

Don't Let Reimbursement (Documentation) for Cushions be a **Pain in the Ischial**



U.S. ★ REHAB®



1

Learning Objectives

- Identify additional documentation requirements beyond the diagnosis code (ICD10)
- Identify how cushions impact coverage for a solid seat power base
- Determine appropriate time for replacement



Cushions and Backs

U.S. ★ REHAB®



2

Least Costly Alternative – Authorize the least costly medically appropriate alternative to the item being ordered. *In other words all items that cost less must be **tried and failed** OR **considered and ruled out***

Medicare considers
LEAST COSTLY ALTERNATIVES
 When Determining Coverage



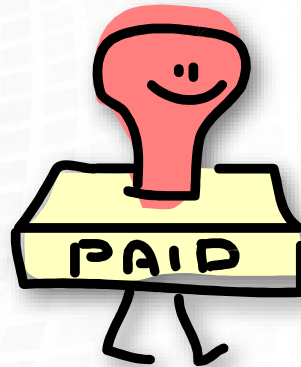
U.S. ★ REHAB®



3

Medical Necessity

- ✓ All least costly alternatives MUST be either tried and failed (with supportive reason) OR considered and ruled out (with supportive reason)
- ✓ Unsafe or Unreasonable



U.S. ★ REHAB®



4

Cushion Codes

E2601 GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH

E2602 GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH

E2603 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH

E2604 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH

E2605 POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH

E2606 POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH

E2607 SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH

E2608 SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH

U.S. ★ REHAB®



5

Cushion Codes

E2609 CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE

E2622 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH

E2623 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH

E2624 SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH

E2625 SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH

U.S. ★ REHAB®



6

Back Codes

E2611 GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE

E2612 GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE

E2613 POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE

E2614 POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE

E2615 POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE

U.S. ★ REHAB®



7

Back Codes

E2616 POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE

E2617 CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE

U.S. ★ REHAB®



8

Cushion and Back Codes

Fee Schedule Payment Category – Inexpensive and Routinely Purchased (IRP)

Fee Schedule Lookup

HCPCS Code* Date of Service*

Show for

RURAL ZIP CODE CHECKER

Zip Code*

Date of Service*

Fee Schedule Category: Inexpensive and Routinely Purchased Items

Short Description for E2603: Skin protect wc cus wd <22in

Long Description for E2603: SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH

Show entries Filter Results

Showing 1 to 9 of 9 entries

Beneficiary State of Residence	Modifier	Modifier	Rural Fee	Non-Rural Fee	Effective From	Effective To
WA	RR	KU		\$17.84	01/01/2024	03/31/2024
WA	NU	KE	\$167.19	\$0.00	01/01/2024	03/31/2024
WA	RR	KE	\$16.73	\$0.00	01/01/2024	03/31/2024



9

Cushion Coverage Criteria General Use - Manual Chairs

- If the coverage criteria for a **manual chair** has been met a general use cushion (**E2601 / E2602**) and back (**E2611 / E2612**) are also covered
- **NO** additional medical necessity is required
- The cushion must be listed on the SWO
- General use cushions and backs **ARE NOT** diagnosis driven



10

Cushion Coverage Criteria General Use – Power Chairs

- For patients who DO NOT have special skin protection or positioning needs, a **power wheelchair** with Captain's Chair provides appropriate support
- If a **general use cushion is provided** with a **power wheelchair** with a sling/solid seat/back instead of Captain's Chair, the wheelchair and the cushion(s) will be covered only 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 – K0864, K0870, K0871, K0879, K0880, K0886, K0890, K0891; or
 2. A skin protection and/or positioning seat or back cushion (**Diagnosis Driven**) that meets coverage criteria is provided.
- If one of these criteria is not met, **both the power wheelchair with a sling/solid seat and the general use cushion AND the solid seat base will be denied as not reasonable and necessary**

U.S. ★ REHAB®



11

Coverage Criteria – Cushions and Backs

A skin protection seat cushion (**E2603, E2604, E2622, E2623**) is covered for a beneficiary who meets both of the following criteria:

1. The beneficiary has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the beneficiary meets Medicare coverage criteria for it; **AND**
2. The beneficiary has either of the following (a **OR** b):
 - a) **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 listed in Group 1 of the ICD-10 code list in the LCD-related Policy Article; OR**
 - b) 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 **Group 2** of the ICD-10 code list in the LCD-related Policy Article

U.S. ★ REHAB®



12

ICD10 – Skin Protection Cushion (Not all inclusive see Wheelchair Seating Policy)

Group 1 Codes:

L89.130 Pressure ulcer of right lower back, unstageable
 L89.131 Pressure ulcer of right lower back, stage 1
 L89.132 Pressure ulcer of right lower back, stage 2
 L89.133 Pressure ulcer of right lower back, stage 3
 L89.134 Pressure ulcer of right lower back, stage 4
 L89.140 Pressure ulcer of left lower back, unstageable
 L89.141 Pressure ulcer of left lower back, stage 1
 L89.142 Pressure ulcer of left lower back, stage 2
 L89.143 Pressure ulcer of left lower back, stage 3
 L89.144 Pressure ulcer of left lower back, stage 4
 L89.150 Pressure ulcer of sacral region, unstageable
L89.151 Pressure ulcer of sacral region, stage 1
 L89.152 Pressure ulcer of sacral region, stage 2
 L89.153 Pressure ulcer of sacral region, stage 3
 L89.154 Pressure ulcer of sacral region, stage 4
 L89.200 Pressure ulcer of unspecified hip, unstageable

U.S. ★ REHAB®



13

Coverage Criteria – Cushions and Backs

Note:

- When the beneficiary has a **history of a healed pressure ulcer** on the area of contact with the seating surface, **ICD-10-CM code Z87.2** (in ICD-10-CM Codes that Support Medical Necessity section Group 1 codes) is the diagnosis code that must be appended to the claim
- Do not use other ICD-10-CM codes in the Group 1 Codes to represent a history of a healed pressure ulcer on the area contact with the seating surface
- **Z87.2** is **NOT for use to describe a current pressure ulcer** on the area of contact with the seating surface

U.S. ★ REHAB®



14

Coverage Criteria – Cushions and Backs

A skin protection seat cushion (**E2603, E2604, E2622, E2623**) is covered for a beneficiary who meets both of the following criteria:

1. The beneficiary has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the beneficiary meets Medicare coverage criteria for it; **AND**
2. The beneficiary has either of the following (a **OR** b):
 - a) 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 listed in **Group 1** of the ICD-10 code list in the LCD-related Policy Article; **OR**
 - b) 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 **Group 2** of the ICD-10 code list in the LCD-related Policy Article

U.S. ★ REHAB®



15

ICD10 – Skin Protection Cushion (Not all inclusive see Wheelchair Seating Policy)

Group 2 Codes:

B91 Sequelae of poliomyelitis
 E75.00 GM2 gangliosidosis, unspecified
 E75.01 Sandhoff disease
 E75.02 Tay-Sachs disease
 E75.09 Other GM2 gangliosidosis
 E75.10 Unspecified gangliosidosis
 E75.11 Mucopolipidosis IV
 E75.19 Other gangliosidosis
 E75.23 Krabbe disease
 E75.25 Metachromatic leukodystrophy
 E75.29 Other sphingolipidosis
 E75.4 Neuronal ceroid lipofuscinosis
 F84.2 Rett's syndrome
 G04.1 Tropical spastic paraplegia
 G04.89 Other myelitis
 G10 Huntington's disease
G35 Multiple sclerosis

U.S. ★ REHAB®



16

Coverage Criteria – Cushions and Backs

A positioning seat cushion (**E2605, E2606**), positioning back cushion (E2613-E2616, E2620, E2621), and positioning accessory (E0953, E0955-E0957, E0960) are covered for a beneficiary who meets **both** of the following criteria:

1. The beneficiary has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the beneficiary meets Medicare coverage criteria for it; **AND**
2. The beneficiary has any **significant postural asymmetries** that are due to one of the following (a or b):
 - a. A diagnosis code listed in Group 2; **OR**
 - b. A diagnosis code listed in Group 3.

U.S. ★ REHAB®



17

Coverage Criteria – Cushions and Backs

Group 2 OR 3 Codes:

G35 Multiple sclerosis (Group 2 code)

G83.10 Monoplegia of lower limb affecting unspecified side
 G83.11 Monoplegia of lower limb affecting right dominant side
 G83.12 Monoplegia of lower limb affecting left dominant side
 G83.13 Monoplegia of lower limb affecting right nondominant side
 G83.14 Monoplegia of lower limb affecting left nondominant side
 I69.041 Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side
 I69.042 Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left dominant side
 I69.043 Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right nondominant side

New Parkinson's diagnoses (G20.A1, G20.A2, G20.B1, G20.B2, G20.C) effective 10/1/23

U.S. ★ REHAB®



18

Coverage Criteria – Cushions and Backs

- A combination skin protection and positioning seat cushion (**E2607**, E2608, **E2624**, E2625) is covered for a beneficiary who meets the criteria for **both** a skin protection seat cushion and a positioning seat cushion



U.S. ★ REHAB®



19

Cushions and Backs

A **custom fabricated seat cushion (E2609)** is covered if criteria (1) and (3) are met. A **custom fabricated back cushion (E2617)** is covered if criteria (2) and (3) are met:

1. Beneficiary meets all of the criteria for a prefabricated skin protection seat cushion or positioning seat cushion;
2. Beneficiary meets all of the criteria for a prefabricated positioning back cushion;
3. 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.** The PT or OT may have no financial relationship with the supplier.

U.S. ★ REHAB®



20

For a custom fabricated seat or back cushion (**E2609, E2617**), a KX modifier must be added to the code only if criterion (a) is met AND criterion (b), (c), OR (d) is met:

- a) For E2609 or E2617, there is a comprehensive written evaluation by a licensed/certified medical professional, such as a PT or OT (who has no financial relationship with the supplier) which explains **why a prefabricated seating system is not sufficient to meet the beneficiary's seating and positioning needs**; AND
- b) For E2609, there is a past history of, or current, pressure ulcer in the area of contact with the seating surface; OR
- c) For E2609, there is absent or impaired sensation in the area of contact with the seating surface or an inability to carry out a functional weight shift due to one of the diagnoses listed as a covered diagnosis for skin protection cushions; OR
- d) For E2609 or E2617, the beneficiary has significant postural asymmetries due to one of the diagnoses listed as a covered diagnosis for positioning cushions

U.S. ★ REHAB®



21

Positioning Accessories

- For positioning items (HCPCS codes **E0953, E0955, E0956, E0957, E0960, E2605, E2606, E2613, E2614, E2615, E2616, E2617, E2620, and E2621**)
- One diagnosis code from either Group 2 or Group 3
- **Note: For HCPCS code E0955**, a diagnosis code from Group 2 or Group 3 is only required if the beneficiary has a medically necessary manual wheelchair or power wheelchair with a sling/solid seat/back
- If the beneficiary has a medically necessary manual tilt-in-space, manual semi or fully reclining back on a manual wheelchair, a manual fully reclining back on a power wheelchair, or a power tilt and/or recline power seating system, then a diagnosis code from Group 2 or Group 3 is NOT required for HCPCS code E0955

U.S. ★ REHAB®



22

Cushion and Back - Repair and Replacement

A **general use seat cushion** (E2601, E2602) and **general use back cushion** (E2611, E2612) which has the following characteristics:

- It has a warranty that provides for repair or full replacement if manufacturing defects are identified or the surface does not remain **intact due to normal wear within 12 months**

A **skin protection seat cushion** (E2603, E2604, E2622, E2623) which has the following characteristics:

- It has a warranty that provides for repair or full replacement if manufacturing defects are identified or the surface does not remain **intact due to normal wear within 18 months**

A **positioning seat cushion** (E2605, E2606) and **positioning back cushion** (E2613, E2614, E2615, E2616, E2620, E2621) that has the following characteristics:

- It has a warranty that provides for repair or full replacement if manufacturing defects are identified or the surface does not remain **intact due to normal wear within 18 months**

U.S. ★ REHAB®



23

Repair / Replacement – Cushions and Backs

- If a cushion needs to be replaced it must be documented the reason and if the item can be **repaired**
- If it **can be repaired** (replacing parts of the cushion) that can be reimbursed and in this case so can labor (K0739)
- If it **can't be repaired** (per the manufacturer) and it is no longer intact it CAN be replaced as a repair

Example

- Replacement of a 24 month old E2603 (skin protection cushion) that is no longer intact
- E2603 NUKX (and if on a group 3 pwc, K5 or E1161 the KU as well)

U.S. ★ REHAB®



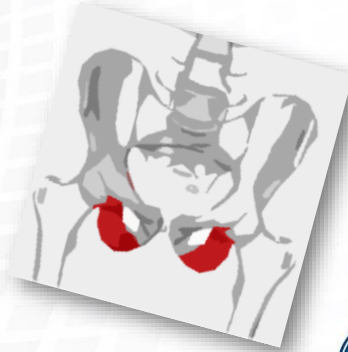
24

Thank You for Attending

Dan Fedor

Dan.fedor@vgm.com

570-499-8459 call or text



U.S. ★ REHAB®

