



Ride Designs®
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Ride® Forward™ Cushion / U.S. Funding



Medicare Code: E2607

Skin Protection and Positioning Wheelchair Seat Cushion,
Width Less Than 22 inches, Any Depth

Cushion Cover - Replacement Only: E2619

Replacement Cover for WC Seat Cushion
or Back Cushion, Each

Medicare Coverage Criteria

A combination skin protection and positioning seat cushion (E2607, E2608) is covered for a beneficiary who meets the criteria for both a skin protection and a positioning seat cushion; all criteria are as follows:

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; AND
3. The beneficiary has any significant postural asymmetries that are due to one of the diagnoses listed in the ICD-10 Reference Guide for the Ride Forward Seat Cushion.

The only products, which may be billed using code E2607, 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 client meets the criteria for BOTH skin protection AND positioning; a qualifying ICD-10 diagnosis alone is not sufficient.
- The cushion cover (E2619) cannot be billed separately when the cushion itself is being billed. This is a replacement only billable code.



Ride[®] Forward[™] Cushion / U.S. Funding (continued)

Current Medicare Fee Schedule (as of October 2021)

Seat Cushion Non-Rural

Varies by state, please see attached spreadsheet.

Seat Cushion Rural

E2607 / NU: \$254.06
E2607 / NU KE*: \$273.43
E2607 / NU KU**: \$290.81
E2607 / RR \$25.41
E2607 / RR KE*: \$27.34
E2607 / RR KU**: \$29.09

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 (cushion and cover)

Inexpensive & Routinely Purchased



Ride[®] Forward[™] Cushion / U.S. Funding (continued)

Medicare NON-RURAL Fee Schedule: E2607

NU	AK	AL	AR	AZ	CA	CO	CT	DC	DE	FL	GA	HI	IA	ID
NU	AK	AL	AR	AZ	CA	CO	CT	DC	DE	FL	GA	HI	IA	ID
275.14	235.57	235.57	235.57	228.37	229.87	234.88	219.42	219.26	219.26	235.57	235.57	275.14	226.38	234.88
290.81	290.81	290.81	290.81	290.81	290.81	290.81	290.81	290.81	290.81	290.81	290.81	290.81	290.81	290.81
RR	25.40	22.75	22.75	22.01	22.17	22.68	21.11	21.09	21.09	22.75	22.75	25.40	21.81	22.68
RR	27.51	23.56	23.56	22.84	22.99	23.49	21.94	21.93	21.93	23.56	23.56	27.51	22.64	23.49
RR	29.09	29.09	29.09	29.09	29.09	29.09	29.09	29.09	29.09	29.09	29.09	29.09	29.09	29.09

NU	IL	IN	KS	KY	LA	MA	MD	ME	MI	MN	MO	MS	MT	NC
NU	IL	IN	KS	KY	LA	MA	MD	ME	MI	MN	MO	MS	MT	NC
234.72	234.72	234.72	226.38	235.57	235.57	219.42	219.26	219.42	234.72	226.38	226.38	235.57	234.88	235.57
290.81	290.81	290.81	290.81	290.81	290.81	290.81	290.81	290.81	290.81	290.81	290.81	290.81	290.81	290.81
RR	22.66	22.66	21.81	22.75	22.75	21.11	21.09	21.11	22.66	21.81	21.81	22.75	22.68	22.75
RR	23.47	23.47	22.64	23.56	23.56	21.94	21.93	21.94	23.47	22.64	22.64	23.56	23.49	23.56
RR	29.09	29.09	29.09	29.09	29.09	29.09	29.09	29.09	29.09	29.09	29.09	29.09	29.09	29.09

NU	ND	NE	NH	NJ	NM	NV	NY	OH	OK	OR	PA	PR	RI	SC
NU	ND	NE	NH	NJ	NM	NV	NY	OH	OK	OR	PA	PR	RI	SC
226.38	226.38	226.38	219.42	219.26	228.37	229.87	219.26	234.72	228.37	229.87	219.26	308.44	219.42	235.57
290.81	290.81	290.81	290.81	290.81	290.81	290.81	290.81	290.81	290.81	290.81	290.81	348.98	290.81	290.81
RR	21.81	21.81	21.11	21.09	22.01	22.17	21.09	22.66	22.01	22.17	21.09	28.31	21.11	22.75
RR	22.64	22.64	21.94	21.93	22.84	22.99	21.93	23.47	22.84	22.99	21.93	30.84	21.94	23.56
RR	29.09	29.09	29.09	29.09	29.09	29.09	29.09	29.09	29.09	29.09	29.09	29.09	29.09	29.09

NU	SD	TN	TX	UT	VA	VI	VT	WA	WI	WV	WY
NU	SD	TN	TX	UT	VA	VI	VT	WA	WI	WV	WY
226.38	227.46	235.57	228.37	234.88	235.57	275.14	219.42	229.87	234.72	235.57	234.88
290.81	290.81	290.81	290.81	290.81	290.81	290.81	290.81	290.81	290.81	290.81	290.81
RR	21.81	22.75	22.01	22.68	22.75	25.40	21.11	22.17	22.66	22.75	22.68
RR	22.64	23.56	22.84	23.49	23.56	27.51	21.94	22.99	23.47	23.56	23.49
RR	29.09	29.09	29.09	29.09	29.09	29.09	29.09	29.09	29.09	29.09	29.09