

# CUSHIONS

In order to qualify for a wheelchair seat cushion, the patient must meet Medicare guidelines and have a manual wheelchair or a power wheelchair with a sling/solid seat/back and the patient meets Medicare coverage criteria for it.

**matrx<sup>ps</sup>**  
POSTURE SEAT

AND

The patient has any significant postural asymmetries that are due to one of these diagnoses:

- >Late effects of Acute Poliomyelitis 138
- >Other Causes of Myelitis 323.82
- >Leukodystrophy 330.0
- >Cerebral Lipidoses 330.1
- >Cerebral Degeneration in Generalized Lipidoses 330.2
- >Cerebral Degeneration in childhood 330.3 – 330.9
- >Alzheimer's Disease 331.0
- >Paralysis Agitans (Parkinson's Disease) 332.0
- >Huntington's Chorea 333.4
- >Genetic Torsion Dystonia 333.6
- >Athetoid Cerebral Palsy 333.71
- >Friedreich's Ataxia 334.0
- >Hereditary Spastic Paraplegia 334.1
- >Primary Cerebellar Degeneration 334.2
- >Other Spinocerebellar Diseases 334.8
- >Spinocerebellar Disease, unspecified 334.9
- >Anterior Horn Cell Disease 335
- >Werdnig-Hoffmann Disease 335.0
- >Spinal Muscular Atrophy 335.1
- >Spinal Muscular Atrophy, unspecified 335.10
- >Kugelberg-Welander Disease 335.11
- >Adult Spinal Muscular Atrophy 335.19
- >Motor Neuron Disease 335.2
- >Amyotrophic Lateral Sclerosis 335.20
- >Progressive Muscular Atrophy 335.21
- >Pseudobulbar Palsy - Anterior Horn Cell Disease unspecified 335.23 – 335.9
- >Syngomyelia and Syngomyelia - Myelopathy in other diseases classified elsewhere 336.0 – 336.3
- >Multiple Sclerosis 340
- >Neuromyelitis Optica - Demyelinating Disease of Central Nervous System unspecified 341.0 – 341.9
- 342 Hemiplegia and Hemiparesis:**
- >Flaccid Hemiplegia affecting unspecified side 342.0
- >Flaccid Hemiplegia affecting dominant side 342.01
- >Flaccid Hemiplegia affecting non-dominant side 342.02
- >Spastic Hemiplegia affecting unspecified side 342.10
- >Spastic Hemiplegia affecting dominant side 342.11
- >Spastic Hemiplegia affecting non-dominant side 342.12
- >Other Specified Hemiplegia affecting unspecified side 342.80
- >Other Specified Hemiplegia affecting dominant side 342.81
- >Other Specified Hemiplegia affecting non-dominant side 342.82
- >Hemiplegia, unspecified affecting unspecified side 342.90
- >Hemiplegia, unspecified affecting dominant side 342.91
- >Hemiplegia, unspecified affecting non-dominant side 342.92
- >Congenital Diplegia - Infantile Cerebral Palsy unspecified 343.0 – 343.9
- >Quadriplegia unspecified 344.00
- >Quadriplegia C1-C4, complete 344.01
- >Quadriplegia C1-C4, incomplete 344.02
- >Quadriplegia C5-C7, complete 344.03
- >Quadriplegia C5-C7, incomplete 344.04
- >Quadriplegia unspecified - Paraplegia 344.1
- >Monoplegia of lower limb affecting unspecified side 344.30
- >Monoplegia of lower limb affecting dominant side 344.31
- >Monoplegia of lower limb affecting non-dominant side 344.32
- >Congenital Hereditary Muscular Dystrophy 359.0
- >Hereditary Progressive Muscular Dystrophy 359.1
- >Hemiplegia/Hemiparesis affecting unspecified side 438.20
- >Hemiplegia/Hemiparesis affecting dominant side 438.21
- >Hemiplegia/Hemiparesis affecting non-dominant side 438.22
- Late effects of Cerebrovascular Disease**
- >Monoplegia of lower limb affecting unspecified side 438.40
- >Monoplegia of lower limb affecting dominant side 438.41
- >Monoplegia of lower limb affecting non-dominant side 438.42
- >Spina Bifida with Hydrocephalus, unspecified region 741.00
- >Spina Bifida with Hydrocephalus, cervical region 741.01
- >Spina Bifida with Hydrocephalus, dorsal (thoracic) region 741.02
- >Spina Bifida with Hydrocephalus, lumbar region 741.03
- >Spina Bifida without Hydrocephalus, unspecified region 741.90
- >Spina Bifida without Hydrocephalus, cervical region 741.91
- >Spina Bifida without Hydrocephalus, dorsal (thoracic) region 741.92
- >Spina Bifida without Hydrocephalus, lumbar region 741.93
- >Osteogenesis Imperfecta 756.51
- >Traumatic Amputation of leg(s) (complete) (partial) unilateral at or above knee without complication - Traumatic Amputation of leg(s) (complete) (partial) Bilateral (any level) complicated 897.2 – 897.7

**E2605**  
Positioning Cushion  
MaTRx PS Posture Seat  
up to and including 20" wide,  
any depth

**matrx<sup>vi</sup>**  
CUSHION/BASE

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:

- >Other Causes of Myelitis 323.82
- >Friedreich's Ataxia 334.0
- >Hereditary Spastic Paraplegia 334.1
- >Primary Cerebellar Degeneration 334.2
- >Other Spinocerebellar Diseases 334.8
- >Spinocerebellar Disease, unspecified 334.9
- >Monoplegia of lower limb affecting unspecified side 344.30
- >Monoplegia of lower limb affecting dominant side 344.31
- >Monoplegia of lower limb affecting non-dominant side 344.32
- >Monoplegia of lower limb affecting unspecified side 438.40
- >Monoplegia of lower limb affecting dominant side 438.41
- >Monoplegia of lower limb affecting non-dominant side 438.42
- >Osteogenesis Imperfecta 756.51
- >Traumatic Amputation of leg(s) (complete) (partial) unilateral at or above knee without complication - Traumatic Amputation of leg(s) (complete) (partial) bilateral (any level) complicated 897.2 – 897.7

UP TO 21" WIDE

22" OR WIDER

**E2607**  
Combination Skin Protection and Positioning  
MaTRx-Vi Cushion  
up to and including 21" wide,  
any depth

**E2608**  
Combination Skin Protection and Positioning  
MaTRx-Vi Cushion  
MaTRx-Vi Heavy Duty Cushion  
22" wide or greater, any depth

A combination skin protection and positioning seat cushion (E2607, E2608) is covered for a patient who meets the criteria for both a skin protection seat cushion and a positioning seat cushion or one of the diagnoses above.

**matrx<sup>flo-tech</sup>**

AND

The patient has either of the following:

- >Current pressure ulcer 707.03 (pressure sore, sacrum), 707.04 (pressure sore, hip), 707.05 (pressure sore, buttock)
- >Past history of a pressure ulcer 707.03, 707.04, 707.05 on the area of contact with the seating surface

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:

- >Late effects of Acute Poliomyelitis (post Polio paralysis) 138
- >Leukodystrophy 330.0
- >Cerebral Lipidoses 330.1
- >Cerebral Degeneration in Generalized Lipidoses 330.2
- >Cerebral Degeneration in childhood 330.3 – 330.9
- >Alzheimer's Disease 331.0
- >Paralysis Agitans (Parkinson's Disease) 332.0
- >Huntington's Chorea 333.4
- >Genetic Torsion Dystonia 333.6
- >Athetoid Cerebral Palsy 333.71
- >Anterior Horn Cell Disease 335
- >Werdnig-Hoffmann Disease 335.0
- >Spinal Muscular Atrophy 335.1
- >Spinal Muscular Atrophy, unspecified 335.10
- >Kugelberg-Welander Disease 335.11
- >Adult spinal Muscular Atrophy 335.19
- >Motor Neuron Disease 335.2
- >Amyotrophic Lateral Sclerosis 335.20
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- >Pseudobulbar Palsy - Anterior Horn Cell Disease unspecified 335.23 – 335.9
- >Syngomyelia and Syngomyelia - Myelopathy in other diseases classified elsewhere 336.0 – 336.3
- >Multiple Sclerosis 340
- >Neuromyelitis Optica - Demyelinating Disease of Central Nervous System unspecified 341.0 – 341.9
- >Flaccid Hemiplegia affecting unspecified side 342.0
- >Flaccid Hemiplegia affecting dominant side 342.01
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- >Quadriplegia C1-C4, complete 344.01
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- >Quadriplegia C5-C7, complete 344.03
- >Quadriplegia C5-C7, incomplete 344.04
- >Other Quadriplegia 344.09
- >Paraplegia 344.1
- >Congenital Hereditary Muscular Dystrophy 359
- >Hereditary Progressive Muscular Dystrophy 359.1
- >Hemiplegia/Hemiparesis, affecting unspecified side 438.20
- >Hemiplegia/Hemiparesis, affecting dominant side 438.21
- >Hemiplegia/Hemiparesis, affecting non-dominant side 438.22
- >Pressure Ulcer, sacrum 707.03
- >Pressure Ulcer, hip 707.04
- >Pressure Ulcer, buttock 707.05
- >Spina Bifida with Hydrocephalus, unspecified region 741.00
- >Spina Bifida with Hydrocephalus, cervical region 741.01
- >Spina Bifida with Hydrocephalus, dorsal (thoracic) region 741.02
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- >Spina Bifida without Hydrocephalus, lumbar region 741.93

**K0734**  
Skin Protection, Adjustable  
MaTRx Flo-tech Cushion  
up to and including 21" wide,  
any depth

**K0735**  
Skin Protection, Adjustable  
MaTRx Flo-tech Cushion  
22" wide and greater,  
any depth

**In order to qualify for a wheelchair back cushion, the patient must meet Medicare guidelines and have a manual wheelchair or a power wheelchair with a sling/solid seat/back and the patient meets Medicare coverage criteria for it.**

**BACKS**

**matrx™**  
CONTOUR BACK

**matrx™**  
HIGH BACK

**AND**

**matrx™ pb**  
elite

**matrx™ pb**  
POSTURE BACK

The patient has any significant postural asymmetries that are due to one of these diagnoses:

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- ▶ Spina Bifida without Hydrocephalus, lumbar region 741.93
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- ▶ Traumatic Amputation of leg(s) (complete) (partial) unilateral at or above knee without complication - Traumatic Amputation of leg(s) (complete) (partial) Bilateral (any level) complicated 897.2 – 897.7

# matrx™ SEATING SERIES *Product*

## MEDICARE COVERAGE GUIDE



**In order to qualify for a wheelchair back cushion, the patient must meet Medicare guidelines and have a manual wheelchair or a power wheelchair with a sling/solid seat/back and the patient meets Medicare coverage criteria for it.**

**matrx™**  
GENERA

**E2611**

General Use Back

MaTRx Genera Back  
up to and including 20" wide,  
any height

The cushion will be denied as not medically necessary if:

- ▶ The patient does not meet the coverage criteria for a wheelchair and/or does not have a wheelchair
- ▶ The patient has a POV or a power wheelchair with a Captain's Chair seat and/or back cushion

**OR**

If a general use seat and/or back cushion is provided with a power wheelchair with a sling/solid seat/back, total payment for those items (cushion(s) plus the wheelchair) will be based on:

- ▶ The allowance for the least costly medically appropriate alternative – e.g., the code for the comparable power wheelchair with Captain's Chair, if that code exists. (see Power Mobility Device policy for additional information.)

**E2613**

Positioning Wheelchair  
Back Cushion, Posterior

MaTRx Contour Back  
up to and including 21" wide,  
any height

**E2614**

Positioning Wheelchair  
Back Cushion, Posterior

MaTRx Contour Back  
22" wide,  
any height

**E2615**

Positioning Wheelchair  
Back Cushion, Posterior/lateral

MaTRx Posture Back  
MaTRx Posture Back Deep  
up to and including 21" wide,  
any height

**E2616**

Positioning Wheelchair  
Back Cushion, Posterior/lateral

MaTRx Posture Back  
MaTRx Posture Back Deep  
22" wide or greater,  
any height

**E2620**

Positioning Wheelchair  
Back Cushion, Planar back with laterals

MaTRx High Back  
up to and including 20" wide,  
any height

**Concepts**  
**Motion**

This information is not intended to be, nor should it be considered billing or legal advice. Providers are responsible for determining the appropriate billing codes when submitting claims to the Medicare Program and should consult an attorney or other advisor to discuss specific situations in further detail.

**Toll Free Tel: 1.888.433.6818 ▶ Toll Free Fax: 1.888.433.6834 ▶ www.motionconcepts.com**