

- Base equipment is medically necessary and billable to the insurance.
- Verify the beneficiary has the required diagnosis for the requested seating and positioning items.
- Verify proper coding per PDAC and the Product Classification List

Medical Necessity Requirements

A **general use seat cushion (E2601, E2602)** and a **general use wheelchair back cushion (E2611, E2612)** are covered for a beneficiary who has a manual wheelchair, not a power wheelchair.

For beneficiaries who meet coverage criteria for a power wheelchair and who do not have special skin protection or positioning needs, a power wheelchair with a Captain's Chair provides appropriate support. If the beneficiary has a POV or a power wheelchair with a captain's seat, the cushion will be denied as not reasonable and necessary.

The sling/solid seat/back power wheelchair and the cushion(s) will be covered if either criterion 1 or criterion 2 is met:

1. The cushion is provided with a covered power wheelchair base that is not available in a Captain's Chair model – i.e., codes K0839, K0840, K0843, K0860, K0861, K0862, K0863, K0864, K0890, K0891 or
2. A skin protection and/or positioning seat or back cushion that meets coverage criteria is provided. **Qualifying Diagnoses can be found in the Medicare Resource Workbook in a quick and easy to use checklist.** (Examples shown below)

Skin Protection - (E2603, E2604, E2622, E2623)

The beneficiary has either of the following:

- Current pressure ulcer or past history of a pressure ulcer on the area of contact with the seating surface as reflected in a diagnosis code in the Medicare Resource Workbook
- Absent or impaired sensation in the area of contact with the seating surface or inability to carry out a functional weight shift as reflected in a diagnosis code listed in the Medicare Resource Workbook

Positioning - (E2605, E2606, E2613, E2614, E2615, E2616, E2620, E2621)

- The beneficiary has significant postural asymmetries that are due to a diagnosis listed in Group 2 or Group 3 of the ICD-10 code list in the Medicare Resource Workbook

Combination Skin Protection & Positioning - (E2607, E2608, E2624, E2625)

- Beneficiary meets the criteria for both a skin protection seat cushion and a positioning seat cushion. Review the Medicare Resource Workbook to confirm diagnosis(es) qualify for both.

Custom Fabricated Seat Cushion (E2609)

- Beneficiary meets all the criteria for a prefabricated skin protection seat cushion or positioning seat cushion; Review the Medicare Resource Workbook to confirm diagnosis(es).
- 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 the beneficiary's seating and positioning needs.

Custom Fabricated Back Cushion (E2617)

- Beneficiary meets all the criteria for a prefabricated positioning back cushion; Review the Medicare Resource Workbook to confirm diagnosis(es).
- 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 the beneficiary's seating and positioning needs.

Coding Requirements

For Medicare beneficiaries the requested seating/positioning items must be PDAC classified. Items that do not meet coding guidelines and has not been PDAC classified will be denied as not reasonable and necessary/incorrectly coded.

Utilizing PDAC's [Product Classification List](#) will confirm if the item is covered.

Tips & Tricks –

Did you know that when we code skin protection, positioning or combination cushions that they are all inclusive? This means if there is a component to the cushion it is included in the price of that cushion and should be marked as such in Detail.

But when we are providing custom fabricated cushions all items associated with it are billable as a bundled item. This is due to the cushion being built specifically to fit this client so all the components will create the cushion.

CUSHIONS, BACKS & SEATING SYSTEMS

When utilizing the Medicare Resource Workbook navigate to the “ICD10 Cushion and grp3 tab”. The tools on this page will help you determine what the medical records must contain and what the qualifying diagnosis are. Identify the cushion type on the top row then the client’s diagnosis in the far-left column. The junction in which they meet will inform you if the cushion is covered with that Diagnosis.

Check out the screenshot below with the corresponding descriptions to get a better understanding of how the workbook works for you.

1. If the section is Blank (Ex: S78.012A with E2603), then that Diagnosis does not qualify for the cushion and we need to speak with the ATP about changing the cushion or confirming Diagnoses with the physician.
2. If the section is Blue and has a ✓ then that cushion is covered with that Diagnosis (Ex: S78.012A with E2605).
3. If the section is Tan and has an & then that Diagnosis alone is not enough for that cushion and the client will require one of the Diagnoses listed in Tan as well.

		E2603, E2604, E2622, E262	E2605 E2606 E2613- E2617, E2620, E2621 (E0953, E0955 - E0957, E0960)	E2607, E2608, E2624, E2625	E2609, E2617
Q78.0	Osteogenesis imperfecta	✓	✓	&	✓
S78.012A, S78.019A	Complete traumatic amputation at hip (R, L, or unspecified)		✓	&	✓
S78.022A, S78.029A	Partial traumatic amputation at hip (R, L, or unspecified)	1.	✓ 2.	& 3.	✓
S78.112A, S78.119A	Complete traumatic amputation at level between hip & knee (R, L, or unspecified)		✓	&	✓
S78.122A, S78.129A	Partial traumatic amputation at level between hip & knee (R, L, or unspecified)		✓	&	✓

* L89.130-L89.134	Pressure ulcer R low back unstageable or 2-
* L89.140-L89.144	Pressure ulcer L low back unstageable or 2-
* L89.150-L89.154	Pressure ulcer sacral area unstageable or 2-
* L89.200-L89.204	Pressure ulcer unspecified hip unstageable or 2-4
* L89.210-L89.214	Pressure ulcer Right hip unstageable or 2-4
* L89.220-L89.224	Pressure ulcer Left hip unstageable or 2-4
* L89.300-L89.304	Pressure ulcer unspecified buttock unstageable or 2-4
* L89.310-L89.314	Pressure ulcer Right buttock unstageable or 2-4
* L89.320-L89.324	Pressure ulcer Left buttock unstageable or 2-