



Ride Designs®
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Forward™ Seat 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 Forward Seat Cushion) 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 in the ICD-10 Reference Guide for the Ride Forward Seat Cushion.

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.



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Appropriate User:

Examples of an appropriate user of the Ride Forward Cushion:

- Currently has skin/soft tissue breakdown (lesser stage pressure ulcer following an individual assessment).
- Requires lower extremity alignment

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.

2018 Medicare Fee Schedule*

Seat Cushion

Non-Rural:

Varies by state, please see attached spreadsheet.

Rural:

E2607 / NU: \$212.61

E2607 / NU KU: unpublished

E2607 / RR: \$21.26

E2607 / RR KU: unpublished

Cushion Cover

Non-Rural:

E2619 / NU: \$46.51

E2619 / NU KU: \$49.7

E2619 / RR: \$4.65

E2619 / RR KU: \$4.97

Rural:

Medicare did not publish set allowables

*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 (cushion and cover): Inexpensive & Routinely Purchased