E1161 – Manual adult size wheelchair, includes tilt-in-space (SOLARA 3G E1161 Pending PDAC Approval)

Allowable: $2,111.73 - $2,484.39

E1233 – WC, pediatric size, tilt-in-space, rigid, adjustable, without seating system (SPREE 3G E1233 Pending PDAC Approval)

Allowable: $1,977.54 – $2,326.52

Justifications:
- Permits rotation of seating system posteriorly and laterally while the hip angle remains constant
- Distributes pressure over a larger area
- Improves midline stability with more effective posterolateral control and spinal extension
- Improves bone integrity and reduces contractures
- Slows down the progression of a neurologically based spinal deformity
- Facilitation of axial and peripheral active motion
- Provides edema control in lower extremities
- Improves respiration and digestion
- Inhibits abnormal tonal patterns and primitive reflexes
- Needed due to endurance deficits in sitting requirement for, weight shifting for skin integrity
- Client is non-self positioning with extensor tone; this will aid in tone management.
- Needed to allow independent changes in position throughout the day, client is without a caregiver and must be able to accomplish tilted position to aid in adult daily activities
- Allows the client to tilt back slightly to utilize gravity to help with balance due to poor trunk control
- Allows safe pressure relief by increasing the seating surface area, and redistributing pressure away from critical areas of the pelvis
- Can allow independent performance of weight shifts
- Can be effectively used with limited hip range of motion
- Allows for nonexistent to minimal ‘functional shear effect’ during tilt cycles
- Can decrease fatigue associated with high muscle tone
- Can increase sitting tolerance throughout the day
- Allows gravity to assist caregiver with positioning the client after transfers
- Allows gravity to assist with repositioning in the system during the day
- May reduce caregiver attendant hours required secondary to independence with weight shifts
- Can allow gravity to assist with positioning the user in back and seat supports
- Maintains body angles and position relative to seat and back support surfaces during the tilt cycle
- Absent to minimal triggering of abnormal muscle tone or reflexes
- Accommodates easiest to extremity contractures
- Accommodates easiest to trunk or postural asymmetries
- Considered a comfort position by many wheelchair users
- May help to relax increased muscle tone
- Allows easier swallowing for some due to more relaxed muscle tone and improved positioning
- Can facilitate management of lower extremity edema, more effectively when combined with elevating legrest
- Can reduce respiratory difficulty through decreasing pressure on the diaphragm and facilitating an extension of the spine/trunk
- Can improve the ‘line of sight’
- May allow the client to independently initiate sitting upright during hypertensive episodes
- Client is unable to weight shift, creating risk for skin breakdown
- Client has severe deformity that requires tilt for clear visual field
- Client lacks trunk control, tilt allows them to sit with an upright posture
- Tilt reduces abnormal posture that contributes to poor swallowing
E2201 – Nonstandard seat frame, width 20-23 inches
E2202 – Nonstandard seat frame, width 24-27 inches
E2203 – Nonstandard seat frame, depth 20-21 inches
E2204 – Nonstandard seat frame, depth 22-25 inches

Allowable:

<table>
<thead>
<tr>
<th>Code</th>
<th>Price Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>E2201</td>
<td>$333.00 - $391.76</td>
</tr>
<tr>
<td>E2202</td>
<td>$423.03 - $497.68</td>
</tr>
<tr>
<td>E2203</td>
<td>$427.55 - $503.00</td>
</tr>
<tr>
<td>E2204</td>
<td>$725.96 - $854.07</td>
</tr>
</tbody>
</table>

Justifications:

Seat Width (E2201/E2202)
- Wider than standard width is required due to hip width and is needed for full support under pelvis
- Client's body size makes standard wheelchair seat unusable
- Necessary to properly support lower extremities and facilitate prevention of decubitus ulcers

Seat Depth (E2203/E2204)
- Client's body size makes standard wheelchair seat unusable
- Longer seat depth discourages posterior pelvic tilt and permits client to operate wheelchair
- Custom seat depth is necessary to properly support lower extremities and facilitate prevention of decubitus ulcers
- Required due to femoral length and for full support under thighs
- The increased seat depth is important as it determines the client's weight distribution over the axles and front caster wheels. Incorrect weight distribution and a short seat depth causes forward tipping, making the wheelchair unsafe. Inappropriate weight over the front casters causes excessive wear, increases maintenance costs, and unnecessary energy expenditure when propelling or pushing the wheelchair. The weight distribution is also aided by offering added support under the thighs. Weight distribution on the thighs results in better posture and pressure relief
- The custom short depth is required due to the client's body dimensions. A standard depth will cut into the back of the client's knees, causing circulatory, sensory, and skin problems

E2231 – Manual wheelchair accessory, solid seat support base

Allowable: $137.16 - $161.36

Justifications:
- Needed to support client within wheelchair due to posterior pelvic tilt and decreased trunk control
- For support to accommodate a cushion which is required for pressure relief, equalizing weight distribution
- Required to properly position client for maximum propulsion of wheelchair
- To reduce further deformity due to trunk/pelvis range of motion deficits
- For support to accommodate postural weakness and to stabilize pelvis secondary tonal abnormalities
- Required as firm base of support due to weakness in pelvis and trunk and necessary to stable positioning
- This is needed in order to provide a stable base of support for the user’s hips and pelvis, and to help properly position the entire body while seated
- Standard sling seat stretches and encourages hip adduction and internal rotation which, over time, contributes to orthopedics problems
- Provides pressure relief by equalizing weight distribution and also helps to keep the hips and pelvis in a therapeutically neutral tilt
- To support cushion in stable, horizontal position to prevent adduction and internal rotation femurs
- To support pelvis in neutral tilt to prevent sliding into sacral sitting if client has generalized postural weakness in sitting
- To provide firm base of stability for pelvis and support the use of cushion due to postural deficits in sitting
- Will stabilize the pelvis, client has overall decreased tone due to ----------------.
E1226 – Manual fully reclining back

Allowable: $486.99 - $572.93

Coverage criteria:

− Patient spends at least 2 hours per day in the wheelchair and has 1 or more of the following conditions/needs:
  − Quadriplegia
  − Fixed hip angle
  − Trunk or LE casts/braces require recline for positioning needs
  − Excess extensor tone of the trunk muscles
  − Rests in recumbent position 2+ times/day and transfers are difficult

Justifications:

− Reclining back facilitates a back to seat angle greater than 90 degrees
− Back must be low shear which permits minimum displacement between client's body and wheelchair back
− The recline of back is necessary for allowing client to shift weight and maintain skin integrity
− Full recline allows the largest available seating surface to distribute pressure
− Provide passive range of motion of the hips and knees during recline cycles
− Can decrease fatigue associated with high muscle tone
− Increase sitting tolerance throughout the day
− Allows independent performance of weight shifts
− Can facilitate bladder emptying and allow easier position of catheterization or urinal use
− Allows positioning for diapering/toileting needs from the wheelchair
− Arm rest/lap trays stay perpendicular to the floor during recline
− Can perform pressure relief without moving from accessing a table or desk
− Will facilitate management of lower extremity edema more effectively when combined with elevating legrest

− Reduces respiratory difficulty through decreasing pressure on the diaphragm and increasing extension of the trunk
− Can position the individual for respiratory care
− Allows supine transfers
− Can improve the line of sight
− May allow the user to independently initiate sitting upright during hypertensive episodes
− Allows the individual to recline in episodes of pain for pressure relief
− Pressure relief/redistribution, allowing the largest available surface area to distribute pressure
− Muscle tone management
− Improves blood flow to the lower extremities reducing incidents of venous stasis and concomitant vascular problems
− Independent performance of weight shifts
− Can improve postural/proximal stability
− Does improve upper extremity function through increased postural stability
− Improves head control
− Increases power wheelchair driving capabilities through increased head control/upper extremity functioning
− Reduces caregiver/attendant hours required due to the ability to independently perform weight shifts and resulting increased sitting tolerance
− Necessary for the client to perform weight shifts to prevent decubitus ulcers, which are caused from lack of blood flow
− Client has poor trunk control and is unable to change position independently
**E0955 – Headrest**

Allowable: $180.45 - $212.29

**Justifications:**
- Client sits in a wheelchair that tilts or reclines and needs to be able to rest their head in that position
- Due to decreased head control, needed to position neck and head in upright and midline position
- Due to decreased head control, needed to prevent hyper-extension of neck/head when frame is reclined or tilted back
- Client requires occipital support due to weakness with individualized angle adjustability
- Client is physically unable to support his or her own head due to weakness or tone
- Prevents unexpected and undue head and neck extension during mobility or transport
- Required for safety while being transported in their wheelchair
- Client head must be properly set to permit feeding, swallowing and correct respiration

**E0966 – Headrest extension**

Allowable: $63.70 - $74.94

**Justifications:**
- Required for optimal placement of headrest for client use
- Client has kyphosis and requires anterior adjustment of headrest

---

**K0038 – Leg strap**

**K0039 – H style leg strap**

**E0951 – Heel loops**

**E0952 – Toe loops**

Allowable: K0038 $21.65 - $25.47

K0039 $48.08 - $56.57

E0951 $16.94 - $19.93

E0952 $16.80 - $19.77

**Justifications:**
- Needed to support feet safely on footplates due to spasticity, decreased tone, postural instability
- Support the feet safely on the footplates and reduce the chances of the feet getting caught in the front wheels
- Support the feet safely on the footplates and maintains leg alignment in seating system
- Maintains the lower extremities in consistent, repeatable position
- Provides safety by securing client's lower extremities while driving wheelchair and during spasm events
- Provides safety for the feet that have a tendency to fall off the footrests because of tone, primitive reflexes, or lack of control
- Prevents hyperflexion or extension at the knee
- A leg strap is necessary to prevent a patient’s legs from falling underneath the wheelchair. The leg strap will keep them positioned properly and safely in their wheelchair
- An “H” style leg strap is necessary to prevent the legs from falling underneath the wheelchair. The “H” style leg strap has more vertical surface area than the standard leg strap and provides greater stability and distribution of leg weight while seated in a wheelchair.
K0040 – Adjustable angle footplate
Allowable: $66.64 - $78.40

Justifications:
- Necessary to support feet in a neural position of the ankle
- Footplate can be adjusted and angled to maintain the feet at a 90 degree angle which will help reduce foot drop and/or maintaining overall postural control
- Can be angled to accommodate any orthotic devices that client requires on the lower extremities
- Necessary to accommodate plantar flexion deformity in ankle
- Required because to the limitation of ankle range of motion
- Needed to accommodate flexion deformity in ankles secondary to plantar contractures
- Permits angle adjustment of feet to accommodate fixed deformities
- Needed because the client has a dorsiflexion contracture
- Required because the client has an inversion/aversion contracture
- Client has hamstring tightness or a knee contracture that needs to be accommodated make a STD 70 or 60 footrest becomes a tighter or more open angle
- The Client wears AFO’s and needs to footrest to accommodate to the set ankle
- Required to decrease the tone involved with thrusting from the wheelchair
- Ankles cannot achieve or maintain the degree of flexion required to utilize standard footplates.

K0041 - Large size footplates
Allowable: $47.23 - $55.57

Justifications:
- Needed to accommodate his/her large foot size.
- Needed to attach additional footplate hardware and components for proper positioning.
- Needed to provide full contact and support of the foot to control tendency to go into a poor posture
- Needed to provide full contact and support of the foot to control primitive reflexes that start at the foot lie positive supporting reflex or extensor thrust
- Assures proper foot position on the footrest

E0990 - Legrest, elevating
Allowable: $104.81 - $123.30

Coverage criteria:
- Patient has musculoskeletal condition or the presence of a cast/brace that prevents 90 degree flexion at the knee
- Patient has significant edema of the lower extremities that requires having an ELR
- Patient meets the criteria for and has a reclining back on the wheelchair

Justifications:
- Provide support for lower extremities
- Lessen or reduces edema in feet and/or legs
- Relieve stress on hamstrings causing changes in seated position
- To help improve circulation in lower extremities
- Required to support a cast, splint or prosthesis in the extended position
- Required to support a below knee amputee's stump in an extended position when prosthesis is off
- Required due to secondary pain or neuropathy in lower extremities
- For hemi propeller to provide good floor clearance of the effected lower extremity while the unaffected extremity is touching the ground
- Required to manage client's range of motion deficits in the knee
- Required for alternate positioning of lower extremities to reduce edema while using a tilt and or recline system
- Necessary to permit changes in leg position as back changes are made
Solara® 3G Tilt-in-Space Wheelchair Accessories
Coding and Justification

**K0053 - Legrest, elevating articulating footrests**
Allowable: $91.04 - $107.11

**Justifications:**
- Needed by patients who elevates, legrests intermittently require articulating footrests to maintain the same hip angle by increasing distance from the foot plate to the seating interface as the legs are elevated
- Articulating legrest differ from standard legrest as they extend out when elevated. This prevents transfer of the leg weight back on the ischial bones, causing skin breakdown
- Prevents the knee from elevating above the hip joint
- Maintains the body alignment while leg elevates

**E0960 – Chest/shoulder harness or straps**
Allowable: $81.20 - $95.53

**Justifications:**
- Required for anterior support while driving wheelchair to keep client from falling forward, increasing client safety
- Needed to provide stability for client in sitting position, due to weakness in trunk muscles
- Required to maintain functional or correct positioning in seating system due to decreased trunk control
- Required to stabilize client’s upper body secondary to decreased trunk control
- Client has moderate to severe decrease in trunk control and cannot function without it
- Client cannot use tilt or recline because it triggers primitive reflexes so must use anterior chest support to hold their body up against gravity
- To allow optimal support in sitting and to disallow forward flexion of the trunk
- Required for client safety during transportation
- Need to provide pressure in the anterior portion of the body in order to control a rotational or lordotic posture
- Maintain consistent and reproducible shoulder and trunk position
- Provides even pressure on the shoulders
- Provides stability and prevents leaning forward out of the seating system thus preventing kyphotic posturing
- Needed due to tendency to fall forward from lack of postural extension
- Trunk weakness necessitates support from harness to stabilize client within wheelchair
- Stabilizes the client’s upper body as client has no control of tone, secondary to tonal abnormalities

**E0978 - Pelvic, positioning belt**
Allowable: $38.11 - $44.84

**Justifications:**
- Required to provide proper positioning at the pelvis
- Client cannot maintain pelvic control and assumes poor postures allowing them to develop deformity and/or skin breakdown
- Client thrusts or extends and slides out of seating system, a belt is required to inhibit this
- Required for transport on school bus or other public transport
- Secures pelvis in proper alignment and insures symmetrical positioning
- Prevents pelvis from slipping
- Stabilizes the pelvis while seated in the wheelchair
- Ensures that the individual is sitting properly, maintaining the correct positioning in wheelchair
- Prevents the customer from falling out of the wheelchair, increasing client safety
- Helps decrease extensor tone by keeping the pelvis in a more flexed position
- Required due to the lack of trunk control, to decrease the risk of posterior pelvic tilt
- Maintain pelvis in a neutral position due to upper extremity functional limitations
- Positions client’s hip at the back of the wheelchair and prevents sliding forward during mobility due to weakness with the trunk
- Positions pelvis in neutral tilt and at the back of the wheelchair seat to prevent sliding into sacral sitting
- Required due to lack of trunk control, to decrease the risk of posterior pelvis tilt
- All of the above and, client has no ability to operate the push button style control and requires the lift operation of the airplane buckle
Solara® 3G Tilt-in-Space Wheelchair Accessories  
Coding and Justification

E1028 - Swingaway hardware
Allowable: $184.34 - $216.87

Justifications:
− Required so that the lateral pad can be moved to allow for safe side transfers due to inability to weight bear
− Needed to allow caregiver to perform safe transfers without obstacles or fixed lateral supports

E0973 - Arms, adjustable height
Allowable: $102.61 - $120.72

Coverage criteria:
− Covered if patient requires arm height different than that available using non-adjustable height arms
− Patient spends at least 2 hours per day in the WC

Justifications:
− Standard armrest are too low and force the client to compensate by raising or lowering of shoulders which may cause deformity and fatigue
− The client needs the armrest to be a particular height for transfers or weight shifts
− To access a table to eat, the client needs to drop the arms down so he/she can get close enough to their functional space
− The clients shoulder integrity is compromised and the arm of the wheelchair needs to be at a particular height to support it
− Needed because the standard arm height is too low/high for the client making them assume poor positions to use them as support (posterior pelvic tilt/kyphosis, or obliquity/scoliosis)
− Due to poor balance the client requires armrests that have adjustable height to support his upper extremities and provide trunk stability. It will also help to prevent a kyphotic posture
− Needed to support weakness in shoulder’s musculature due to protracted shoulders and need for additional support
− Needed to facilitate upright posture secondary to weakness

E2213 – Flat free inserts
Allowable: $27.14 - $31.93

Justifications:
− Prevents flat tires, replacing standard inner tubes
− Client has no physical ability to change a flat tire, thus allowing the customer to be more independent
− Client has no physical ability to change a flat tire, and would be bed confined until it is repaired
− Reduces the cost of inner tube replacements when the client requires a pneumatic tire
− Client is unable to maintain the air pressure in pneumatic tires
− Client is daily exposed to terrain that has potential to cause frequent flats
− Client travels far from home in their wheelchair and it would be a safety issue if they got a flat
− Client lives in a rural location and does not have easy access to the supplier for repairs

E0961 - Wheel lock extensions
Allowable: $26.55 - $31.23

Justifications:
− Client does not have the strength, range of motion (ROM) or pattern of movement to apply standard wheel lock (brake)
− Poor balance does not allow the client to reach a standard wheel lock
− Client is unable to grasp standard size wheel lock
− One upper extremity is non-functional requiring the opposite to cross over the body and apply the wheel lock (brake)
− Required by client because of inability to reach brake on side affected by stroke or other disability
− Longer wheel lock extensions allow for increased leverage for engaging the wheel locks, thus allowing the user safety and independence for and during transfers
− Required due to weakness in upper extremities and need to independently access brakes for safety
− Due to unilateral weakness in upper extremities, extensions allow access to brakes
**Coding and Justification**

**E2605 – Positioning wheelchair cushion, less than 22 inches wide, any depth**

Allowable: $240.24 - $282.63

**Coverage Criteria:**
- Must have Medicare covered wheelchair and a script from a physician
- The patient has any significant postural asymmetries that are due to one of the diagnoses listed for skin protection or to one of the following diagnoses:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Code</th>
<th>Description</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>138</td>
<td>LATE EFFECT ACUTE POLIO</td>
<td>335.8</td>
<td>ANT HORN CELL DIS NEC</td>
<td>343.8</td>
<td>CEREBRAL PALSY NEC</td>
</tr>
<tr>
<td>330</td>
<td>LEUKODYSTROPHY</td>
<td>335.9</td>
<td>ANT HORN CELL DIS NOS</td>
<td>343.9</td>
<td>CEREBRAL PALSY NOS</td>
</tr>
<tr>
<td>330.1</td>
<td>CEREBRAL LIPIDOSES</td>
<td>335.10</td>
<td>SPSTC HMIPLGA UNSPF SIDE</td>
<td>343.1</td>
<td>HERED PARAPLEGIA</td>
</tr>
<tr>
<td>330.2</td>
<td>CEREB DEGEN IN LIPIDOSIS</td>
<td>335.11</td>
<td>SPSTC HMIPLGA DOMNT SIDE</td>
<td>343.2</td>
<td>HERED TRAUMATIC</td>
</tr>
<tr>
<td>330.3</td>
<td>CERB DEG CHLD IN OTH DIS</td>
<td>335.12</td>
<td>SPSTC HMIPLGA NONDMNT SIDE</td>
<td>343.3</td>
<td>MONPLGA LWR LMB UNSP SDE</td>
</tr>
<tr>
<td>330.8</td>
<td>CEREB DEGEN IN CHILD NEC</td>
<td>335.13</td>
<td>SPSTC HMIPLGA DOMNT SDE</td>
<td>343.4</td>
<td>MONPLGA LWR LMB DMNT SDE</td>
</tr>
<tr>
<td>330.9</td>
<td>CEREB DEGEN IN CHILD NOS</td>
<td>335.14</td>
<td>SPSTC HMIPLGA NONDMNT SDE</td>
<td>343.5</td>
<td>SYRINGOMYELIA</td>
</tr>
<tr>
<td>331.0</td>
<td>ALZHEIMER'S DISEASE</td>
<td>335.15</td>
<td>SPSTC HMIPLGA DOMNT SDE</td>
<td>343.6</td>
<td>QUADRPLG C1-C4, COMPLETE</td>
</tr>
<tr>
<td>332</td>
<td>PARALYSIS AGITANS</td>
<td>335.16</td>
<td>SPSTC HMIPLGA DOMNT SDE</td>
<td>343.7</td>
<td>QUADRPLG C5-C7, COMPLETE</td>
</tr>
<tr>
<td>333</td>
<td>HUNTINGTON'S CHOREA</td>
<td>335.17</td>
<td>SPSTC HMIPLGA DOMNT SDE</td>
<td>343.8</td>
<td>QUADRPLG C5-C7, INCOMPLT</td>
</tr>
<tr>
<td>333.6</td>
<td>IDIOPAT TORSION DYSTONIA</td>
<td>335.18</td>
<td>SPSTC HMIPLGA DOMNT SDE</td>
<td>343.9</td>
<td>OTHER QUADRIPLEGIA</td>
</tr>
<tr>
<td>333.71</td>
<td>SYMPTOM TORSION DYSTONIA</td>
<td>335.19</td>
<td>SPSTC HMIPLGA DOMNT SDE</td>
<td>344</td>
<td>PARAPLEGIA NOS</td>
</tr>
<tr>
<td>334</td>
<td>FRIEDREICH'S ATAXIA</td>
<td>335.20</td>
<td>SPSTC HMIPLGA DOMNT SDE</td>
<td>344.1</td>
<td>MONPLGA LWR LMB NOS</td>
</tr>
<tr>
<td>334.1</td>
<td>HERED SPASTIC PARAPLEGIA</td>
<td>335.21</td>
<td>SPSTC HMIPLGA DOMNT SDE</td>
<td>344.2</td>
<td>MONPLGA LWR LMB NOS</td>
</tr>
<tr>
<td>334.2</td>
<td>PRIMARY CEREBELLAR DEGEN</td>
<td>335.22</td>
<td>SPSTC HMIPLGA DOMNT SDE</td>
<td>344.3</td>
<td>MONPLGA LWR LMB NOS</td>
</tr>
<tr>
<td>334.3</td>
<td>CEREBELLAR ATAXIA NEC</td>
<td>335.23</td>
<td>SPSTC HMIPLGA DOMNT SDE</td>
<td>344.4</td>
<td>MONPLGA LWR LMB NOS</td>
</tr>
<tr>
<td>334.4</td>
<td>CEREBEL ATAX IN OTH DIS</td>
<td>335.24</td>
<td>SPSTC HMIPLGA DOMNT SDE</td>
<td>344.5</td>
<td>MONPLGA LWR LMB NOS</td>
</tr>
<tr>
<td>334.8</td>
<td>SPINOCEREBELLAR DIS NEC</td>
<td>335.25</td>
<td>SPSTC HMIPLGA DOMNT SDE</td>
<td>344.6</td>
<td>MONPLGA LWR LMB NOS</td>
</tr>
<tr>
<td>334.9</td>
<td>SPINOCEREBELLAR DIS NOS</td>
<td>335.26</td>
<td>SPSTC HMIPLGA DOMNT SDE</td>
<td>344.7</td>
<td>MONPLGA LWR LMB NOS</td>
</tr>
<tr>
<td>335</td>
<td>WERDNIG-HOFFMANN DISEASE</td>
<td>335.27</td>
<td>SPSTC HMIPLGA DOMNT SDE</td>
<td>344.8</td>
<td>MONPLGA LWR LMB NOS</td>
</tr>
<tr>
<td>335.10</td>
<td>SPINAL MUSC LATROPHY NOS</td>
<td>335.28</td>
<td>SPSTC HMIPLGA DOMNT SDE</td>
<td>344.9</td>
<td>MONPLGA LWR LMB NOS</td>
</tr>
<tr>
<td>335.11</td>
<td>KUGELBERG-WELANDER DIS</td>
<td>335.29</td>
<td>SPSTC HMIPLGA DOMNT SDE</td>
<td>344.10</td>
<td>SPIN BIF W HYDROCEPH NOS</td>
</tr>
<tr>
<td>335.19</td>
<td>SPINAL MUSC ATROPHY NEC</td>
<td>335.30</td>
<td>SPSTC HMIPLGA DOMNT SDE</td>
<td>344.11</td>
<td>SPIN BIF W HYDROCEPH-CERV</td>
</tr>
<tr>
<td>335.20</td>
<td>AMYOTROPHIC SCIATROSIS</td>
<td>335.31</td>
<td>SPSTC HMIPLGA DOMNT SDE</td>
<td>344.12</td>
<td>SPIN BIF W HYDROCEPH-DORS</td>
</tr>
<tr>
<td>335.21</td>
<td>PROG MUSCULAR ATROPHY</td>
<td>335.32</td>
<td>SPSTC HMIPLGA DOMNT SDE</td>
<td>344.13</td>
<td>SPIN BIF W HYDROCEPH-LUMB</td>
</tr>
<tr>
<td>335.22</td>
<td>PSEUDOBULBAR PALSY</td>
<td>335.33</td>
<td>SPSTC HMIPLGA DOMNT SDE</td>
<td>344.14</td>
<td>SPIN BIF W HYDROCEPH-LUMB</td>
</tr>
<tr>
<td>335.24</td>
<td>PRIM LATERAL SCLETROSIS</td>
<td>335.34</td>
<td>SPSTC HMIPLGA DOMNT SDE</td>
<td>344.15</td>
<td>SPIN BIF W HYDROCEPH-LUMB</td>
</tr>
<tr>
<td>335.29</td>
<td>MOTOR NEURON DISEASE NEC</td>
<td>335.35</td>
<td>SPSTC HMIPLGA DOMNT SDE</td>
<td>344.16</td>
<td>SPIN BIF W HYDROCEPH-LUMB</td>
</tr>
</tbody>
</table>
**Solara® 3G Tilt-in-Space Wheelchair Accessories**

**Coding and Justification**

**E2607 – Skin protection/positioning wheelchair cushion, less than 22 inches wide, any depth**

Allowable: $258.69 - $304.34

**Coverage Criteria:**

- Must have Medicare covered wheelchair and a script from a physician
- The patient has any significant postural asymmetries and the patient has either of the following:
  
  a. Current pressure ulcer or a past history of a pressure ulcer (707.03-707.05) on area of contact with the seating surface; or
  
  b. Absent or impaired sensation in the area of contact with the seating surface or inability to carry out a functional weight shift due to one of the following diagnoses:

<table>
<thead>
<tr>
<th>DX Code</th>
<th>Condition</th>
<th>Code</th>
<th>Condition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>138</td>
<td>LATE EFFECT ACUTE POLIO</td>
<td>335.29</td>
<td>MOTOR NEURON DISEASE NEC</td>
<td>343.8</td>
</tr>
<tr>
<td>330.0</td>
<td>LEUKODYSTROPHY</td>
<td>335.8</td>
<td>ANT HORN CELL DIS NEC</td>
<td>343.9</td>
</tr>
<tr>
<td>330.1</td>
<td>CEREBRAL LIPIDOSES</td>
<td>335.9</td>
<td>ANT HORN CELL DIS NOS</td>
<td>344.00</td>
</tr>
<tr>
<td>330.2</td>
<td>CEREB DEGEN IN LIPIDOSIST</td>
<td>336.0</td>
<td>SYRINGOMYELIA</td>
<td>344.01</td>
</tr>
<tr>
<td>330.3</td>
<td>CERB DEG CHLD IN OTH DIS</td>
<td>336.1</td>
<td>VASCULAR MYELOPATHIES</td>
<td>344.02</td>
</tr>
<tr>
<td>330.8</td>
<td>CEREB DEGEN IN CHLD NEC</td>
<td>336.2</td>
<td>COMB DEG CORD IN OTH DIS</td>
<td>344.03</td>
</tr>
<tr>
<td>330.9</td>
<td>CEREB DEGEN IN CHLD NOS</td>
<td>336.3</td>
<td>MYELOPATHY IN OTH DIS</td>
<td>344.04</td>
</tr>
<tr>
<td>331.0</td>
<td>ALZHEIMER’S DISEASE</td>
<td>340</td>
<td>MULTIPLE SCLEROS</td>
<td>344.09</td>
</tr>
<tr>
<td>332.0</td>
<td>PARALYSIS AGITANS</td>
<td>341.0</td>
<td>NEUROMYELITIS OPTICA</td>
<td>344.1</td>
</tr>
<tr>
<td>335.0</td>
<td>WERDNIG-HOFFMANN DISEASE</td>
<td>341.1</td>
<td>SCHILDER’S DISEASE</td>
<td>741.00</td>
</tr>
<tr>
<td>335.10</td>
<td>SPINAL MUSC ATROPHY NOS</td>
<td>341.8</td>
<td>CNS DEMYELINATION NEC</td>
<td>741.01</td>
</tr>
<tr>
<td>335.11</td>
<td>KUDELBERG-WELANDER DIS</td>
<td>341.9</td>
<td>CNS DEMYELINATION NOS</td>
<td>741.02</td>
</tr>
<tr>
<td>335.19</td>
<td>SPINAL MUSC ATROPHY NEC</td>
<td>343.0</td>
<td>CONGENITAL DIPLEGIA</td>
<td>741.03</td>
</tr>
<tr>
<td>335.20</td>
<td>AMYOTROPHIC SCOLIOSIS</td>
<td>343.1</td>
<td>CONGENITAL HEMIPLEGIA</td>
<td>741.90</td>
</tr>
<tr>
<td>335.21</td>
<td>PROG MUSCULAR ATROPHY</td>
<td>343.2</td>
<td>CONGENITAL QUADRIPLEGIA</td>
<td>741.91</td>
</tr>
<tr>
<td>335.23</td>
<td>PSEUDOBULBAR PALSY</td>
<td>343.3</td>
<td>CONGENITAL MONOPLEGIA</td>
<td>741.92</td>
</tr>
<tr>
<td>335.24</td>
<td>PRIM LATERAL SCOLIOSIS</td>
<td>343.4</td>
<td>INFANTILE HEMIPLEGIA</td>
<td>741.93</td>
</tr>
</tbody>
</table>

OR A COMBINATION OF 707.03, 707.04 OR 707.05 AND ONE OF THE FOLLOWING DX CODES

<table>
<thead>
<tr>
<th>DX Code</th>
<th>Condition</th>
<th>Code</th>
<th>Condition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>333.4</td>
<td>HUNTINGTON’S CHOREA</td>
<td>342.01</td>
<td>FLCCD HMIPLGA DOMNT SIDE</td>
<td>344.30</td>
</tr>
<tr>
<td>333.6</td>
<td>IDIOPATTORSION DYSTONIA</td>
<td>342.02</td>
<td>FLCCD HMIPLGA NODMDNT SD</td>
<td>344.31</td>
</tr>
<tr>
<td>333.71</td>
<td>SYMPOMTORSION DYSTONIA</td>
<td>342.10</td>
<td>SPSTC HMIPLGA UNSPF SIDE</td>
<td>344.32</td>
</tr>
<tr>
<td>334.0</td>
<td>FRIEDREICH’S ATAXIA</td>
<td>342.11</td>
<td>SPSTC HMIPLGA DOMNT SIDE</td>
<td>359.0</td>
</tr>
<tr>
<td>334.1</td>
<td>HERED SPASTIC PARAPLEGIA</td>
<td>342.12</td>
<td>SPSTC HMIPLGA NODMDNT SD</td>
<td>359.1</td>
</tr>
<tr>
<td>334.2</td>
<td>PRIMARY CEREBELLAR DEGEN</td>
<td>342.80</td>
<td>OT SP HMIPLGA UNSPF SIDE</td>
<td>438.20</td>
</tr>
<tr>
<td>334.3</td>
<td>CEREBELLAR ATAXIA NEC</td>
<td>342.81</td>
<td>OT SP HMIPLGA DOMNT SIDE</td>
<td>438.21</td>
</tr>
<tr>
<td>334.4</td>
<td>CEREBEL ATAX IN OTH DIS</td>
<td>342.82</td>
<td>OT SP HMIPLGA NODMDNT SD</td>
<td>438.22</td>
</tr>
<tr>
<td>334.8</td>
<td>SPINOCEREBELLAR DIS NEC</td>
<td>342.90</td>
<td>UNSP HEMIPLGA UNSPF SIDE</td>
<td>438.40</td>
</tr>
<tr>
<td>334.9</td>
<td>SPINOCEREBELLAR DIS NOS</td>
<td>342.91</td>
<td>UNSP HEMIPLGA DOMNT SD</td>
<td>438.41</td>
</tr>
<tr>
<td>342.00</td>
<td>FLCCD HMIPLGA UNSPF SIDE</td>
<td>342.92</td>
<td>UNSP HEMIPLGA NODMDNT SD</td>
<td>438.42</td>
</tr>
</tbody>
</table>
Solara® 3G Tilt-in-Space Wheelchair Accessories
Coding and Justification

E2615 – Positioning wheelchair back cushion, posterior-lateral, less than 22 inches wide, any height
Allowable: $403.70 - $474.94

Coverage Criteria:
- Must have Medicare covered wheelchair and a script from a physician
- The patient has any significant postural asymmetries that are due to one of the diagnoses listed under the justification criteria for a skin protection cushion, or to one of the following diagnoses

<table>
<thead>
<tr>
<th>Code</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>138</td>
<td>LATE EFFECT ACUTE POLIO</td>
</tr>
<tr>
<td>330</td>
<td>LEUKODYSTROPHY</td>
</tr>
<tr>
<td>330.1</td>
<td>CEREBRAL LIPIDOSIES</td>
</tr>
<tr>
<td>330.2</td>
<td>CEREB DEGEN IN LIPIDOSIS</td>
</tr>
<tr>
<td>330.3</td>
<td>CEREB DEG CHILD IN OTH DIS</td>
</tr>
<tr>
<td>330.8</td>
<td>CEREB DEGEN IN CHILD NEC</td>
</tr>
<tr>
<td>330.9</td>
<td>CEREB DEGEN IN CHILD NOS</td>
</tr>
<tr>
<td>331.0</td>
<td>ALZHEIMER’S DISEASE</td>
</tr>
<tr>
<td>332.0</td>
<td>PARALYSIS AGITANS</td>
</tr>
<tr>
<td>333.4</td>
<td>HUNTINGTON’S CHOREA</td>
</tr>
<tr>
<td>333.6</td>
<td>IDIOPATTORSION DYSTONIA</td>
</tr>
<tr>
<td>333.71</td>
<td>SYMPTOMTORSION DYSTONIA</td>
</tr>
<tr>
<td>334.0</td>
<td>FRIEDREICH’S ATAXIA</td>
</tr>
<tr>
<td>334.1</td>
<td>HERED SPASTIC PARAPLEGIA</td>
</tr>
<tr>
<td>334.2</td>
<td>PRIMARY CEREBELLAR DEGEN</td>
</tr>
<tr>
<td>334.3</td>
<td>CEREBELLAR ATAXIA NEC</td>
</tr>
<tr>
<td>334.4</td>
<td>CEREBEL ATAX IN OTH DIS</td>
</tr>
<tr>
<td>334.8</td>
<td>SPINOCEREBELLAR DIS NEC</td>
</tr>
<tr>
<td>334.9</td>
<td>SPINOCEREBELLAR DIS NOS</td>
</tr>
<tr>
<td>335.0</td>
<td>WERDNIG-HOFFMANN DISEASE</td>
</tr>
<tr>
<td>335.10</td>
<td>SPINAL MUSC ATROPHY NOS</td>
</tr>
<tr>
<td>335.11</td>
<td>KUGELBERG-WELANDER DIS</td>
</tr>
<tr>
<td>335.19</td>
<td>SPINAL MUSC ATROPHY NEC</td>
</tr>
<tr>
<td>335.20</td>
<td>AMYOTROPHIC SCLEROS</td>
</tr>
<tr>
<td>335.21</td>
<td>PROG MUSCULAR ATROPHY</td>
</tr>
<tr>
<td>335.23</td>
<td>PSEUDOBULBAR PALSY</td>
</tr>
<tr>
<td>335.24</td>
<td>PRIM LATERAL SCLEROS</td>
</tr>
<tr>
<td>335.29</td>
<td>MOTOR NEURON DISEASE NEC</td>
</tr>
</tbody>
</table>