

## New and/or Updated Clinical Policies

10/22/2024

PA Health & Wellness (PHW) is adding and/or revising one or more Clinical Policies that are becoming more restrictive and will provide guidelines for use in determining coverage criteria for a well-defined set of specific and clinically appropriate services. The applicable treatment plan as identified in the policy document provides guidance on how claims for certain services are managed. These guidelines are to be used only when there is no other policy, criteria, or coverage statement, as it allows the Plan to control costs. PHW will not supersede the PA State Fee Schedule determination (i.e. - If an item is determined non-experimental and paid for on the State MA fee Schedule it is part of the benefit plan, and the item will be reimbursed at least at that rate.) The policies that dictate the coding and billing rules applied are based on industry standards and guidelines as published and defined in the Current Procedural Terminology (CPT), Centers for Medicare and Medicaid Services (CMS), and public domain specialty society edits, unless specifically addressed in the fee-for-service provider manual published by the State of Pennsylvania or regulations.

To ensure accurate reimbursement, the updated policies will provide the clinically based rule content used to evaluate claims. This is in addition to all other reimbursement processes that PA Health & Wellness (PHW) currently employs.

The effective date of the change(s) for each policy is 30-days from the date of this document. These policies apply to all PA Health & Wellness (PHW) products, unless otherwise noted.

The new/updated policies documents can be found included in documents following this notice.

Policy Number	Policy Name	Line of Business (LOB)
PA.CP.MP.50	Drugs of Abuse, Definitive Testing	Medicaid
PA.CP.MP.99	Wheelchair Seating	Medicaid

**Contact Us!** If you have any questions, please contact our Provider Services team at: 1-844-626-6813.

Thank you for your continued partnership and we look forward to serving our Participants in PA together,

**PA Health & Wellness**

**Prior Authorization Review Panel  
MCO Policy Submission**

A separate copy of this form must accompany each policy submitted for review.  
Policies submitted without this form will not be considered for review.

<b>Plan: PA Health &amp; Wellness</b>	<b>Submission Date: 05/01/2024</b>
<b>Policy Number: PA.CP.MP.50</b>	<b>Effective Date: 01/01/2018 Revision Date: 04/2024</b>
<b>Policy Name: Drugs of Abuse: Definitive Testing</b>	
<p><b>Type of Submission - <u>Check all that apply:</u></b></p> <p> <input type="checkbox"/> New Policy  <input checked="" type="checkbox"/> Revised Policy*  <input type="checkbox"/> Annual Review - No Revisions  <input type="checkbox"/> Statewide PDL         </p>	
<p><b>*All revisions to the policy <u>must</u> be highlighted using track changes throughout the document.</b></p> <p><b>Please provide any clarifying information for the policy below:</b></p> <p>Annual review. Updated policy statements in I., II., and III. to include “Centene Advanced Behavioral Health”. Updated background with no clinical significance. References reviewed and updated. Internal specialist review.</p>	
<p><b>Name of Authorized Individual (Please type or print):</b></p> <p align="center"><b>Dr. Craig A. Butler, MD.</b></p>	<p><b>Signature of Authorized Individual:</b></p> <p align="center"><i>Craig A Butler MD</i></p>

## Clinical Policy: Drugs of Abuse: Definitive Testing

Reference Number: PA.CP.MP.50

Effective Date: 01/01/2018

Date of last Revision: 04/2024

[Coding Implications](#)

[Revision Log](#)

### Description

Urine drug testing is a key diagnostic and therapeutic tool that is useful for patient care and monitoring of adherence to a controlled substance treatment regimen (e.g., for chronic non-cancer pain) and to identify drug misuse or addiction prior to starting or during treatment with controlled substances.

### Policy/Criteria

- I. It is the policy of Pennsylvania Health and Wellness<sup>®</sup> (PHW) that *outpatient* testing for drugs of abuse (DOA) is **medically necessary** for confirmatory/definitive (quantitative) testing for a specific drug(s) when meeting *the criteria in A, B, or C*:
  - A. Documented history or suspicion of illicit or prescription drug use or noncompliance or a high probability of non-adherence to a prescribed drug regimen documented in the medical record; *and all of the following*:
    1. A preliminary/presumptive drug test has been previously performed, unless no reliable test exists (e.g., synthetic cannabinoids);
    2. The findings from that preliminary/presumptive (qualitative) test (either positive or negative) are either:
      - a. Inconsistent with the expected results as suggested by medical history, clinical presentation, and/or member's/enrollee's own statement after a detailed discussion about their recent medication and drug use;
      - b. Consistent with the clinical scenario but drug class-specific assays are needed to identify the precise drug(s) that resulted in the positive test result;
    3. Resolving the inconsistency is essential to the ongoing care of the member/enrollee;
    4. The requested confirmatory/definitive test(s) is for  $\leq 14$  drugs/drug classes;
    5. Tests are only for the specific drug(s) or number of drug classes for which preliminary analysis has yielded unexpected results;
  - B. The provider expects the presumptive test to be positive (e.g., the member/enrollee reports recent use), *and all of the following*:
    1. Information regarding specific substance and/or quantity is desired;
    2. There are established benchmarks for clinical decision making based on specific substance and/or quantitative levels;
    3.  $\leq 14$  drugs/drug classes are requested;
    4. Tests are only for the specific drug(s) or number of drug classes for which the presumptive test is expected to be positive;
  - C. The request is for a serum therapeutic drug level in relation to the medical treatment of a disease or condition (e.g., phenobarbital level in the treatment of seizures).
- II. It is the policy of PHW that outpatient confirmatory/definitive (quantitative) drug testing of more than 14 drugs/drug classes is **not medically necessary**.
- III. It is the policy of PHW that urine drug testing (UDT) is considered **not medically necessary** if provided for reasons that include, but are not limited to, the following:

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- A. As a condition of:
  - 1. Employment or pre-employment purposes (pre-requisite for employment or as a requirement for continuation of employment);
  - 2. Participation in school or community athletic or extracurricular activities or programs;
- B. Screening for medico-legal purposes such as court-ordered drug screening (unless required by state regulations);
- C. Screening in asymptomatic patients, except as listed in sections I or II;
- D. As a component of a routine physical/medical examination; e.g. (enrollment in school, enrollment in the military, etc.);
- E. As a component of a medical examination for any other administrative purposes not listed above (e.g., for purposes of marriage licensure, insurance eligibility, etc.);
- F. Same-day screening of drug metabolites in specimens sourced from any combination of blood, saliva and urine by either preliminary or confirmatory/definitive analyses;
- G. Blanket orders;
- H. Reflex definitive drug tests when presumptive testing is performed at point of care;
- I. Routine standing orders for all patients in a physician's practice. Physician-defined standing orders for pre-determined drug panels according to specific patient profiles for a limited sequential period may be reasonable and necessary and must be documented in the patient's medical record;
- J. Billing of individual definitive CPT codes when a comprehensive definitive drug testing panel (CDDP) is ordered;
- K. Performing presumptive point of care testing and ordering presumptive immunoassay (IA) testing from a reference laboratory;
- L. Performing presumptive IA testing and ordering presumptive IA testing from a reference laboratory with or without reflex testing;
- M. Performing IA presumptive screening prior to definitive testing without a specific physician's order for the presumptive testing;
- N. IA testing, regardless of whether it is qualitative or semi-quantitative used to "confirm" or definitively identify a presumptive test result obtained by cups, dipsticks, cards, cassettes or other CLIA-waived methods. Semi-quantitative IA testing provides a presumptive test (numerical) result. Definitive UDT provides specific identification and/or quantification by GC-MS or LC-MS/MS;
- O. Specimen validity/adulteration testing, as this is considered part of the laboratory quality control practices.

#### **Protocols for testing requiring prior authorization**

- Testing for children < 6 years of age is exempt from prior authorization.
- Requests for prior authorization will be accepted up to 10 business days after specimen collection and reviewed for medical necessity based on the above stated criteria.

#### **Background**

A drug of abuse (DOA) is defined as a drug, chemical, or plant product known to be misused for recreational purposes.<sup>8</sup> In the United States, the basic screening test for DOA includes five drugs: amphetamine, cocaine, marijuana, opioids, and phencyclidine.<sup>3,8,12</sup> Other drugs that may be

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tested for include benzodiazepines, a wider range of opioids, barbiturates, and methamphetamines.<sup>3,8,12</sup> Tests can vary by region based on epidemiologic trends. There currently is no uniformity for what is included in extended DOA testing or cutoff values that should be used for detection of drugs not covered by workplace testing laws.<sup>8</sup>

The three methods of drug assays include immunoassay, chromatography, and mass spectrometry. Immunoassay is the most widely used method for initial testing for DOA and offers results within minutes.<sup>8</sup> These tests provide a relatively inexpensive method to detect low concentrations of a substance with an increased degree of specificity.<sup>8</sup> This can be most easily performed using point-of-care test kits such as a urine drug cup. However, in the clinical setting, point-of-care testing does not perform to manufacturers' claims and untrained staff can improperly interpret test results.

Gas chromatography/mass spectrometry (GC/MS) or liquid chromatography (LC/MS) are typically used as confirmatory tests.<sup>1</sup> Chromatography is used to separate a specimen into its component parts and mass spectrometry is used to identify those parts. Chromatography, LC/MS and GC/MS require specialized training for lab staff and instruments to provide a highly sensitive and specific technique for detecting drugs or metabolites.<sup>8</sup> It often takes many hours to obtain results; therefore, these tests are generally not used for preliminary screening in the clinical setting.<sup>8</sup> The mass spectrometer is capable of detecting even minute amounts of a given substance and is considered to have the highest specificity of all lab detection methods.<sup>8</sup> It is most commonly used for confirmatory test results that are primarily of forensic importance.<sup>1,8</sup> GC/MS rarely provides results that are clinically necessary or useful beyond those obtained by standard immunoassays or chromatography.<sup>8</sup>

The ordering clinician must be knowledgeable regarding the type of testing being requested, level of suspicion for drug use or exposure, the reason for obtaining the test, and the likelihood of false-positive or false-negative results.<sup>8</sup> Knowledge of potential drug exposure allows a clinician working in an addiction or chronic pain management program to include testing for a metabolite of a parent drug, instead of simply testing for the parent drug, for a patient with a tendency for opioid abuse.<sup>8</sup> If initial screening does not correlate with expected findings and there is concern for false-positive or false-negative results, then confirmatory testing improves the accuracy of initial results.<sup>9</sup>

Immunoassays can yield false-positive results when cross-reacting medications or drugs are present.<sup>8</sup> Cross-reacting substances can be found in common prescription medications, over-the-counter cold medications, and even in some food substances.<sup>8</sup> The highest false-positive results occur with amphetamine testing due to the chemical structure of amphetamine being present in many over-the-counter medications and herbal supplements.<sup>8</sup> False-negative results can occur from inappropriate specimen collection, transport, testing procedures or from patient attempts to undermine the testing.<sup>8</sup> The most common cause of false-negative results is failure to detect a specific drug within a given class of drugs because the chemical combination makes it unreactive with the test.<sup>8</sup>

*American Society of Addiction Medicine (ASAM)*

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In 2019, the American Society of Addiction Medicine (ASAM) developed a consensus document on the ethical use of drug testing in clinical addiction medicine, which provides a broad discussion of drug testing methods, procedures, and practices. Drug testing can provide a treating clinician with objective information regarding a patient’s recent substance use. It can assist with the identification, diagnosis and treatment of addiction and support patients in recovery.<sup>30</sup>

Drug testing should be used only when clinically necessary. Presumptive testing should be a routine part of initial and ongoing assessments. Definitive testing may be used to detect specific substances not identified in presumptive methods and to refine the accuracy of the test results. Definitive testing may be used to detect specific substances not identified by presumptive methods, quantify levels of the substance present, and to refine the accuracy of the test results.<sup>30</sup> In addition, definitive testing may be used when the results are needed to inform clinical decisions with major clinical or non-clinical implications for the patient (e.g., treatment transitions, changes in medication therapies, changes in legal status).<sup>30</sup>

### Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2023, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

### CPT® Codes That Support Coverage Criteria

CPT®* Codes	Description
0011U	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, using oral fluid, reported as a comparison to an estimated steady-state range, per date of service including all drug compounds and metabolites
80184	Phenobarbital
80320	Alcohols
80321	Alcohol biomarkers; 1 or 2
80322	Alcohol biomarkers; 3 or more
80323	Alkaloids, not otherwise specified
80324	Amphetamines; 1 or 2
80325	Amphetamine; 3 or 4
80326	Amphetamines; 5 or more
80327	Anabolic steroids; 1 or 2
80328	Anabolic steroids; 3 or more
80332	Antidepressants, serotonergic class; 1 or 2
80333	Antidepressants, serotonergic class; 3-5
80334	Antidepressants, serotonergic class; 6 or more
80335	Antidepressants, tricyclic and other cyclicals; 1 or 2
80336	Antidepressants, tricyclic and other cyclicals; 3-5
80337	Antidepressants, tricyclic and other cyclicals; 6 or more
80338	Antidepressants, not otherwise specified
80339	Antiepileptics, not otherwise specified; 1-3

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CPT® Codes	Description
80340	Antiepileptics, not otherwise specified; 4-6
80341	Antiepileptics, not otherwise specified; 7 or more
80342	Antipsychotics, not otherwise specified; 1-3
80343	Antipsychotics, not otherwise specified; 4-6
80344	Antipsychotics, not otherwise specified; 7 or more
80345	Barbiturates
80346	Benzodiazepines; 1-12
80347	Benzodiazepines; 13 or more
80348	Buprenorphine
80349	Cannabinoids, natural
80350	Cannabinoids, synthetic; 1-3
80351	Cannabinoids, synthetic; 4-6
80352	Cannabinoids, synthetic; 7 or more
80353	Cocaine
80354	Fentanyl
80356	Heroin metabolite
80357	Ketamine and norketamine
80358	Methadone
80359	Methylenedioxyamphetamines (MDA, MDEA, MDMA)
80360	Methylphenidate
80361	Opiates, 1 or more
80362	Opioids and opiate analogs; 1 or 2
80363	Opioids and opiate analogs; 3 or 4
80364	Opioids and opiate analogs; 5 or more
80365	Oxycodone
80366	Pregbalin
80367	Propoxyphene
80368	Sedative Hypnotics (non-benzodiazepines)
80369	Skeletal muscle relaxants; 1 or 2
80370	Skeletal muscle relaxants; 3 or more
80371	Stimulants, synthetic
80372	Tapentadol
80373	Tramadol
80374	Stereoisomer (enantiomer) analysis, single drug class
80375	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 1-3
80376	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 4-6
80377	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 7 or more
82077	Alcohol (ethanol); any specimen except urine and breath, immunoassay (eg, IA, EIA, ELISA, RIA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)
83992	Phencyclidine (PCP)



**CPT Codes That Do Not Support Coverage Criteria**

<b>CPT® Codes</b>	<b>Description</b>
0054U	Prescription drug monitoring, 14 or more classes of drugs and substances, definitive tandem mass spectrometry with chromatography, capillary blood, quantitative report with therapeutic and toxic ranges, including steady-state range for the prescribed dose when detected, per date of service
0082U	Drug test(s), definitive, 90 or more drugs or substances, definitive chromatography with mass spectrometry, and presumptive, any number of drug classes, by instrument chemistry analyzer (utilizing immunoassay), urine, report of presence or absence of each drug, drug metabolite or substance with description and severity of significant interactions per date of service
0328U	Drug assay, definitive, 120 or more drugs and metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS), includes specimen validity and algorithmic analysis describing drug or metabolite and presence or absence of risks for a significant patient-adverse event, per date of service

**HCPCS Codes That Support Coverage Criteria**

<b>HCPCS Codes</b>	<b>Description</b>
G0480	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 1-7 drug class(es), including metabolite(s) if performed
G0481	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); definitive, qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 8-14 drug class(es), including metabolite(s) if performed
G0659	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem), excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase), performed without method or drug-specific calibration, without matrix-matched quality control material, or without use of stable isotope or other universally recognized internal standard(s) for each drug, drug metabolite or drug class per specimen; qualitative or quantitative, all sources, includes specimen validity testing, per day, any number of drug classes



**HCPCS Codes That Do Not Support Coverage Criteria**

HCPCS Codes	Description
G0482	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 15-21 drug class(es), including metabolite(s) if performed
G0483	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 22 or more drug class(es), including metabolite(s) if performed

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**Drugs of Abuse: Definitive Testing**



Reviews, Revisions, and Approvals	Date	Approval Date
Developed PA Policy	09/17	12/17
Modified criteria in I.A.1 that a presumptive test must be performed before a definitive test unless no reliable test is available. Added an indication for testing when the presumptive test is assumed to be positive based on patient history, but quantitative levels are required. Modified II.C. to state that screening in asymptomatic patients is medically unnecessary, unless otherwise stated in section I.	09/18	10/18
Revised background to clarify that immunoassays are able to detect low concentrations of a drug with a high degree of sensitivity but lack some specificity.	12/19	
Revised policy to state that HCPCS codes G0482 & G0483 are not medically necessary, and to reflect a 10 day post-collection authorization period. Updated coding tables to include 80367, 80368, 80369, 80370, 80372, 80373. Revised I.A.1 from “unless no reliable test is available” to “unless no reliable test is in existence” for clarification. References reviewed and updated.	12/19	01/22/2020
<p>Added criteria for presumptive testing. In II.B, added that “Tests are only for the specific drug(s) or number of drug classes for which the presumptive test is expected to be positive.” Added the following not medically necessary indications: blanket orders; reflex definitive testing when presumptive testing is performed at point of care; physician standing orders for all patients; billing codes for individual drugs which are included in a billed panel; presumptive immunoassay testing in a lab when presumptive POC testing has been performed; presumptive screening before definitive testing if presumptive testing not ordered; IA testing used to confirm a presumptive test result obtained by cups, dipsticks, cards, cassettes or other CLIA-waived methods. Removed authorization protocol information about requests for ages &lt;6 not being on PA, and for a 10-day window to submit PA requests after testing. Removed request requirements section. Added more CPT codes to support coverage criteria. Added the following CPT codes as not medically necessary: 0143U, 0144U, 0145U, 0146U, 0147U, 0148U, 0149U, 0150U. Added HCPCS codes 0011U and G0659 as medically necessary. Added ICD-10-CM codes.</p> <p>Reinstated notes regarding PA not being required for children &lt; 6 years of age, and a 10 day post-test window for PA.</p> <p>Corrected medical necessity statement in section I. to state that “one” of the following must be met, instead of “both.”</p> <p>Added presumptive drug testing limits in chronic opioid therapy to I.B. Replaced all instances of “member” with “member/enrollee.”</p> <p>References reviewed and updated. Specialist review.</p>	12/2020	01/29/2021
Changed name of policy from Outpatient Testing for Drugs of Abuse to Drugs of Abuse: Definitive Testing. Removed presumptive drug testing	12/16/2021	

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Reviews, Revisions, and Approvals	Date	Approval Date
<p>criteria from policy and created new policy, CP.MP.208 Drugs of Abuse: Presumptive Testing. Removed codes for presumptive drug testing: 80305, 80306, 80307. Added CPT-0054U to list of codes that do not support coverage criteria. Removed CPT-0006U, as code is deleted in 2021. Removed UM language regarding PA not being required for children &lt; 6 years of age, and a 10-day post-test window for PA. Added 2021 CPT- 82077 to list of codes that support coverage criteria. Annual review. References updated and coding reviewed. Changed “review date” in the header to “date of last revision” and “date” in the revision log header to “revision date.” Updated ICD-10 codes to include code ranges. Deleted note referring to CP.MP.208 Drugs of Abuse, Presumptive Testing.</p> <p><b>References reviewed and updated. Specialist review.</b></p>		
<p>Annual review. Updated background with no impact to criteria. Description updated for CPT code 80370. Added CPT 0328U to the list of CPT codes that do not support coverage criteria. Removed (HCPCS codes G0482, G0483) from the policy statement in II. Added protocols for prior authorization details: Testing for children &lt; 6 years of age is exempt from prior authorization and requests for prior authorization will be accepted up to 10 business days after specimen collection and reviewed for medical necessity based on the above stated criteria. References reviewed and updated. Specialist review.</p>	2/20/2023	
<p>Annual Review. Added an example of synthetic cannabinoids to I.A.1., drugs for which presumptive testing is not reliable. Coding reviewed. Replaced all instances of dashes (-) with the word “to” within the CPT and HCPCS codes. Added 0082U to the CPT codes that do not support coverage criteria list. Removed table of ICD-10 CM codes. Updated background information to include information regarding American Society of Addiction Medicine (ASAM). Other minor wording changes made to background with no clinical significance. References reviewed and updated. Policy reviewed by an internal specialist. Removed deleted codes 0143U, 0144U, 0145U, 0146U, 0147U, 0148U, 0149U, 0150U from table of CPT codes that do not support coverage criteria.</p>	06/2023	
<p>Annual review. Updated policy statements in I., II., and III. to include “Centene Advanced Behavioral Health”. Updated background with no clinical significance. References reviewed and updated. Internal specialist review.</p>	04/2024	07/2024

**References**

1. Rabelo Alves MN, Piccinotti A, Tameni S, Poletini A. Evaluation of buprenorphine LUCIO immunoassay versus GCMS using urines from a workplace drug testing program. *J Anal Toxicol.* 2013;37(3):175 to 8. doi: 10.1093/jat/bkt006.

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2. Argoff CE, Alford DP, Fudin J, et al. Rational Urine Drug Monitoring in Patients Receiving Opioids for Chronic Pain: Consensus Recommendations. *Pain Med.* 2018;19(1):97 to 117. doi:10.1093/pm/pnx285
3. Treatment Improvement Protocol 63: Medications for Opioid Use Disorder. Substance Abuse and Mental Health Services Administration. <https://store.samhsa.gov/sites/default/files/pep21-02-01-002.pdf>. Updated 2021. Accessed January 16, 2024.
4. Becker W, Starrels JL. Prescription drug misuse: Epidemiology, prevention, identification, and management. UpToDate. [www.uptodate.com](http://www.uptodate.com). Published July 26, 2023. Accessed January 16, 2024.
5. Treatment Improvement Protocol 47: Substance Abuse: Clinical Issues in Intensive Outpatient Treatment. Substance Abuse and Mental Health Services Administration. [https://store.samhsa.gov/sites/default/files/SAMHSA\\_Digital\\_Download/sma13-4182.pdf](https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/sma13-4182.pdf). Published 2013. Accessed January 16, 2024.
6. Christo PJ, Manchikanti L, Ruan X, et al. Urine drug testing in chronic pain. *Pain Physician.* 2011;14(2):123 to 143.
7. Dowell D, Haegerich TM, Chou R. CDC guideline for prescribing opioids for chronic pain - United States, 2016. *JAMA.* 2016 Apr 19; 315(15): 1624 to 1645. doi: 10.1001/jama.2016.1464
8. Hoffman RJ. Testing for drugs of abuse (DOA). UpToDate. [www.uptodate.com](http://www.uptodate.com). Published November 8, 2023. Accessed January 16, 2024.
9. Interagency guideline on prescribing opioids for pain. Agency Medical Directors' Group. <http://www.agencymeddirectors.wa.gov/files/2015amdgopioidguideline.pdf>. Published June 2015. Accessed January 16, 2024.
10. Manchikanti L, Malla Y, Wargo BW, Fellows B. Comparative evaluation of the accuracy of immunoassay with liquid chromatography tandem mass spectrometry (LC/MS/MS) of urine drug testing (UDT) opioids and illicit drugs in chronic pain patients. *Pain Physician.* 2011;14:175 to 187.
11. McKay JR. Continuing care for addiction: Implementation. UpToDate. [www.uptodate.com](http://www.uptodate.com). Published September 7, 2023. Accessed January 16, 2024.
12. Moeller KE, Lee KC, Kissack JC. Urine drug screening: practical guide for clinicians [published correction appears in *Mayo Clin Proc.* 2008 Jul;83(7):851]. *Mayo Clin Proc.* 2008;83(1):66 to 76. doi:10.4065/83.1.66
13. Wilfong A. Seizures and epilepsy in children: Initial treatment and monitoring. UpToDate. [www.uptodate.com](http://www.uptodate.com). Updated September 7, 2022. Accessed January 16, 2024.
14. Consensus Statement: Appropriate Use of Drug Testing in Clinical Addiction Medicine. American Society of Addiction Medicine. <https://www.asam.org/quality-care/clinical-guidelines/drug-testing>. Published April 5, 2017. Accessed January 17, 2024.
15. Dasgupta A. Challenges in Laboratory Detection of Unusual Substance Abuse: Issues with Magic Mushroom, Peyote Cactus, Khat, and Solvent Abuse. *Adv Clin Chem.* 2017;78:163 to 186. doi: 10.1016/bs.acc.2016.07.004
16. Snyder ML, Fantz CR, Melanson S. Immunoassay-Based Drug Tests Are Inadequately Sensitive for Medication Compliance Monitoring in Patients Treated for Chronic Pain. *Pain Physician.* 2017 Feb;20(2S):SE1 to SE9.
17. Local coverage determination: urine drug testing (L36029). Centers for Medicare and Medicaid Services. <https://www.cms.gov/medicare-coverage-database/new->

- [search/search.aspx](#). Published October 5, 2015 (revised October 15, 2023). Accessed January 17, 2024.
18. Local coverage determination: urine drug testing (L36668). Centers for Medicare and Medicaid Services. <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>. Published June 28, 2016 (revised October 8, 2023). Accessed January 17, 2024.
  19. Local coverage determination: urine drug testing (L39611). Centers for Medicare and Medicaid Services. <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>. Published December 24, 2023. Accessed January 17, 2024.
  20. Local coverage determination: urine drug testing (L36707). Centers for Medicare and Medicaid Services. <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>. Published June 28, 2016. (revised October 8, 2023). Accessed January 17, 2024.
  21. Local coverage determination: urine drug testing (L35724). Centers for Medicare and Medicaid Services. <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>. Published October 1, 2015 (revised October 8, 2023). Accessed January 17, 2024.
  22. Local coverage determination: controlled substance monitoring and drugs of abuse testing (L36393). Centers for Medicare and Medicaid Services. <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>. Published October 11, 2015 (revised October 1, 2019). Accessed January 17, 2024.
  23. Local coverage determination: urine drug testing (L34645). Centers for Medicare and Medicaid Services. <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>. Published October 1, 2015 (revised November 12, 2023). Accessed January 17, 2024.
  24. Local coverage determination: controlled substance monitoring and drugs of abuse testing (L35006). Centers for Medicare and Medicaid Services. <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>. Published October 1, 2015 (revised October 17, 2019). Accessed January 17, 2024.
  25. Chakravarthy K, Goel A, Jeha GM, Kaye AD, Christo PJ. Review of the Current State of Urine Drug Testing in Chronic Pain: Still Effective as a Clinical Tool and Curbing Abuse, or an Arcane Test?. *Curr Pain Headache Rep*. 2021;25(2):12. Published 2021 Feb 17. doi:10.1007/s11916-020-00918-z
  26. McEachern J, Adye-White L, Priest KC, et al. Lacking evidence for the association between frequent urine drug screening and health outcomes of persons on opioid agonist therapy. *Int J Drug Policy*. 2019;64:30 to 33. doi:10.1016/j.drugpo.2018.08.006
  27. American Society of Addiction Medicine. Public Policy Statement on Drug Testing as a Component of Addiction Treatment and Monitoring Programs and in other Clinical Settings. <https://www.asam.org/docs/default-source/public-policy-statements/1drug-testing---clinical-10-10.pdf>. Published July 2002 (revised October 2010). Accessed January 17, 2024.
  28. Technical Assistance Publication Series 32: Clinical drug testing in primary care. Substance Abuse and Mental Health Services Administration.

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### Drugs of Abuse: Definitive Testing



- <https://store.samhsa.gov/sites/default/files/d7/priv/sma12-4668.pdf>. Published May 2012. Accessed January 17, 2024.
29. Doyle K, Strathmann FG. Cost and Efficacy Assessment of an Alternative Medication Compliance Urine Drug Testing Strategy. *Pain Med*. 2017;18(2):307 to 315. doi:10.1093/pm/pnw165
30. American Society of Addiction Medicine. Public Policy Statement on Ethical Use of Drug Testing in the Practice of Addiction Medicine. [https://sitefinitystorage.blob.core.windows.net/sitefinity-production-blobs/docs/default-source/public-policy-statements/2019-ethical-use-of-drug-testing-in-the-practice-of-addiction-medicine.pdf?sfvrsn=75bb4bc2\\_0](https://sitefinitystorage.blob.core.windows.net/sitefinity-production-blobs/docs/default-source/public-policy-statements/2019-ethical-use-of-drug-testing-in-the-practice-of-addiction-medicine.pdf?sfvrsn=75bb4bc2_0) Published August 3, 2019. Accessed January 17, 2024.



## CLINICAL POLICY

### Wheelchair Seating

# Clinical Policy: Wheelchair Seating

Reference Number: PA.CP.MP.99

Effective Date: 05/18

Date of Last Revision: 11/2023

[Coding Implications](#)

[Revision Log](#)

### Policy/Criteria

- I. It is the policy of PA Health & Wellness (PHW) that special wheelchair seating cushions are **medically necessary** for the following indications:
  - A. A general use seat cushion (E2601, E2602) and a general use wheelchair back cushion (E2611, E2612) for an approved manual wheelchair or power wheelchair with a sling or solid seat or back.
  - B. A skin-protection seat cushion (E2603, E2604, E2622, E2623) with an approved manual wheelchair or power wheelchair, with a sling/solid seat/back; and either of the following:
    1. Current pressure ulcer or past history of a pressure ulcer (see “ICD-10-CM Diagnosis Codes That Support Medical Necessity” section below) on the area of contact with the seating surface; or
    2. Absent or impaired sensation in the area of contact with the seating surface or inability to carry out a functional weight shift due to one of the following diagnoses: spinal cord injury resulting in quadriplegia or paraplegia, other spinal cord disease, multiple sclerosis, other demyelinating disease, cerebral palsy, anterior horn cell diseases including amyotrophic lateral sclerosis, post-polio paralysis, traumatic brain injury resulting in quadriplegia, spina bifida, childhood cerebral degeneration, Alzheimer’s disease, Parkinson’s disease, dementia, hereditary motor and sensory neuropathy, muscular dystrophy, hemiplegia, Huntington’s chorea, idiopathic torsion dystonia, athetoid cerebral palsy, arthrogryposis, osteogenesis imperfecta, spinocerebellar disease or transverse myelitis (see “ICD-10-CM Diagnosis Codes That Support Medical Necessity” section below).
  - C. A positioning seat cushion (E2605, E2606), positioning back cushion (E2613, E2614, E2615, E2616, E2620, E2621), and positioning accessory (E0953, E0955, E0956, E0957, E0960) with both of the following:
    1. An approved manual wheelchair or power wheelchair with a sling/solid seat/back; and
    2. Significant postural asymmetries that are due to one of the diagnoses listed in the skin-protection seat cushion criterion B.2 above or to one of the following diagnoses: monoplegia of the lower limb due to stroke, traumatic brain injury or other etiology, spinocerebellar disease, congenital absence of thigh and/or lower limb, above knee leg amputation, osteogenesis imperfecta, or transverse myelitis (see “ICD-10-CM Diagnosis Codes That Support Medical Necessity” section below).
  - D. A headrest (E0955) when the member/enrollee has an approved manual tilt-in-space, manual semi or fully reclining back on a manual wheelchair, a manual fully reclining back on a power wheelchair, or power tilt and/or recline power seating system.
  - E. A combination skin-protection and positioning seat cushion (E2607, E2608, E2624, E2625) if the criteria for both a skin-protection seat cushion and a positioning seat cushion are met.



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- F. A custom fabricated seat cushion (E2609) if criteria (1) and (3) below are met. A custom fabricated back cushion (E2617) if criteria (2) and (3) below are met:
1. The member/enrollee meets all of the criteria for a prefabricated skin-protection seat cushion or positioning seat cushion;
  2. The member/enrollee meets all of the criteria for a prefabricated positioning back cushion;
  3. There is a comprehensive, written evaluation by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT), which clearly explains why a prefabricated seating system is not sufficient to meet seating and positioning needs. The PT or OT must have no financial relationship with the supplier.
- II. It is the policy of PHW special wheelchair cushions and accessories are **not medically necessary** for the following indications:
- A. A general use seat cushion (E2601, E2602) if the member/enrollee has a power-operated vehicle (POV) or a power wheelchair with a captain's chair seat.
  - B. A separate seat, back cushion, headrest, and/or other positioning accessories if the member/enrollee has a POV or power wheelchair with a captain's chair seat. Power wheelchair bases that do not include a captain's chair model are: K0839, K0840, K0843, K0860, K0861, K0862, K0863, K0864, K0890, K0891.
  - C. A seat or back cushion that is provided for use with a transport chair (E1037, E1038).
  - D. Powered seat cushion (E2610) for any indication as effectiveness has not been established.
- III. It is the policy of PA Health & Wellness that the following special wheelchair cushions and accessories will be considered for medical necessity on a case-by-case basis and covered if determined to be medically necessary:
- A. A seat or back cushion that is provided for use with a transport chair (E1037, E1038).
  - B. Powered seat cushion (E2610) for any indication.

### Background

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

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

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### Wheelchair Seating

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

### Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2023, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

### Seat Cushions

HCPCS Codes	Description
E2601	General use wheelchair seat cushion, width less than 22 inches, any depth
E2602	General use wheelchair seat cushion, width 22 inches or greater, any depth
E2603	Skin protection wheelchair seat cushion, width less than 22 inches, any depth
E2604	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth
E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth
E2606	Positioning wheelchair seat cushion, width 22 inches or greater, any depth
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth
E2608	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth
E2609	Custom fabricated wheelchair seat cushion, any size
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth

### Back Cushions

HCPCS Codes	Description
E2611	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware
E2612	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware

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HCPCS Codes	Description
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

### *Positioning Accessories*

HCPCS Codes	Description
E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware
E0966	Manual wheelchair accessory, headrest extension, each
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory

### *Miscellaneous*

HCPCS Codes	Description
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware
E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware
E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware
E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware
E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware

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HCPCS Codes	Description
E2619	Replacement cover for wheelchair seat cushion or back cushion, each
K0108	Wheelchair component or accessory, not otherwise specified

#### *Not Medically Necessary Procedure Codes*

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

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

#### **ICD-10-CM Diagnosis Codes that Support Coverage Criteria**

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

ICD-10-CM Code	Description
B91	Sequelae of poliomyelitis
E75.00	GM2 gangliosidosis, unspecified
E75.01	Sandhoff disease
E75.02	Tay-Sachs disease
E75.09	Other GM2 gangliosidosis
E75.10	Unspecified gangliosidosis
E75.11	Mucopolipidosis IV
E75.19	Other gangliosidosis
E75.23	Krabbe disease
E75.25	Metachromatic leukodystrophy
E75.29	Other sphingolipidosis
E75.4	Neuronal ceroid lipofuscinosis
F03.90	Unspecified dementia, unspecified severity, with behavioral disturbance
F03.911	Unspecified dementia, unspecified severity, with agitation
F03.918	Unspecified dementia, unspecified severity, with other behavioral disturbance
F03.92	Unspecified dementia, unspecified severity, with psychotic disturbance
F03.93	Unspecified dementia, unspecified severity, with mood disturbance
F03.94	Unspecified dementia, unspecified severity, with anxiety
F03.A11	Unspecified dementia, mild, with agitation
F03.A18	Unspecified dementia, mild, with other behavioral disturbance
F03.A2	Unspecified dementia, mild, with psychotic disturbance
F03.A3	Unspecified dementia, mild, with mood disturbance
F03.A4	Unspecified dementia, mild, with anxiety

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ICD-10-CM Code	Description
F03.B11	Unspecified dementia, moderate, with agitation
F03.B18	Unspecified dementia, moderate, with other behavioral disturbance
F03.B2	Unspecified dementia, moderate, with psychotic disturbance
F03.B3	Unspecified dementia, moderate, with mood disturbance
F03.B4	Unspecified dementia, moderate, with anxiety
F03.C11	Unspecified dementia, severe, with agitation
F03.C18	Unspecified dementia, severe, with other behavioral disturbance
F03.C2	Unspecified dementia, severe, with psychotic disturbance
F03.C3	Unspecified dementia, severe, with mood disturbance
F03.C4	Unspecified dementia, severe, with anxiety
F84.2	Rett's syndrome
G04.1	Tropical spastic paraplegia
G04.82	Acute flaccid myelitis
G04.89	Other myelitis
G10	Huntington's disease
G11.0	Congenital nonprogressive ataxia
G11.10	Early-onset cerebellar ataxia, unspecified
G11.11	Friedreich ataxia
G11.19	Other early onset cerebellar ataxia
G11.2	Late-onset cerebellar ataxia
G11.3	Cerebellar ataxia with defective DNA repair
G11.4	Hereditary spastic paraplegia
G11.8	Other hereditary ataxias
G11.9	Hereditary ataxia, unspecified
G12.0	Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]
G12.1	Other inherited spinal muscular atrophy
G12.20	Motor neuron disease, unspecified
G12.21	Amyotrophic lateral sclerosis
G12.23	Primary lateral sclerosis
G12.24	Familial motor neuron disease
G12.25	Progressive spinal muscle atrophy
G12.29	Other motor neuron disease
G12.8	Other spinal muscular atrophies and related syndromes
G12.9	Spinal muscular atrophy, unspecified
G14	Postpolio syndrome
G20	Parkinson's disease
G21.4	Vascular parkinsonism
G24.1	Genetic torsion dystonia
G30.0	Alzheimer's disease with early onset
G30.1	Alzheimer's disease with late onset
G30.8	Other Alzheimer's disease

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ICD-10-CM Code	Description
G30.9	Alzheimer's disease, unspecified
G31.81	Alpers disease
G31.82	Leigh's disease
G31.83	Neurocognitive disorder with Lewy bodies
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
G60.0	Hereditary motor and sensory neuropathy
G61.0	Guillain-Barre syndrome
G71.00	Muscular dystrophy, unspecified
G71.01	Duchenne or Becker muscular dystrophy
G71.02	Facioscapulohumeral muscular dystrophy
G71.09	Other specified muscular dystrophies
G71.11	Myotonic muscular dystrophy
G71.20	Congenital myopathy, unspecified
G71.21	Nemaline myopathy
G71.220	X-linked myotubular myopathy
G71.228	Other centronuclear myopathy
G71.29	Other congenital myopathy
G71.031	Autosomal dominant limb girdle muscular dystrophy
G71.032	Autosomal recessive limb girdle muscular dystrophy due to calpain-3 dysfunction
G71.033	Limb girdle muscular dystrophy due to dysferlin dysfunction
G71.0340	Limb girdle muscular dystrophy due to sarcoglycan dysfunction, unspecified
G71.0341	Limb girdle muscular dystrophy due to alpha sarcoglycan dysfunction
G71.0342	Limb girdle muscular dystrophy due to beta sarcoglycan dysfunction
G71.0349	Limb girdle muscular dystrophy due to other sarcoglycan dysfunction
G71.035	Limb girdle muscular dystrophy due to anoctamin-5 dysfunction
G71.038	Other limb girdle muscular dystrophy

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ICD-10-CM Code	Description
G71.039	Limb girdle muscular dystrophy, unspecified
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



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ICD-10-CM Code	Description
I69.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69.059	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side
I69.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side
I69.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side
I69.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side
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

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ICD-10-CM Code	Description
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
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

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ICD-10-CM Code	Description
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

## CLINICAL POLICY

### Wheelchair Seating

ICD-10-CM Code	Description
Q79.60	Ehlers-Danlos syndrome, unspecified
Q79.61	Classical Ehlers-Danlos syndrome
Q79.62	Hypermobile Ehlers-Danlos syndrome
Q79.63	Vascular Ehlers-Danlos syndrome
Q79.69	Other Ehlers-Danlos syndromes
Q90.0	Trisomy 21, nonmosaicism (meiotic nondisjunction)
Q90.1	Trisomy 21, mosaicism (mitotic nondisjunction)
Q90.2	Trisomy 21, translocation
Q90.9	Down syndrome, unspecified

#### ***ICD-10-CM Diagnosis Codes That Support Medical Necessity***

The following is a list of diagnosis codes that support medical necessity for HCPCS code(s) E0953, E0956, E0957, E0960, E2605, E2606, E2613, E2614, E2615, E216, E2617, E2620 and E2621.

ICD-10-CM Code	Description
B91	Sequelae of poliomyelitis
E75.00	GM2 gangliosidosis, unspecified
E75.01	Sandhoff disease
E75.02	Tay-Sachs disease
E75.09	Other GM2 gangliosidosis
E75.10	Unspecified gangliosidosis
E75.11	Mucopolidosis IV
E75.19	Other gangliosidosis
E75.23	Krabbe disease
E75.25	Metachromatic leukodystrophy
E75.29	Other sphingolipidosis
E75.4	Neuronal ceroid lipofuscinosis
F03.90	Unspecified dementia, unspecified severity, with behavioral disturbance
F03.911	Unspecified dementia, unspecified severity, with agitation
F03.918	Unspecified dementia, unspecified severity, with other behavioral disturbance
F03.92	Unspecified dementia, unspecified severity, with psychotic disturbance
F03.93	Unspecified dementia, unspecified severity, with mood disturbance
F03.94	Unspecified dementia, unspecified severity, with anxiety
F03.A11	Unspecified dementia, mild, with agitation
F03.A18	Unspecified dementia, mild, with other behavioral disturbance
F03.A2	Unspecified dementia, mild, with psychotic disturbance
F03.A3	Unspecified dementia, mild, with mood disturbance
F03.A4	Unspecified dementia, mild, with anxiety
F03.B11	Unspecified dementia, moderate, with agitation

## CLINICAL POLICY

### Wheelchair Seating

ICD-10-CM Code	Description
F03.B18	Unspecified dementia, moderate, with other behavioral disturbance
F03.B2	Unspecified dementia, moderate, with psychotic disturbance
F03.B3	Unspecified dementia, moderate, with mood disturbance
F03.B4	Unspecified dementia, moderate, with anxiety
F03.C11	Unspecified dementia, severe, with agitation
F03.C18	Unspecified dementia, severe, with other behavioral disturbance
F03.C2	Unspecified dementia, severe, with psychotic disturbance
F03.C3	Unspecified dementia, severe, with mood disturbance
F03.C4	Unspecified dementia, severe, with anxiety
F84.2	Rett's syndrome
G04.1	Tropical spastic paraplegia
G04.82	Acute flaccid myelitis
G04.89	Other myelitis
G10	Huntington's disease
G11.0	Congenital nonprogressive ataxia
G11.10	Early-onset cerebellar ataxia, unspecified
G11.11	Friedreich ataxia
G11.19	Other early onset cerebellar ataxia
G11.2	Late-onset cerebellar ataxia
G11.3	Cerebellar ataxia with defective DNA repair
G11.4	Hereditary spastic paraplegia
G11.8	Other hereditary ataxias
G11.9	Hereditary ataxia, unspecified
G12.0	Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]
G12.1	Other inherited spinal muscular atrophy
G12.20	Motor neuron disease, unspecified
G12.21	Amyotrophic lateral sclerosis
G12.23	Primary lateral sclerosis
G12.24	Familial motor neuron disease
G12.25	Progressive spinal muscle atrophy
G12.29	Other motor neuron disease
G12.8	Other spinal muscular atrophies and related syndromes
G12.9	Spinal muscular atrophy, unspecified
G14	Postpolio syndrome
G20	Parkinson's disease
G21.4	Vascular parkinsonism
G24.1	Genetic torsion dystonia
G30.0	Alzheimer's disease with early onset
G30.1	Alzheimer's disease with late onset
G30.8	Other Alzheimer's disease
G30.9	Alzheimer's disease, unspecified

## CLINICAL POLICY

### Wheelchair Seating

ICD-10-CM Code	Description
G31.81	Alpers disease
G31.82	Leigh's disease
G31.83	Neurocognitive disorder with Lewy bodies
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
G60.0	Hereditary motor and sensory neuropathy
G61.0	Guillain-Barre syndrome
G71.00	Muscular dystrophy
G71.01	Duchenne or Becker muscular dystrophy
G71.02	Facioscapulohumeral muscular dystrophy
G71.031	Autosomal dominant limb girdle muscular dystrophy
G71.032	Autosomal recessive limb girdle muscular dystrophy due to calpain-3 dysfunction
G71.033	Limb girdle muscular dystrophy due to dysferlin dysfunction
G71.0340	Limb girdle muscular dystrophy due to sarcoglycan dysfunction, unspecified
G71.0341	Limb girdle muscular dystrophy due to alpha sarcoglycan dysfunction
G71.0342	Limb girdle muscular dystrophy due to beta sarcoglycan dysfunction
G71.0349	Limb girdle muscular dystrophy due to other sarcoglycan dysfunction
G71.035	Limb girdle muscular dystrophy due to anoctamin-5 dysfunction
G71.038	Other limb girdle muscular dystrophy
G71.039	Limb girdle muscular dystrophy, unspecified
G71.09	Other specified muscular dystrophies
G71.11	Myotonic muscular dystrophy
G71.20	Congenital myopathy, unspecified
G71.21	Nemaline myopathy
G71.220	X-linked myotubular myopathy
G71.228	Other centronuclear myopathy
G71.29	Other congenital myopathy

## CLINICAL POLICY

### Wheelchair Seating

ICD-10-CM Code	Description
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
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



## CLINICAL POLICY

### Wheelchair Seating

ICD-10-CM Code	Description
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
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

## CLINICAL POLICY

### Wheelchair Seating

ICD-10-CM Code	Description
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

## CLINICAL POLICY

### Wheelchair Seating

ICD-10-CM Code	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
I69.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side
I69.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side
I69.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side
I69.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side
I69.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side
I69.941	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right dominant side
I69.942	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left dominant side
I69.943	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right non-dominant side
I69.944	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left non-dominant side
I69.949	Monoplegia of lower limb following unspecified cerebrovascular disease affecting unspecified side
I69.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side
I69.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side
I69.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side
I69.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side
I69.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side
M62.3	Immobility syndrome (paraplegic)
M62.89	Other specified disorders of muscle
Q05.0	Cervical spina bifida with hydrocephalus
Q05.1	Thoracic spina bifida with hydrocephalus
Q05.2	Lumbar spina bifida with hydrocephalus
Q05.3	Sacral spina bifida with hydrocephalus
Q05.4	Unspecified spina bifida with hydrocephalus
Q05.5	Cervical spina bifida without hydrocephalus
Q05.6	Thoracic spina bifida without hydrocephalus

## CLINICAL POLICY

### Wheelchair Seating

ICD-10-CM Code	Description
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
Q72.01	Congenital complete absence of right lower limb
Q72.02	Congenital complete absence of left lower limb
Q72.03	Congenital complete absence of lower limb, bilateral
Q72.11	Congenital absence of right thigh and lower leg with foot present
Q72.12	Congenital absence of left thigh and lower leg with foot present
Q72.13	Congenital absence of thigh and lower leg with foot present, bilateral
Q74.3	Arthrogryposis multiplex congenita
Q78.0	Osteogenesis imperfecta
Q79.60	Ehlers-Danlos syndrome, unspecified
Q79.61	Classical Ehlers-Danlos syndrome
Q79.62	Hypermobility Ehlers-Danlos syndrome
Q79.63	Vascular Ehlers-Danlos syndrome
Q79.69	Other Ehlers-Danlos syndromes
Q90.0	Trisomy 21, nonmosaicism (meiotic nondisjunction)
Q90.1	Trisomy 21, mosaicism (mitotic nondisjunction)
Q90.2	Trisomy 21, translocation
Q90.9	Down syndrome, unspecified
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

## CLINICAL POLICY

### Wheelchair Seating

ICD-10-CM Code	Description
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

## CLINICAL POLICY

### Wheelchair Seating

ICD-10-CM Code	Description
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



## CLINICAL POLICY

### Wheelchair Seating

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

#### ***ICD-10-CM Diagnosis Codes That Support Medical Necessity***

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



## CLINICAL POLICY

### Wheelchair Seating

ICD-10-CM Code	Description
B91	Sequelae of poliomyelitis
E75.00	GM2 gangliosidosis, unspecified
E75.01	Sandhoff disease
E75.02	Tay-Sachs disease
E75.09	Other GM2 gangliosidosis
E75.10	Unspecified gangliosidosis
E75.11	Mucopolipidosis IV
E75.19	Other gangliosidosis
E75.23	Krabbe disease
E75.25	Metachromatic leukodystrophy
E75.29	Other sphingolipidosis
E75.4	Neuronal ceroid lipofuscinosis
F03.90	Unspecified dementia, unspecified severity, with behavioral disturbance
F03.911	Unspecified dementia, unspecified severity, with agitation
F03.918	Unspecified dementia, unspecified severity, with other behavioral disturbance
F03.92	Unspecified dementia, unspecified severity, with psychotic disturbance
F03.93	Unspecified dementia, unspecified severity, with mood disturbance
F03.94	Unspecified dementia, unspecified severity, with anxiety
F03.A11	Unspecified dementia, mild, with agitation
F03.A18	Unspecified dementia, mild, with other behavioral disturbance
F03.A2	Unspecified dementia, mild, with psychotic disturbance
F03.A3	Unspecified dementia, mild, with mood disturbance
F03.A4	Unspecified dementia, mild, with anxiety
F03.B11	Unspecified dementia, moderate, with agitation
F03.B18	Unspecified dementia, moderate, with other behavioral disturbance
F03.B2	Unspecified dementia, moderate, with psychotic disturbance
F03.B3	Unspecified dementia, moderate, with mood disturbance
F03.B4	Unspecified dementia, moderate, with anxiety
F03.C11	Unspecified dementia, severe, with agitation
F03.C18	Unspecified dementia, severe, with other behavioral disturbance
F03.C2	Unspecified dementia, severe, with psychotic disturbance
F03.C3	Unspecified dementia, severe, with mood disturbance
F03.C4	Unspecified dementia, severe, with anxiety
F84.2	Rett's syndrome
G04.1	Tropical spastic paraplegia
G04.82	Acute flaccid myelitis
G04.89	Other myelitis
G10	Huntington's disease
G11.0	Congenital nonprogressive ataxia
G11.10	Early-onset cerebellar ataxia, unspecified

## CLINICAL POLICY

### Wheelchair Seating

ICD-10-CM Code	Description
G11.11	Friedreich ataxia
G11.19	Other early onset cerebellar ataxia,
G11.2	Late-onset cerebellar ataxia
G11.3	Cerebellar ataxia with defective DNA repair
G11.4	Hereditary spastic paraplegia
G11.8	Other hereditary ataxias
G11.9	Hereditary ataxia, unspecified
G12.0	Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]
G12.1	Other inherited spinal muscular atrophy
G12.20	Motor neuron disease, unspecified
G12.21	Amyotrophic lateral sclerosis
G12.23	Primary lateral sclerosis
G12.24	Familial motor neuron disease
G12.25	Progressive spinal muscle atrophy
G12.29	Other motor neuron disease
G12.8	Other spinal muscular atrophies and related syndromes
G12.9	Spinal muscular atrophy, unspecified
G14	Postpolio syndrome
G20	Parkinson's disease
G21.4	Vascular parkinsonism
G24.1	Genetic torsion dystonia
G30.0	Alzheimer's disease with early onset
G30.1	Alzheimer's disease with late onset
G30.8	Other Alzheimer's disease
G30.9	Alzheimer's disease, unspecified
G31.81	Alpers disease
G31.82	Leigh's disease
G31.83	Neurocognitive disorder with Lewy bodies
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

## CLINICAL POLICY

### Wheelchair Seating

ICD-10-CM Code	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
G60.0	Hereditary motor and sensory neuropathy
G61.0	Guillain-Barre syndrome
G71.00	Muscular dystrophy, unspecified
G71.01	Duchenne or Becker muscular dystrophy
G71.02	Facioscapulohumeral muscular dystrophy
G71.031	Autosomal dominant limb girdle muscular dystrophy
G71.032	Autosomal recessive limb girdle muscular dystrophy due to calpain-3 dysfunction
G71.033	Limb girdle muscular dystrophy due to dysferlin dysfunction
G71.0340	Limb girdle muscular dystrophy due to sarcoglycan dysfunction, unspecified
G71.0341	Limb girdle muscular dystrophy due to alpha sarcoglycan dysfunction
G71.0342	Limb girdle muscular dystrophy due to beta sarcoglycan dysfunction
G71.0349	Limb girdle muscular dystrophy due to other sarcoglycan dysfunction
G71.035	Limb girdle muscular dystrophy due to anoctamin-5 dysfunction
G71.038	Other limb girdle muscular dystrophy
G71.039	Limb girdle muscular dystrophy, unspecified
G71.09	Other specified muscular dystrophies
G71.11	Myotonic muscular dystrophy
G71.20	Congenital myopathy, unspecified
G71.21	Nemaline myopathy
G71.220	X-linked myotubular myopathy
G71.228	Other centronuclear myopathy
G71.29	Other congenital myopathy
G80.0	Spastic quadriplegic cerebral palsy
G80.1	Spastic diplegic cerebral palsy
G80.2	Spastic hemiplegic cerebral palsy
G80.3	Athetoid cerebral palsy
G80.4	Ataxic cerebral palsy
G80.8	Other cerebral palsy
G80.9	Cerebral palsy, unspecified
G81.00	Flaccid hemiplegia affecting unspecified side
G81.01	Flaccid hemiplegia affecting right dominant side
G81.02	Flaccid hemiplegia affecting left dominant side
G81.03	Flaccid hemiplegia affecting right nondominant side
G81.04	Flaccid hemiplegia affecting left nondominant side
G81.10	Spastic hemiplegia affecting unspecified side
G81.11	Spastic hemiplegia affecting right dominant side
G81.12	Spastic hemiplegia affecting left dominant side
G81.13	Spastic hemiplegia affecting right nondominant side
G81.14	Spastic hemiplegia affecting left nondominant side

## CLINICAL POLICY

### Wheelchair Seating

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

## CLINICAL POLICY

### Wheelchair Seating

ICD-10-CM Code	Description
I69.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side
I69.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side
I69.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side
I69.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side
I69.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side
I69.353	Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side
I69.354	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side
I69.359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side
I69.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side
I69.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side
I69.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side
I69.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side
I69.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side
I69.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side
I69.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side
I69.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side
I69.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side
I69.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side
M62.3	Immobility syndrome (paraplegic)
M62.89	Other specified disorders of muscle
Q05.0	Cervical spina bifida with hydrocephalus
Q05.1	Thoracic spina bifida with hydrocephalus
Q05.2	Lumbar spina bifida with hydrocephalus

## CLINICAL POLICY

### Wheelchair Seating

ICD-10-CM Code	Description
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
Q79.60	Ehlers-Danlos syndrome, unspecified
Q79.62	Hypermobility Ehlers-Danlos syndrome
Q79.63	Vascular Ehlers-Danlos syndrome
Q79.69	Other Ehlers-Danlos syndromes
Q90.0	Trisomy 21, nonmosaicism (meiotic nondisjunction)
Q90.1	Trisomy 21, mosaicism (mitotic nondisjunction)
Q90.2	Trisomy 21, translocation
Q90.9	Down syndrome, unspecified

#### ***ICD-10-CM Diagnosis Codes That Support Medical Necessity***

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

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

ICD-10-CM Code	Description
G83.10	Monoplegia of lower limb affecting unspecified side
G83.11	Monoplegia of lower limb affecting right dominant side
G83.12	Monoplegia of lower limb affecting left dominant side
G83.13	Monoplegia of lower limb affecting right nondominant side

## CLINICAL POLICY

### Wheelchair Seating

ICD-10-CM Code	Description
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



## CLINICAL POLICY

### Wheelchair Seating

ICD-10-CM Code	Description
I69.842	Monoplegia of lower limb following other cerebrovascular disease affecting left dominant side
I69.843	Monoplegia of lower limb following other cerebrovascular disease affecting right non-dominant side
I69.844	Monoplegia of lower limb following other cerebrovascular disease affecting left non-dominant side
I69.849	Monoplegia of lower limb following other cerebrovascular disease affecting unspecified side
I69.941	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right dominant side
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
Q72.01	Congenital complete absence of right lower limb
Q72.02	Congenital complete absence of left lower limb
Q72.03	Congenital complete absence of lower limb, bilateral
Q72.11	Congenital absence of right thigh and lower leg with foot present
Q72.12	Congenital absence of left thigh and lower leg with foot present
Q72.13	Congenital absence of thigh and lower leg with foot present, bilateral
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

## CLINICAL POLICY

### Wheelchair Seating

ICD-10-CM Code	Description
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

## CLINICAL POLICY

### Wheelchair Seating

ICD-10-CM Code	Description
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

## CLINICAL POLICY

### Wheelchair Seating

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

#### *ICD-10-CM Diagnosis Codes That Support Medical Necessity*

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

ICD-10-CM Code	Description
B91	Sequelae of poliomyelitis

## CLINICAL POLICY

### Wheelchair Seating

ICD-10-CM Code	Description
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
F03.90	Unspecified dementia, unspecified severity, with behavioral disturbance
F03.911	Unspecified dementia, unspecified severity, with agitation
F03.918	Unspecified dementia, unspecified severity, with other behavioral disturbance
F03.92	Unspecified dementia, unspecified severity, with psychotic disturbance
F03.93	Unspecified dementia, unspecified severity, with mood disturbance
F03.94	Unspecified dementia, unspecified severity, with anxiety
F03.A11	Unspecified dementia, mild, with agitation
F03.A18	Unspecified dementia, mild, with other behavioral disturbance
F03.A2	Unspecified dementia, mild, with psychotic disturbance
F03.A3	Unspecified dementia, mild, with mood disturbance
F03.A4	Unspecified dementia, mild, with anxiety
F03.B11	Unspecified dementia, moderate, with agitation
F03.B18	Unspecified dementia, moderate, with other behavioral disturbance
F03.B2	Unspecified dementia, moderate, with psychotic disturbance
F03.B3	Unspecified dementia, moderate, with mood disturbance
F03.B4	Unspecified dementia, moderate, with anxiety
F03.C11	Unspecified dementia, severe, with agitation
F03.C18	Unspecified dementia, severe, with other behavioral disturbance
F03.C2	Unspecified dementia, severe, with psychotic disturbance
F03.C3	Unspecified dementia, severe, with mood disturbance
F03.C4	Unspecified dementia, severe, with anxiety
F84.2	Rett's syndrome
G04.1	Tropical spastic paraplegia
G04.82	Acute flaccid myelitis
G04.89	Other myelitis
G10	Huntington's disease
G11.0	Congenital nonprogressive ataxia
G11.10	Early-onset cerebellar ataxia, unspecified
G11.11	Friedreich ataxia
G11.19	Other early onset cerebellar ataxia
G11.2	Late-onset cerebellar ataxia

## CLINICAL POLICY

### Wheelchair Seating

ICD-10-CM Code	Description
G11.3	Cerebellar ataxia with defective DNA repair
G11.4	Hereditary spastic paraplegia
G11.8	Other hereditary ataxias
G11.9	Hereditary ataxia, unspecified
G12.0	Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]
G12.1	Other inherited spinal muscular atrophy
G12.20	Motor neuron disease, unspecified
G12.21	Amyotrophic lateral sclerosis
G12.23	Primary lateral sclerosis
G12.24	Familial motor neuron disease
G12.25	Progressive spinal muscle atrophy
G12.29	Other motor neuron disease
G12.8	Other spinal muscular atrophies and related syndromes
G12.9	Spinal muscular atrophy, unspecified
G14	Postpolio syndrome
G20	Parkinson's disease
G21.4	Vascular parkinsonism
G24.1	Genetic torsion dystonia
G30.0	Alzheimer's disease with early onset
G30.1	Alzheimer's disease with late onset
G30.8	Other Alzheimer's disease
G30.9	Alzheimer's disease, unspecified
G31.81	Alpers disease
G31.82	Leigh's disease
G31.83	Neurocognitive disorder with Lewy bodies
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



## CLINICAL POLICY

### Wheelchair Seating

ICD-10-CM Code	Description
G60.0	Hereditary motor and sensory neuropathy
G61.0	Guillain-Barre syndrome
G71.00	Muscular dystrophy, unspecified
G71.01	Duchenne or Becker muscular dystrophy
G71.02	Facioscapulohumeral muscular dystrophy
G71.031	Autosomal dominant limb girdle muscular dystrophy
G71.032	Autosomal recessive limb girdle muscular dystrophy due to calpain-3 dysfunction
G71.033	Limb girdle muscular dystrophy due to dysferlin dysfunction
G71.0340	Limb girdle muscular dystrophy due to sarcoglycan dysfunction, unspecified
G71.0341	Limb girdle muscular dystrophy due to alpha sarcoglycan dysfunction
G71.0342	Limb girdle muscular dystrophy due to beta sarcoglycan dysfunction
G71.0349	Limb girdle muscular dystrophy due to other sarcoglycan dysfunction
G71.035	Limb girdle muscular dystrophy due to anoctamin-5 dysfunction
G71.038	Other limb girdle muscular dystrophy
G71.039	Limb girdle muscular dystrophy, unspecified
G71.09	Other specified muscular dystrophies
G71.11	Myotonic muscular dystrophy
G71.20	Congenital myopathy, unspecified
G71.21	Nemaline myopathy
G71.220	X-linked myotubular myopathy
G71.228	Other centronuclear myopathy
G71.29	Other congenital myopathy
G80.0	Spastic quadriplegic cerebral palsy
G80.1	Spastic diplegic cerebral palsy
G80.2	Spastic hemiplegic cerebral palsy
G80.3	Athetoid cerebral palsy
G80.4	Ataxic cerebral palsy
G80.8	Other cerebral palsy
G80.9	Cerebral palsy, unspecified
G81.00	Flaccid hemiplegia affecting unspecified side
G81.01	Flaccid hemiplegia affecting right dominant side
G81.02	Flaccid hemiplegia affecting left dominant side
G81.03	Flaccid hemiplegia affecting right nondominant side
G81.04	Flaccid hemiplegia affecting left nondominant side
G81.10	Spastic hemiplegia affecting unspecified side
G81.11	Spastic hemiplegia affecting right dominant side
G81.12	Spastic hemiplegia affecting left dominant side
G81.13	Spastic hemiplegia affecting right nondominant side
G81.14	Spastic hemiplegia affecting left nondominant side
G81.90	Hemiplegia, unspecified affecting unspecified side
G81.91	Hemiplegia, unspecified affecting right dominant side



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### Wheelchair Seating

ICD-10-CM Code	Description
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

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### Wheelchair Seating

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

## CLINICAL POLICY

### Wheelchair Seating

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

ICD-10-CM Code	Description
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
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

ICD-10-CM Code	Description
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
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

ICD-10-CM Code	Description
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
Q72.01	Congenital complete absence of right lower limb
Q72.02	Congenital complete absence of left lower limb
Q72.03	Congenital complete absence of lower limb, bilateral
Q72.11	Congenital absence of right thigh and lower leg with foot present
Q72.12	Congenital absence of left thigh and lower leg with foot present
Q72.13	Congenital absence of thigh and lower leg with foot present, bilateral
Q74.3	Arthrogryposis multiplex congenita
Q78.0	Osteogenesis imperfect
Q79.60	Ehlers-Danlos syndrome, unspecified
Q79.61	Classical Ehlers-Danlos syndrome
Q79.62	Hypermobility Ehlers-Danlos syndrome
Q79.63	Vascular Ehlers-Danlos syndrome
Q79.69	Other Ehlers-Danlos syndromes
Q90.0	Trisomy 21, nonmosaicism (meiotic nondisjunction)
Q90.1	Trisomy 21, mosaicism (mitotic nondisjunction)
Q90.2	Trisomy 21, translocation
Q90.9	Down syndrome, unspecified
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
ICD-10-CM Code	Description



## CLINICAL POLICY

### Wheelchair Seating

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



ICD-10-CM Code	Description
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

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### Wheelchair Seating

ICD-10-CM Code	Description
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
Z89.511	Acquired absence of right leg below knee
Z89.512	Acquired absence of left leg below knee
Z89.519	Acquired absence of unspecified leg below knee
Z89.611	Acquired absence of right leg above knee
Z89.612	Acquired absence of left leg above knee
Z89.619	Acquired absence of unspecified leg above knee
Z89.621	Acquired absence of right hip joint
Z89.622	Acquired absence of left hip joint
Z89.629	Acquired absence of unspecified hip joint

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### Wheelchair Seating

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

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Policy created	04/18	09/18
Added E0953 as medically necessary to C. as per LCD L33312. Added E0953 to code section, "Positioning Accessories". Added ICD-10 codes per LCD. References reviewed and updated.	11/18	
References reviewed and updated as per LCD L33312, revised 1/1/19 ICD-10 code updates: added G61.0, G71.00, G71.01, G71.02 and G71.09 as medically necessary per revised LCD. Added ICD-10 codes M62.3, M62.89, Q67.8, Q68.1 and Q74.3 as codes that support E2609 which were inadvertently omitted from this section of the policy.	12/19	
Typo corrected in II.B-Should be K0860-K0864, rather than K0860, K0864. For clarity, added the codes included in this range. References reviewed and updated. ICD-10 10/1/20 coding updates: Replaced G11.1 with G11.10 and revised description. Added subcategories G11.11 and G11.19. Replaced G71.2 with G71.20 and revised description. Added subcategories G71.21, G71.220, G71.228 and G71.29. Removed "member" from criteria and reworded, without impact on criteria. When not possible to remove, replaced "member" with "member/enrollee." Replaced "members" with "members/enrollees" in the disclaimer of the policy.	12/2020	1/28/2021
References reviewed, reformatted and updated. Added "unspecified" to description of G71.00 in all instances. Changed "review date" in the header to "date of last revision" and "date" in the revision log header to "revision date."	12/16/2021	
Annual review. References reviewed and updated. Per 2022 annual ICD-10-CM code updates, added ICD-10 code G04.82 to tables with the following HCPCS codes: E2603, E2604, E2622, and E2623; E0953, E0956, E0957, E0960, E2605, E2606, E2613-E2617, E2620 and E2621; and E2609. Revised language preceding coding tables from "procedure codes" to "HCPCS code."	2/21/2023	
Annual review. Added "dementia" and "hereditary motor and sensory neuropathy" to I.B.2. Added "congenital absence of thigh and/or lower limb" to I.C.2. Added ICD-10 codes F03.90, F03.911, F03.918, F03.92, F03.93, F03.94, F03.A11, F03.A18, F03.A2, F03.A3, F03.A4, F03.B11, F03.B18, F03.B2, F03.B3, F03.B4, F03.C11, F03.C18, F03.C2, F03.C3, F03.C4, G31.83, G60.0, Q79.60, Q79.61, Q79.62, Q79.63, Q79.69, Q90.0, Q90.1, Q90.2, Q90.9, G71.031, G71.032, G71.033, G71.0340, G71.0341, G71.0342, G71.0349, G71.035, G71.038, and G71.039 to tables with the following HCPCS codes: E2603, E2604, E2622, and E2623; E0953, E0956, E0957, E0960, E2605, E2606, E2613, E2614, E2615, E2616, E2617, E2620, and	11/2023	11/2023

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### Wheelchair Seating

Reviews, Revisions, and Approvals	Revision Date	Approval Date
E2621; E2607, E2608, E2624, and E2625; and E2609. Added Q72.01, Q72.02, Q72.03, Q72.11, Q72.12, and Q72.13 to tables with the following HCPCS codes: E2607, E2608, E2624, and E2625; and E0953, E0956, E0957, E0960, E2605, E2606, E2613, E2614, E2615, E2616, E2617, E2620, and E2621; and E2609. References reviewed and updated.		

#### References

1. *HCPCS Level II, 2023*
2. *ICD-10-CM Official Code Set, 2023*.
3. Local coverage determination: Wheelchair Seating (L33312). Centers for Medicare and Medicaid services website. <http://www.cms.hhs.gov/mcd/search.asp>. Published October 1, 2015. (revised January 1, 2020.) Accessed February 22, 2023.
4. Local coverage article: Wheelchair Seating-Policy article (A52505). Centers for Medicare and Medicaid services website. <http://www.cms.hhs.gov/mcd/search.asp>. Published October 1, 2015 (revised October 1, 2022.) Accessed February 22, 2023.