



Ride Designs®
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Ride® Java® Cushion, U.S. Funding



Medicare Code: E2624

**Skin Protection and Positioning Wheelchair Seat Cushion,
Adjustable, 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:

Adjustable combination skin protection & positioning seat cushions (E2624, E2625) are covered by Medicare if the beneficiary meets the criteria for both a skin protection **and** a positioning seat cushion:

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 on the area of contact with the seating surface (See ICD-10 Reference Guide for the Ride Java Cushion.)

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 Java Cushion.

AND

- Has any significant postural asymmetries that are due to one of the diagnoses listed in the ICD-10 Reference Guide for the Ride Java Cushion.

The only products, which may be billed using code E2624, 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 Java Cushion:

- Has mild to moderate asymmetry of the pelvis & lower extremities that need to be accommodated or corrected
- May require more stability for such activities as transfers while maintaining protection under the coccygeal and IT areas

Helpful Tips:

- Even if the end-user has a qualifying diagnosis, they still must meet the other portion of the coverage criteria (i.e. significant postural asymmetry or inability to weight shift); the diagnosis alone does not qualify the client.
- 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 Fee

E2624 / NU: \$299.79

E2624 /NU KU: \$324.19

E2624 / RR: \$29.98

E2624 / RR KU: \$32.42

Rural:

Medicare did not publish set allowables.

Cushion Cover

Non-Rural Fee:

E2619 / NU: \$46.51

E2619 / NU KU: \$49.77

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 & cover): Inexpensive & Routinely Purchased