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Funding Justification Guide

Custom Seating

Documentation & justification

Tips to assist with obtaining coverage for custom seating products

There are many reasons why an individual may need a specific product or feature of complex rehab equipment and there are also multiple ways to explain this need. These tips are not all inclusive and should be used as a guide to assist your individual documentation. The criteria noted in this document is based on Medicare requirements. The criteria for other funding sources may be different depending on that specific policy.

- Document objective exam results and descriptions of the person’s limitations that require the custom product. This could include skin integrity issues, postural abnormalities, stability and balance issues, range of motion limitations, strength, spasticity/tone issues, and/or pain.
 - Identify which prefabricated products have been trialed and considered and specifically why they did not or will not address this person’s functional and medical needs.
- Describe the special features of the custom seat cushion and/or custom back support (eg. contour, shape, materials, angles, lateral/medial support, etc.). Identify how these features will address person’s specific limitations and needs by relating this information back to the objective exam results.
 - Clearly state that a custom product is the only option to meet this person’s needs.

Coding guidelines

E2609 | Custom fabricated wheelchair cushion

Must meet (1), (2), AND (3)

1. The individual has a manual wheelchair or a power wheelchair with a sling or solid seat and meets the Medicare coverage criteria for that wheelchair
2. The individual must meet all the criteria for a skin protection cushion (a) OR all the criteria for a positioning cushion (b)
 - a. For a skin protection cushion, the individual must meet (i) or (ii):
 - i. Current pressure injury or past history of a pressure injury on area of contact with the seat support surface
 - ii. 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.

- b. For a positioning cushion, the individual must have significant postural asymmetries AND one of the qualifying diagnoses for positioning

3. There is a comprehensive written evaluation by a licensed/certified medical professional (LCMP), such as a PT or OT that clearly explains why a prefabricated seating system is not sufficient to meet the individual’s seating and positioning needs.



E2617 | Custom fabricated wheelchair back

Must meet (1), (2), AND (3)

1. The individual has a manual wheelchair or a power wheelchair with a sling or solid seat and meets the Medicare coverage criteria for that wheelchair.
2. The individual meets all of the criteria for a prefabricated positioning back, must have significant postural asymmetries, AND one of the qualifying diagnoses for positioning.
3. There is a comprehensive written evaluation by a licensed/certified medical professional (LCMP), such as a PT or OT that clearly explains why a prefabricated seating system is not sufficient to meet the individual’s seating and positioning needs.



Want more resources?

Scan the QR code or visit [comfortcompany.com/icd_decision_tree](https://www.comfortcompany.com/icd_decision_tree) to search a list of ICD-10 qualifying diagnoses.

Reimbursement guidelines

Custom fabricated wheelchair cushion or custom wheelchair back support

Skin protection criteria considerations

If the individual does not have a current or past pressure injury, they must have at least one of the qualifying diagnoses.

Without a qualifying diagnosis, the person will not be covered for a skin protection cushion even if they have absent or impaired sensation, are unable to perform a functional weight shift, and/or has any other risk factors for skin breakdown.

If the individual is eligible for the cushion based upon one of the qualifying diagnoses, it is critical that the correct ICD-10 code(s) for that specific diagnosis is included somewhere in the documentation.

The information in this pamphlet is for informational purposes only and is not intended to be medical, billing, or legal advice. It is not intended to substitute for the advice of an appropriately qualified and licensed physician, clinician, or other healthcare provider. Additionally, the information provided does not guarantee funding from any source. For coverage information, verify the policy of the appropriate provider.

Positioning criteria considerations

Postural asymmetries can consist of any postural abnormality that impacts the seated posture such as: posterior or anterior pelvic tilt, pelvic obliquity, pelvic rotation, spinal scoliosis or lateral lean, increased spinal kyphosis or lordosis, spinal rotation, increased or decreased hip abduction, adduction, internal or external rotation, leg length discrepancy, and windswept deformity of the lower extremities.

These deformities do not need to be non-reducible to qualify the individual for positioning components. A positioning seat cushion or back support that will help reduce or correct a deformity can be a medical necessity.

Note that the coverage criteria states that the postural deformity must be “significant,” but does not go on to define “significant”.

If the postural deformity interferes with function and/or puts the individual at risk for skin or soft tissue injury, further postural deformity, discomfort, pain or other harm, then clinically it would be considered significant and should be corrected or accommodated for as appropriate.

Remember that in all cases the individual must also have one of the qualifying diagnoses to be eligible for the positioning component.

Billing considerations

- Custom seat (E2609) and back (E2617) supports are reimbursed based on individual consideration, which typically translates to either cost plus a percentage or retail minus a percentage.
- Claims for custom seating must be billed with a single claim line for the seat and another single claim line for the back. Additional claim lines for customization charges will be denied with few exceptions. The itemized lines from the order confirmation should be added together and billed as a single total for E2609 and a separate total for E2617.
- Billed diagnoses need to be as specific as possible. If an ICD-10 code is billed that does not exactly match one of the qualifying diagnoses in the coverage policy, the claim will be denied.
- During the 5-year useful lifetime, custom seating is expected to be repaired, not replaced.



Build a relationship with a Permobil Representative

Or a Clinical Educator to assist you in understanding our products and qualifying diagnoses for each wheelchair custom seating code. Scan the QR code to find the Permobil Representatives closest to you!



More information on Permobil Seating and Positioning products:

At Permobil, we have wheelchair seating solutions for every individual. Scan the QR to discover all the Permobil offerings for seating and positioning.