Ride Designs®
a branch of Aspen Seating, LLC

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Ride® Custom Cushion 2, 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.

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Appropriate User:
Examples of an appropriate user of the Ride Custom Seat Cushion:

- Needs a custom shape in order to accommodate and aggressively support severe tone/movement disorders, and/or accommodate severe pelvic and lower extremity contractures.
- Requires custom re-distribution of pressure away from the coccygeal and IT areas, when they are unable to bear weight in these areas.

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.
- Be sure to include the Manufacturer name and model name/number, and the MSRP. All parts and pieces tied to the custom seat should be grouped into this one line when billing Medicare.
- The cushion cover (E2619) cannot be billed separately when the cushion itself is being billed. This is a replacement only billable code.

2018 Medicare Fee Schedule*:

Seat Cushion
There is no set Medicare Fee Schedule for code E2609. This item is individually priced.

Cushion Cover
Non-Rural
E2619 / NU: $46.51
E2619 / NU KU: $49.77
E2619 / RR: $4.65
E2619 / RR KU: $4.97

Rural:
Allowables for all states are unpublished

*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 any wheelchair system (with the exception of Group 3 power wheelchairs, the allowable will be based on the single payment amount for the specific area.

These allowables were effective January 1st, 2018

Pricing Category for E2619: Inexpensive & Routinely Purchased