71.0	Muscular dystrophy
G71.2	Congenital myopathies
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

ICD-10 Codes	Description
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
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
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

ICD-10 Codes	Description
169.143	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side
169.144	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side
169.149	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting unspecified side
169.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side
169.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side
169.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side
169.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side
169.159	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side
169.241	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right dominant side
169.242	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left dominant side
169.243	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side
169.244	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side
169.249	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting unspecified side
169.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side
169.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side
169.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side
169.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side
169.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side
169.341	Monoplegia of lower limb following cerebral infarction affecting right dominant side
169.342	Monoplegia of lower limb following cerebral infarction affecting left dominant side
169.343	Monoplegia of lower limb following cerebral infarction affecting right non-dominant side
169.344	Monoplegia of lower limb following cerebral infarction affecting left non-dominant side
169.349	Monoplegia of lower limb following cerebral infarction affecting unspecified side
169.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side
169.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side
169.353	Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side
169.354	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side
169.359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side
169.841	Monoplegia of lower limb following other cerebrovascular disease affecting right dominant side
169.842	Monoplegia of lower limb following other cerebrovascular disease affecting left dominant side
169.843	Monoplegia of lower limb following other cerebrovascular disease affecting right non-dominant side
169.844	Monoplegia of lower limb following other cerebrovascular disease affecting left non-dominant side
169.849	Monoplegia of lower limb following other cerebrovascular disease affecting unspecified side
169.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side
169.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side
169.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side
169.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side
169.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side
169.941	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right dominant side

ICD-10 Codes	Description
169.942	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left dominant side
169.943	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right non-dominant side
169.944	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left non-dominant side
169.949	Monoplegia of lower limb following unspecified cerebrovascular disease affecting unspecified side
169.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side
169.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side
169.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side
169.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side
169.959	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
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

ICD-10 Codes	Description
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
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
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
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

**ICD-10
Codes****Description**

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
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
S88.929S	Partial traumatic amputation of unspecified lower leg, level unspecified, sequela

Group 6 Paragraph: For HCPCS codes E0955, E2601, E2602, E2611, E2612 and E2619:
Not Specified

For codes E2610, and K0669:
None

Group 6 Codes: N/A

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph: For the specific HCPCS codes indicated above, all ICD-10 codes that are not specified in the preceding section.

For HCPCS codes E2610 and K0669:
All ICD-10 codes

Group 1 Codes: N/A

ICD-10 Additional Information

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Associated Information

DOCUMENTATION REQUIREMENTS

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

PRESCRIPTION (ORDER) REQUIREMENTS

GENERAL (PIM 5.2.1)

All items billed to Medicare require a prescription. An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available upon request. Items dispensed and/or billed that do not meet these prescription requirements and those below must be submitted with an EY modifier added to each affected HCPCS code.

WRITTEN ORDERS PRIOR TO DELIVERY (PIM 5.2.3.1)

A detailed written order prior to delivery (WOPD) is required for wheelchair seating. The supplier must have received a WOPD that has been both signed and dated by the treating physician and meets the requirements for a DWO before dispensing the item.

DETAILED WRITTEN ORDERS (PIM 5.2.3)

A detailed written order (DWO) is required before billing. Someone other than the ordering physician may produce the DWO. However, the ordering physician must review the content and sign and date the document. It must contain:

- Beneficiary's name

- Physician's name
- Date of the order
- Detailed description of the item(s) (see below for specific requirements for selected items)
- Physician signature and signature date

For items provided on a periodic basis, including drugs, the written order must include:

- Item(s) to be dispensed
- Dosage or concentration, if applicable
- Route of Administration, if applicable
- Frequency of use
- Duration of infusion, if applicable
- Quantity to be dispensed
- Number of refills

For the "Date of the order" described above, use the date the supplier is contacted by the physician (for verbal orders) or the date entered by the physician (for written dispensing orders).

With respect to the date on the DWO/WOPD:

1. If the prescriber creates a complete and compliant DWO/WOPD, only a single date - the "order date" - is required. This order date may be the date that the prescriber signs the document (either wet signature or electronic signature)
2. If someone other than the prescriber (e.g., DME supplier) creates the DWO/WOPD then the prescription must be reviewed and, "...personally signed and dated..." by the prescriber. In this scenario two (2) dates are required: an "order date" and a prescriber-entered "signature date".

In some cases, the physician may specify a future start date for therapy that is different from the date of the order. This start date does not impact the date of service (DOS) entered on the claim, Medicare-required forms (e.g., CMN, DIF) or refill/delivery timelines. As long as the supplier has a properly completed prescription with a correctly determined prescription date, an item may be shipped or delivered on or after the prescription date (except for items that require written orders prior to delivery).

Frequency of use information on orders must contain detailed instructions for use and specific amounts to be dispensed. Reimbursement shall be based on the specific utilization amount only. Orders that only state "PRN" or "as needed" utilization estimates for replacement frequency, use, or consumption are not acceptable. (PIM 5.9)

The detailed description in the written order may be either a narrative description or a brand name/model number.

Signature and date stamps are not allowed. Signatures must comply with the CMS signature requirements outlined in PIM 3.3.2.4.

The DWO must be available upon request.

A prescription is not considered as part of the medical record. Medical information intended to demonstrate compliance with coverage criteria may be included on the prescription but must be corroborated by information contained in the medical record. (PIM 5.2.3)

MEDICAL RECORD INFORMATION

GENERAL (PIM 5.7 - 5.9)

The **Coverage Indications, Limitations and/or Medical Necessity** section of this LCD contains numerous reasonable and necessary (R&N) requirements. The **Non-Medical Necessity Coverage and Payment Rules** section of the related Policy Article contains numerous non-reasonable and necessary, benefit category and statutory requirements that must be met in order for payment to be justified. Suppliers are reminded that:

- Supplier-produced records, even if signed by the ordering physician, and attestation letters (e.g. letters of medical necessity) are deemed not to be part of a medical record for Medicare payment purposes.
- Templates and forms, including CMS Certificates of Medical Necessity, are subject to corroboration with information in the medical record.

Information contained directly in the contemporaneous medical record is the source required to justify payment except as noted elsewhere for prescriptions and CMNs. The medical record is not limited to physician's office records but may include records from hospitals, nursing facilities, home health agencies, other healthcare professionals, etc. (not all-inclusive). Records from suppliers or healthcare professionals with a financial interest in the claim outcome are not considered sufficient by themselves for the purpose of determining that an item is reasonable and necessary.

CONTINUED MEDICAL NEED

For all Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) items, the initial justification for medical need is established at the time the item(s) is first ordered; therefore, beneficiary medical records demonstrating that the item is reasonable and necessary are created just prior to, or at the time of, the creation of the initial prescription. For purchased items, initial months of a rental item or for initial months of ongoing supplies or drugs, information justifying reimbursement will come from this initial time period. Entries in the beneficiary's medical record must have been created prior to, or at the time of, the initial date of service (DOS) to establish whether the initial reimbursement was justified based upon the applicable coverage policy.

For ongoing supplies and rental DME items, in addition to information described above that justifies the initial provision of the item(s) and/or supplies, there must be information in the beneficiary's medical record to support that the item continues to be used by the beneficiary and remains reasonable and necessary. Information used to justify continued medical need must be timely for the DOS under review. Any of the following may serve as documentation justifying continued medical need:

- A recent order by the treating physician for refills
- A recent change in prescription
- A properly completed CMN or DIF with an appropriate length of need specified
- Timely documentation in the beneficiary's medical record showing usage of the item

Timely documentation is defined as a record in the preceding 12 months unless otherwise specified elsewhere in the policy.

CONTINUED USE

Continued use describes the ongoing utilization of supplies or a rental item by a beneficiary.

Suppliers are responsible for monitoring utilization of DMEPOS rental items and supplies. No monitoring of purchased items or capped rental items that have converted to a purchase is required. Suppliers must discontinue billing Medicare when rental items or ongoing supply items are no longer being used by the beneficiary.

Beneficiary medical records or supplier records may be used to confirm that a DMEPOS item continues to be used by the beneficiary. Any of the following may serve as documentation that an item submitted for reimbursement continues to be used by the beneficiary:

- Timely documentation in the beneficiary's medical record showing usage of the item, related option/accessories and supplies
- Supplier records documenting beneficiary confirmation of continued use of a rental item

Timely documentation is defined as a record in the preceding 12 months unless otherwise specified elsewhere in this policy.

PROOF OF DELIVERY (PIM 4.26, 5.8)

Proof of delivery (POD) is a Supplier Standard and Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) suppliers are required to maintain POD documentation in their files. For medical review purposes, POD serves to assist in determining correct coding and billing information for claims submitted for Medicare reimbursement. Regardless of the method of delivery, the contractor must be able to determine from delivery documentation that the supplier properly coded the item(s), that the item(s) delivered are the same item(s) submitted for Medicare reimbursement and that the item(s) are intended for, and received by, a specific Medicare beneficiary.

Suppliers, their employees, or anyone else having a financial interest in the delivery of the item are prohibited from signing and accepting an item on behalf of a beneficiary (i.e., acting as a designee on behalf of the beneficiary). The signature and date the beneficiary or designee accepted delivery must be legible.

For the purpose of the delivery methods noted below, designee is defined as any person who can sign and accept the delivery of DMEPOS on behalf of the beneficiary.

Proof of delivery documentation must be available to the Medicare contractor on request. All services that do not have appropriate proof of delivery from the supplier will be denied and overpayments will be requested. Suppliers who consistently fail to provide documentation to support their services may be referred to the OIG for imposition of Civil Monetary Penalties or other administrative sanctions.

Suppliers are required to maintain POD documentation in their files. For items addressed in this policy there are two methods of delivery:

1. Delivery directly to the beneficiary or authorized representative
2. Delivery via shipping or delivery service

Method 1—Direct Delivery to the Beneficiary by the Supplier

Suppliers may deliver directly to the beneficiary or the designee. In this case, POD to a beneficiary must be a signed and dated delivery document. The POD document must include:

- Beneficiary's name
- Delivery address
- Sufficiently detailed description to identify the item(s) being delivered (e.g., brand name, serial number, narrative description)
- Quantity delivered
- Date delivered
- Beneficiary (or designee) signature

The date delivered on the POD must be the date that the DMEPOS item was received by the beneficiary or designee. The date of delivery may be entered by the beneficiary, designee or the supplier. When the supplier's delivery documents have both a supplier-entered date and a beneficiary or beneficiary's designee signature date on the POD document, the beneficiary or beneficiary's designee-entered date is the date of service.

In instances where the supplies are delivered directly by the supplier, the date the beneficiary received the DMEPOS supply must be the date of service on the claim.

Method 2—Delivery via Shipping or Delivery Service Directly to a Beneficiary

If the supplier utilizes a shipping service or mail order, the POD documentation must be a complete record tracking the item(s) from the DMEPOS supplier to the beneficiary. An example of acceptable proof of delivery would include both the supplier's own detailed shipping invoice and the delivery service's tracking information. The supplier's record must be linked to the delivery service record by some clear method like the delivery service's package identification number or supplier's invoice number for the package sent to the beneficiary. The POD record must include:

- Beneficiary's name
- Delivery address
- Delivery service's package identification number, supplier invoice number or alternative method that links the supplier's delivery documents with the delivery service's records
- Sufficiently detailed description to identify the item(s) being delivered (e.g., brand name, serial number, narrative description)
- Quantity delivered
- Date delivered
- Evidence of delivery

If a supplier utilizes a shipping service or mail order, suppliers must use the shipping date as the date of service on the claim.

Suppliers may also utilize a return postage-paid delivery invoice from the beneficiary or designee as a POD. This type of POD record must contain the information specified above.

POLICY SPECIFIC DOCUMENTATION REQUIREMENTS

AFFORDABLE CARE ACT (ACA) 6407 REQUIREMENTS

ACA 6407 contains provisions that are applicable to certain specified items in this policy. In this policy the specified items are:

E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE
E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH
E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT
E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY

These items require an in-person or face-to-face interaction between the beneficiary and their treating physician prior to prescribing the item, specifically to document that the beneficiary was evaluated and/or treated for a condition that supports the need for the item(s) of DME ordered. A dispensing order is not sufficient to provide these items. A Written Order Prior to Delivery (WOPD) is required. Refer to the related Policy Article NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES section for information about these statutory requirements.

The DMEPOS supplier must have documentation of both the face-to-face visit and the completed WOPD in their file prior to the delivery of these items.

Suppliers are reminded that all Medicare coverage and documentation requirements for DMEPOS also apply. There must be sufficient information included in the medical record to demonstrate that all of the applicable

coverage criteria are met. This information must be available upon request.

For cushions and positioning accessories provided at the time of initial issue of a power wheelchair, once the supplier has determined the specific power mobility device that is appropriate for the beneficiary based on the physician's 7-element order, the supplier must prepare a written document (termed a detailed product description). This detailed product description (DPD) must comply with the requirements for a detailed written order as outlined in the Supplier Manual and CMS' Program Integrity Manual (Internet-Only Manual, Pub. 100-08), Chapter 5. Regardless of the form of the description, there must be sufficient detail to identify the item(s) in order to determine that the item(s) dispensed is properly coded.

The physician must sign and date the detailed product description and the supplier must receive it prior to delivery of the PWC or POV. A date stamp or equivalent must be used to document the supplier receipt date. The detailed product description must be available on request.

For items provided for a power mobility device other than at the time of initial issue, there must be a detailed written order which is signed and dated by the physician. This order must be received by the supplier prior to delivery.

For cushions and positioning accessories provided for a manual wheelchair, there must be a detailed written order which is signed and dated by the physician. This order must be received by the supplier prior to delivery of the item.

Items delivered before a signed written order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.

The diagnosis code which justifies the need for these items must be included on the claim.

REPAIR/REPLACEMENT (100-02, Ch 15, §110.2)

A new Certificate of Medical Necessity (CMN) and/or physician's order is not needed for repairs.

In the case of repairs to a beneficiary-owned DMEPOS item, if Medicare paid for the base equipment initially, medical necessity for the base equipment has been established. With respect to Medicare reimbursement for the repair, there are two documentation requirements:

1. The treating physician must document that the DMEPOS item being repaired continues to be reasonable and necessary (see Continued Medical Need section above); and,
2. Either the treating physician or the supplier must document that the repair itself is reasonable and necessary.

The supplier must maintain detailed records describing the need for and nature of all repairs including a detailed explanation of the justification for any component or part replaced as well as the labor time to restore the item to its functionality.

A physician's order and/or new Certificate of Medical Necessity (CMN), when required, is needed to reaffirm the medical necessity of the item for replacement of an item.

KX MODIFIER:

For a skin protection seat cushion (E2603, E2604, E2622, E2623), a KX modifier must be added to the code only if either criterion (a), (b), or (c) is met:

- a. If there is a past history of or current pressure ulcer in the area of contact with the seating surface; or
- b. If there is absent or impaired sensation in the area of contact with the seating surface due to one of the diagnoses listed as a covered diagnosis; or
- c. If there is an inability to carry out a functional weight shift due to one of the diagnoses listed as a covered diagnosis.

For a positioning seat cushion (E2605, E2606), positioning back cushion (E2613-E2616, E2620, E2621), or positioning accessory (E0956-E0957, E0960), a KX modifier must be added to the code only if the beneficiary has significant postural asymmetries due to one of the diagnoses listed as a covered diagnosis.

For a headrest (E0955), a KX modifier must be added to the code only if one of the coverage criteria specified in the Coverage Indications, Limitations and/or Medical Necessity section has been met.

For a combination skin protection and positioning seat cushion (E2607, E2608, E2624, E2625), a KX modifier must be added to the code only if criterion (a) or (b) or (c) is met and criterion (d) is met:

- a. If there is a past history or current pressure ulcer in the area of contact with the seating surface; or
- b. If there is absent or impaired sensation in the area of contact with the seating surface due one of the diagnoses listed as a covered diagnosis for skin protection cushions (see diagnosis codes that support medical necessity section above); or
- c. If there is an inability to carry out a functional weight shift due one of the diagnoses listed as a covered diagnosis for skin protection cushions (see diagnosis codes that support medical necessity section above); and
- d. If the beneficiary has significant postural asymmetries due to one of the diagnoses listed as a covered diagnosis for positioning cushions.

For a custom fabricated seat or back cushion (E2609, E2617), a KX modifier must be added to the code only if criterion (a) is met and criterion (b), (c), or (d) is met:

- a. For E2609 or E2617, there is a comprehensive written evaluation by a licensed/certified medical professional, such as a PT or OT (who has no financial relationship with the supplier) which explains why a prefabricated seating system is not sufficient to meet the beneficiary's seating and positioning needs; and
- b. For E2609, there is a past history of or current pressure ulcer in the area of contact with the seating surface; or
- c. For E2609, there is absent or impaired sensation in the area of contact with the seating surface or an inability to carry out a functional weight shift due to one of the diagnoses listed as a covered diagnosis for skin protection cushions; or
- d. For E2609 or E2617, the beneficiary has significant postural asymmetries due to one of the diagnoses listed as a covered diagnosis for positioning cushions.

In addition to meeting the specific requirements listed above, for all seat and back cushions and positioning accessories, the KX modifier must be added to the code only if the item is being used with a wheelchair that meets coverage criteria specified in the Manual Wheelchair Bases or Power Mobility Devices LCD.

GA, GY, AND GZ MODIFIERS:

For a cushion or positioning accessory that is used with a power mobility device, if the requirements related to a 7-element order and face-to-face examination in the Power Mobility Devices Policy Article have not been met, the GY modifier must be added to the codes for all items.

For items provided with a manual wheelchair or power mobility device, if it is only needed for mobility outside the home, the GY modifier must be added to the codes for all items.

In all of the situations above describing use of the KX modifier, if all of the specific coverage criteria have not been met or if the wheelchair that it is being used with does not meet the coverage criteria in the Manual Wheelchair Bases or Power Mobility Devices LCD, the GA or GZ modifier must be added to a claim line for the seat or back cushion or positioning accessory. When there is an expectation of a medical necessity denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier if they have not obtained a valid ABN.

If the GY modifier is used, the KX, GA, and GZ modifiers should not be used.

Claim lines billed without a GA, GY, GZ, or KX modifier will be rejected as missing information.

Miscellaneous

When billing for a custom fabricated cushion (E2609, E2617), the claim must include the manufacturer and model name/ number of the product (if applicable), or if not, a detailed description of the product that was provided.

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

Appendices

PIM citations above denote references to CMS Program Integrity Manual, Internet Only Manual 100-08

Utilization Guidelines

Refer to Coverage Indications, Limitations and/or Medical Necessity

Sources of Information and Basis for Decision

Revision History Information

Please note: Most Revision History entries effective on or before 01/24/2013 display with a Revision History Number of "R1" at the bottom of this table. However, there may be LCDs where these entries will display as a separate and distinct row.

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
10/01/2015	R3	<p>Revision Effective: 10/1/2015 ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY Added: ICD-10 codes for Stage 1 Pressure Ulcers DOCUMENTATION REQUIREMENTS Removed: Start date verbiage from Prescription Requirements Added: Standard documentation language for dates on orders</p>	<ul style="list-style-type: none"> Provider Education/Guidance Revisions Due To ICD-10-CM Code Changes
10/01/2015	R2	<p>Revision Effective: 10/1/2015 ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY Added: Inadvertently omitted ICD10's; G and Q codes, subsequent visit and sequela</p>	<ul style="list-style-type: none"> Typographical Error Revisions Due To ICD-10-CM Code Changes
10/01/2015	R1	<p>Revision Effective Date: 10/31/2014 COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY: Revised: Standard Documentation Language to add covered prior to a beneficiary's Medicare eligibility DOCUMENTATION REQUIREMENTS: Deleted: Reference to refill of supplies from Continued Use Revised: Standard Documentation Language to add who can enter date of delivery date on the POD Added: Repair/Replacement section</p>	<ul style="list-style-type: none"> Provider Education/Guidance

Associated Documents

Attachments N/A

Related Local Coverage Documents Article(s) [A52505 - Wheelchair Seating - Policy Article](#)

Related National Coverage Documents N/A

Public Version(s) Updated on 11/25/2015 with effective dates 10/01/2015 - N/A [Updated on 10/02/2015 with effective dates 10/01/2015 - N/A](#) [Updated on 05/07/2015 with effective dates 10/01/2015 - N/A](#) [Updated on 04/04/2014 with effective dates 10/01/2015 - N/A](#) [Back to Top](#)

Keywords

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