

E2619- Replacement Seat/Back Cushion Cover Update

Please make the following change in the DME Procedure Codes section of your DME Provider Manual (Rev. 4/2010)

E2619^{F20}	#Replacement Cover for wheelchair seat cushion or back cushion, each
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Effective for order dates on or after July 1, 2010, above item is now allowed twice in two years^(F20).

Questions may be directed to the Division of Provider Relations and Utilization Management,
1 800 342-3005, option 1.