

Cushion positioning and Skin Protection – Documentation Needs

The following documentation is required to be in clinic visit/therapy notes from the treating provider within 6 months of the prescription for consideration of payment.

Custom fabricated seat cushion

The following documentation is required by Medicare to be in clinic visit note for consideration of payment. Documentation from the medical record should indicate the diagnosis responsible for the needed equipment and support all of the following criteria:

A custom fabricated seat cushion is covered if criteria (1) and (3) are met. A custom fabricated back cushion is covered if criteria (two) and (three) are met:

1. Patient meets all of the criteria for a prefabricated skin protection seat cushion or positioning seat cushion;
2. Patient meets all of the criteria for a prefabricated positioning back cushion;
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 to meet the patient's seating and positioning needs. The PT or OT may have no financial relationship with the supplier.

Positioning seat and back cushions and positioning accessory

A positioning seat cushion, positioning back cushion and positioning accessory is covered for a patient who meets both of the following criteria:

1. The patient has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the patient meets Medicare coverage criteria for it; and

2. The patient has any significant postural asymmetries that are due to one of the diagnoses listed in criterion 2b below or to one of the following diagnoses: monoplegia of the lower limb due to stroke, traumatic brain injury, or other etiology, spinocerebellar disease, above knee leg amputation, osteogenesis imperfecta, transverse myelitis.

Skin protection seat cushion

A skin protection seat cushion is covered for a patient who meets both of the following criteria:

1. The patient has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the patient meets Medicare coverage criteria for it; and
2. The patient has either of the following:
 - a. Current pressure ulcer or past history of a pressure ulcer on the area of contact with the seating surface; or
 - b. 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 following diagnoses: spinal cord injury resulting in quadriplegia or paraplegia, other spinal cord disease, multiple sclerosis, other demyelinating disease, cerebral palsy, anterior horn cell diseases including amyotrophic lateral sclerosis, post-polio paralysis, traumatic brain injury resulting in quadriplegia, spina bifida, childhood cerebral degeneration, Alzheimer's disease, Parkinson's disease, muscular dystrophy, hemiplegia, Huntington's chorea, idiopathic torsion dystonia, athetoid cerebral palsy.

Our Locations

Baraboo · 1111 Eighth Street · 800-924-2273
Fond du Lac · 307 Camelot Drive · 800-732-1313
Janesville · 3700 E. Racine Street · 800-924-2273
Madison · 4639 Hammersley Road · 800-924-2773
Reedsburg · 164 Second Street · 800-924-2273