

### General use cushion and back – documentation needs

The following documentation is required to be in clinic visit/therapy notes from the treating provider within 12 months of the prescription for consideration of payment.

A general use seat cushion and a general use back cushion are covered for a patient who has a manual wheelchair or a power wheelchair with a sling/solid seat/back which meets Medicare coverage criteria. If the patient does not have a covered wheelchair, then the cushion will be denied as not medically necessary.

### **Manual Wheelchair standard criteria:**

1. Describe the patient's mobility limitation that significantly impairs the patient's ability to participate in one or more mobility related activities of daily living such as toileting, feeding, dressing, grooming, or bathing in customary locations in the home.
2. Describe why the patient's mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker.
3. Describe how the functional mobility deficit will be sufficiently resolved by use of a manual wheelchair and improve the patient's ability to participate in MRADLs and the patient will use the manual wheelchair on a regular basis in the home.
4. Assess that the patient has sufficient upper extremity function and other physical and mental capabilities needed to safely self-propel the manual wheelchair in the home during a typical day.
5. Is the patient or caregiver willing and able to safely use a manual wheelchair in their home? Add below documentation to justify need for cushion seat and/or back.

### ***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  
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