MEDICARE CHARTING GUIDE
WHEELCHAIR CUSHIONS

Medicare qualifies a cushion based on what is written in the note. Specific ICD-10 codes are not required, but the patient's condition must be clearly described.

1. Choose the Cushion

If the patient…	Order this cushion
Uses a wheelchair and has **no skin or posture concerns**	**General use** seat and/or back cushion
Has a **current or past pressure ulcer** on the seating surface, **impaired sensation** there, or **can't weight shift**	**Skin protection** seat cushion
Has a **significant postural asymmetry**	**Positioning** seat and/or back cushion
Meets **both** the skin protection and positioning rows	**Skin protection & positioning** seat cushion
Qualifies above, but a **prefabricated cushion won't work**	**Custom** cushion (PT/OT evaluation required)

2. Chart the Wheelchair Need *(only required if patient doesn't have a wheelchair paid by insurance)*

- Diagnosis and the **mobility limitation** that keeps the patient from daily activities in the home (toileting, bathing, dressing, meal prep)
- Why a **cane or walker** cannot safely or sufficiently resolve the limitation
- Patient can **safely use the wheelchair**: self-propels, or a caregiver is available to assist

> **Sample:** *"Due to [diagnosis], patient cannot safely walk in the home with a cane or walker to complete toileting and meal prep. Patient is able to self-propel a manual wheelchair."*

3. Chart the Cushion Criteria *(skip for general use)*

Skin Protection: document at least ONE of the following

- **Current or past pressure ulcer** on the seating surface (buttocks, sacrum, coccyx, ischium, hips) with location and stage
- **Absent or impaired sensation** in the seating area, and its cause
- **Unable to do a functional weight shift**: cannot lean, push up, or reposition to relieve pressure while seated

> **Sample:** *"Patient has impaired sensation of the buttocks due to [diagnosis] and is unable to perform independent weight shifts while seated."*

Positioning: name the specific asymmetry and its cause

- Examples: pelvic obliquity, pelvic rotation, scoliosis, windswept hips, lateral trunk lean

> **Sample:** *"Patient has a fixed pelvic obliquity (right side low) with left lateral trunk lean due to [diagnosis] and requires positioning support to sit upright in the wheelchair."*

Custom: refer for a written PT/OT evaluation explaining why a prefabricated cushion will not work

4. Write the Order

- Include: patient name or MBI, order date, item description (e.g., *"skin protection wheelchair seat cushion"*), quantity, practitioner name or NPI, and signature

Avoid

- General statements like *"needs cushion for comfort"* or *"poor posture."* They will not qualify the patient.

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