



ROHO Products, HCPCS Codes and Allowables

1/3/2011

HCPCS Codes	Descriptors	ROHO® Product HCPCS Code Assignments	Product Category	2011 Medicare B Allowables*	
				With KE Modifier** (manual chairs)	Without KE Modifier** (power chairs)
<b>Wheelchair Seat Cushions:</b>					
E2601	General Use Wheelchair Seat Cushion, width less than 22 inches, any depth	MOSAIC® Cushion	Cushion	\$64.16	\$55.29
E2602	General Use Wheelchair Seat Cushion, width 22 inches or greater, any depth		Cushion	\$125.24	\$107.95
E2603	Skin Protection Wheelchair Cushion, width less than 22 inches, any depth	<del>Triumph Cushion – Discontinued</del>	Cushion	\$159.04	\$137.05
E2604	Skin Protection Wheelchair Cushion, width 22 inches or greater, any depth		Cushion	\$197.63	\$170.34
E2605	Positioning Wheelchair Seat Cushion, width less than 22 inches, any depth	AirLITE® Cushion	Cushion	\$282.35	\$243.36
E2606	Positioning Wheelchair Seat Cushion, width 22 inches or greater, any depth		Cushion	\$440.49	\$379.66
E2607	Skin Protection and Positioning Wheelchair Cushion, width less than 22 inches, any depth	HARMONY® Cushion <del>Triumph Contour Cushion – Discontinued</del>	Cushion	\$304.04	\$262.05
E2608	Skin Protection and Positioning Wheelchair Cushion, width 22 inches or greater, any depth		Cushion	\$365.12	\$314.70
E2609	Custom Fabricated Wheelchair Seat Cushion, Any Size	ROHO Custom Seat Cushions (Based on unique, individual design): CUSTC, ENHCUSTC, QSCUSTC & CSCUSTC	Cushion	Individual Consideration	
<del>K0734</del> E2622	<b>Adjustable</b> Skin Protection Wheelchair Cushion, width less than 22 inches, any depth	HIGH PROFILE® Single Compartment Cushion < 22" Hybrid ELITE™ Single Valve Cushion < 22" Hybrid ELITE™ Dual Valve Cushion < 22" LOW PROFILE® Single Compartment Cushion < 22" MID PROFILE™ Single Compartment Cushion < 22" nexus® SPIRIT® Cushion	Cushion	\$347.69	\$299.68
<del>K0735</del> E2623	<b>Adjustable</b> Skin Protection Wheelchair Cushion, width 22 inches or greater, any depth	HIGH PROFILE Single Compartment Cushion ≥ 22" Hybrid ELITE™ Single Valve Cushion ≥ 22" Hybrid ELITE™ Dual Valve Cushion ≥ 22" LOW PROFILE Single Compartment Cushion ≥ 22"	Cushion	\$442.43	\$381.33



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<del>K0736</del> E2624	<b>Adjustable</b> Skin Protection and Positioning Wheelchair Cushion, width less than 22 inches, any depth	CONTOUR SELECT™ Cushion < 22" ENHANCER® Cushion < 22" HIGH PROFILE Dual Compartment Cushion < 22" LOW PROFILE Dual Compartment Cushion < 22" LOW PROFILE QUADTRO® SELECT® Cushion < 22" MID PROFILE QUADTRO® SELECT® Cushion < 22" QUADTRO SELECT Cushion < 22"	Cushion	\$350.55	\$302.14
<del>K0737</del> E2625	<b>Adjustable</b> Skin Protection and Positioning Wheelchair Cushion, width 22 inches or greater, any depth	CONTOUR SELECT™ Cushion ≥ 22" ENHANCER Cushion ≥ 22" HIGH PROFILE Dual Compartment Cushion ≥ 22" LOW PROFILE Dual Compartment Cushion ≥ 22" MID PROFILE QUADTRO® SELECT® Cushion ≥ 22" QUADTRO SELECT Cushion ≥ 22"	Cushion	\$443.77	\$382.49
<b>Wheelchair Back Cushion Descriptor</b>					
E2611	General use wheelchair back cushion, width less than 22 inches, any depth	JetStream Pro™ Standard & Low Back System - Fixed JetStream Pro™ Standard & Low Back System - Adjustable RETROBACK™ Back Support System	Back	\$327.64	\$282.40
E2612	General use wheelchair back cushion, width 22 inches or greater, any depth		Back	\$443.23	\$382.02
E2613	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height		Back	\$412.28	\$355.34
E2614	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height		Back	\$570.56	\$491.77
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height		Back	\$474.47	\$408.94
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height		Back	\$638.37	\$550.21
E2617	Custom fabricated wheelchair back cushion, any size, including any thepe mounting hardware	ROHO Custom Back Cushions (Based on unique, individual design): CUSTBKC <b>**Code Verification Pending**</b>	Back	Individual Consideration	



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E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height		Back	\$574.51	\$495.17
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height		Back	\$602.90	\$519.64
<b>Accessories and Misc. Items</b>					
E2619	Replacement cover for wheelchair seat cushion or back cushion, each	Applicable for all replacement seat cushion and back covers	Cushion / Back Cover	\$53.84	\$46.39
K0108	Wheelchair Component or Accessory, Not Otherwise Covered	This code could be recommended for ROHO products that are used with a wheelchair and are not otherwise coded, however there is no assurance of coverage or payment	misc	Individual Consideration	
E1399	Durable Medical Equipment, Miscellaneous	This code could be recommended for ROHO products that are not used with a wheelchair and are not otherwise coded, however there is no assurance of coverage or payment	misc	Individual Consideration	

- \* Puerto Rico allowables are unique, and not included on this spreadsheet
- \*\* NEW KE Modifier required for use when claim is associated with manual wheelchairs

- \* Suppliers are encouraged to make sure that their information matches the information included on the PDAC Product Classification List: <https://www.dmepdac.com/dmecs/index.html>
- \* If a nonpowered, prefabricated seat cushion, a prefabricated back cushion, or a brand name custom fabricated seat or back cushion has not received a written coding verification from the SADMERC / PDAC or if it is determined that the cushion does not meet the criteria for the code, it must be billed with code K0669.
- \* Medicare Coding and Allowables are subject to change. Consult the PDAC and your local DMERC for the most current information