



Ride Designs®
a branch of Aspen Seating, LLC

toll-free (US only): 866.781.1633
phone: 303.781.1633
fax: 303.781.1722
www.ridedesigns.com

Ride® Custom 2 Cushion / U.S. Funding



Medicare Code: E2609

Custom Fabricated Wheelchair Seat Cushion, Any Size

Cushion Cover - Replacement Only: E2619

Replacement Cover for WC Seat Cushion
or Back Cushion, Each

Medicare Coverage Criteria

A custom fabricated seat cushion (E2609) is covered if the two criteria below are met:

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:
 - Current pressure ulcer or past history of a pressure ulcer (See ICD-10 Reference Guide for the Ride Custom Seat) on the area of contact with the seating surface; OR
 - 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 diagnoses listed on the ICD-10 Reference Guide for the Ride Custom Seat Cushion 2. OR
 - The beneficiary has any significant postural asymmetries that are due to one of the diagnoses listed on the ICD-10 Reference Guide for the Ride Custom Seat Cushion 2. AND
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 for meet the beneficiary's seating and positioning needs. The PT or OT may have no financial relationship with the supplier.

The only products, which may be billed using code E2609, are those products for which the Pricing, Data Analysis, and Coding (PDAC) contractor has made a written coding verification. A Product Classification List with products which have received a coding verification can be found on the PDAC website (www.dmepdac.com).

There is no specific coverage policy for the cushion cover (E2619); it can only be billed as a replacement.

Helpful Tips

- Be sure the clinical documentation clearly describes why the off-the-shelf positioning seats do not meet the client's medical needs. This may include specific body measurements, contractures, rotation, etc. Documented trial and failure of lower level equipment is beneficial.
- When billing, be sure to include the Manufacturer name and model name/number, and the MSRP.
- All accessories and customizations charged with the Ride Custom 2 Cushion should be grouped into the cushion itself and billed as one line item, coded E2609.
- The cushion cover (E2619) cannot be billed separately when the cushion itself is being billed. This is a replacement only billable code.



Ride[®] Custom 2 Cushion / U.S. Funding (continued)

Current Medicare Fee Schedule (as of October 2021)

There is no established Medicare Fee Schedule for code E2609. This item is individually priced.

Cushion Cover Non-Rural

E2619 / NU: \$49.56
E2619 / NU KE*: \$51.42
E2619 / NU KU**: \$51.47
E2619 / RR: \$4.96
E2619 / RR KE*: \$5.14
E2619 / RR KU**: \$5.14

Cushion Cover Rural

E2619 / NU: \$50.20
E2619 / NU KE*: \$53.93
E2619 / NU KU**: \$51.47
E2619 / RR \$5.02
E2619 / RR KE*: \$5.39
E2619 / RR KU**: \$5.14

*KE modifier is to be applied when the cushion is used as part of a non-competitively bid manual wheelchair system.

**KU modifier is to be applied when the cushion is used as part of a Group 3 power wheelchair system.

NOTE: If the code is subject to competitive bidding and billed for use on a competitively bid wheelchair system, the allowable will be based on the single payment amount for the specific area.

These allowables were effective October 1, 2021.

Pricing Category for E2619

Inexpensive & Routinely Purchased