

Coverage criteria and justification for wheelchair seat cushions

The justifications provided are meant to be examples only and are not all-inclusive. For ANY wheelchair seat cushion, the individual must have a wheelchair and must meet the coverage criteria for that wheelchair. Each type of wheelchair seat cushion has 2 HCPCs codes assigned to it. The first code is for seat cushions less than 22” wide; the second code is for seat cushion surfaces 22” wide or greater.

Definition:	Medicare Criteria:	Sample justification:	Accessories:
<p>E2601/E2602 General use</p>	No additional coverage criteria	Necessary to provide support and comfort beyond that provided by sling upholstery for this individual who will use the wheelchair for more than very short time periods.	<p>E2601 ROHO® MOSAIC® Cushion Comfort Support Pro 7 Series Cushion</p> <p>E2601/E2602 Comfort Curve Cushion Comfort Elements Cushion</p>
<p>E2603/E2604 Skin protection</p> <p>E2622/E2623 Adjustable skin protection</p>	<p>Must meet either (1) OR (2)</p> <ol style="list-style-type: none"> 1. Current pressure injury or past history of a pressure injury on area of contact with the seat support surface 2. Absent or impaired sensation in area of contact with the seat support surface OR inability to carry out a functional weight shift AND one of the qualifying diagnoses for skin protection 	<p>The skin protection features are necessary to provide the pressure distribution and shear reduction needed to:</p> <ul style="list-style-type: none"> • Help heal the pressure injury on his coccyx/sacrum. • Prevent another pressure injury on his coccyx sacrum. • Prevent pressure injuries due to his UE weakness (paralysis, abnormal tone, decreased balance, other) that prevents him from performing an effective weight shift. • Prevent pressure injuries due to his decreased sensation on his buttocks and LEs. <p>For adjustable seat support surfaces: the adjustable features of the seat support surface are necessary to:</p> <ul style="list-style-type: none"> • Continue to meet his changing physical needs due to his progressive MS. • Adapt to his movements and changes in position to continue to protect his skin during daily functional activities (<i>transfers, weight shifts, repositioning for function / comfort, other</i>) 	<p>E2603/E2604 Comfort Ascent Cushion</p> <p>E2622 ROHO® MID PROFILE® Single Compartment Cushion</p> <p>E2622/E2623 ROHO® Hybrid Elite SR Single Compartment Cushion ROHO® LOW PROFILE® Single Compartment Cushion ROHO® HIGH PROFILE® Single Compartment Cushion ROHO® Hybrid Elite Dual Compartment Cushion Vicair® Adjuster® O2 cushion</p>

Definition:	Medicare Criteria:	Sample justification:	Accessories:
<p>E2605/E2606 Positioning</p>	<p>The individual must have significant postural asymmetries AND one of the qualifying diagnoses for positioning.</p>	<p>The positioning feature is necessary to correct (<i>accommodate</i>) his posterior pelvic tilt and spinal kyphosis by preventing forward migration of the pelvis and providing a solid support. This will:</p> <ul style="list-style-type: none"> • Improve his seated balance to facilitate independence with ADLs / IADLs (list specific ADLs / IADLs) • Decrease risk of pressure injuries on his coccyx/sacrum • Prevent recurrence (progression) of his posterior pelvic tilt and spinal kyphosis 	<p>E2605 ROHO® AirLITE® Cushion</p>
<p>E2607/E2608 Skin protection & positioning</p> <p>E2624/E2625 Adjustable Skin Protection & Positioning</p>	<p>Must meet either (1) OR (2)</p> <ol style="list-style-type: none"> 1. Must meet either (a) OR (b) <ol style="list-style-type: none"> a. Current pressure injury or past history of a pressure injury on area of contact with the seat support surface b. Absent or impaired sensation in area of contact with the seat support surface OR inability to carry out a functional weight shift AND one of the qualifying diagnoses for skin protection 2. Must have significant postural asymmetries AND one of the qualifying diagnoses for positioning 	<p>The skin protection features are necessary to provide the pressure distribution and shear reduction needed to:</p> <ul style="list-style-type: none"> • Help heal the pressure injury on his coccyx/sacrum. • Prevent another pressure injury on his coccyx sacrum. • Prevent pressure injuries due to his UE weakness (paralysis, abnormal tone, decreased balance, other) that prevents him from performing an effective weight shift. • Prevent pressure injuries due to his decreased sensation on his buttocks and LEs. <p>The positioning feature are necessary to correct (<i>accommodate</i>) his posterior pelvic tilt and spinal kyphosis by preventing forward migration of the pelvis and providing a solid support. This will:</p> <ul style="list-style-type: none"> • Improve his seated balance to facilitate independence with ADLs / IADLs (list specific ADLs / IADLs) • Decrease risk of pressure injuries on his coccyx/sacrum • Prevent recurrence (progression) of his posterior pelvic tilt and spinal kyphosis <p>For adjustable seat support surfaces: the adjustable features of the seat support surface are necessary to:</p> <ul style="list-style-type: none"> • Continue to meet his changing physical needs due to his progressive MS. • Adapt to his movements and changes in position to continue to protect his skin during daily functional activities (<i>transfers, weight shifts, repositioning for function / comfort, other</i>) 	<p>E2607/E2608 Comfort Embrace™ Cushion Comfort M2 Cushion</p> <p>E2624/E2625 Comfort Embrace™ Cushion with ATI Comfort M2 Cushion with ATI ROHO® QUADTRO SELECT® HIGH PROFILE® Cushion ROHO® QUADTRO SELECT® MID PROFILE® Cushion ROHO® QUADTRO SELECT® LOW PROFILE® Cushion ROHO® HIGH PROFILE® Dual Compartment Cushion ROHO® LOW PROFILE® Dual Compartment Cushion ROHO® ENHANCER® ROHO® CONTOUR® SELECT® Cushion ROHO® Hybrid Select Cushion Vicair® Vector® O2 Cushion Vicair® Active® O2 Cushion</p>

About this guide

The justifications provided are meant to be examples only and are not all-inclusive. There are many reasons why an individual might need a specific product or feature and many ways to explain the need. If you use the text from the justifications in this document as a basis for your documentation, choose only those that apply to the specific individual and re-word them using words pertinent to that person to explain why he/she needs the product/feature..

General suggestions for justifying accessories

Describe specific physical / medical issues that will be improved and/or ADLs or IADLs that will be allowed/enhanced with this accessory. Provide results from your evaluation, and describe the individual's physical presentation to support your justifications. When appropriate describe the specific feature of the accessory and how it will address the issue.

For example:

- The split and elevated side chambers of the cushion run from front to back to provide independently adjustable chambers to reduce his pelvic obliquity as well as reduce abduction of his thighs
- The cushion allows independent inflation of the front and back chambers to create a posterior well to reduce his posterior pelvic tilt by preventing forward migration.

Things to Consider for Skin Protection Seat Support Surfaces:

- ANY stage of pressure injury meets the criteria
- ANY past pressure injury meets the criteria no matter when it occurred and even if it is healed
- The sensory impairment must be on a part of the body that contacts the seat support surface
- For sensory impairments or ineffective weight shifts the individual MUST have one of the specific ICD-10 codes designated by Medicare for skin protection eligibility
- For adjustable seat support surfaces, the individual must have a medical / functional need for the adjustable feature, although Medicare does not provide specific criteria

Things to Consider for Positioning Seat Support Surfaces:

- Medicare does not qualify what is meant by a "significant" postural asymmetry
- The postural asymmetry can be either reducible (flexible) or non-reducible (fixed)
- The individual MUST have one of the specific ICD-10 codes designated by Medicare for positioning eligibility

Additional resources

- For a list of ICD-10 qualifying diagnosis search: www.comfortcompany.com/icd_decision_tree
- Contact Customer Experience to find your local Permobil Territory Sales Manager to assist you in understanding our products as well as qualifying diagnoses for each wheelchair seating accessory code: <https://hub.permobil.com/support>
- For more information on Permobil Seating and Positioning products: www.permobil.com