

Section C Product Specific Information:

Provide the requested product specific information or answer the questions related to the products listed in Section B- Product Information of the Coding Verification Review Application.

Wheelchair Cushions (Backs and Seats)

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| Does the product have a permanent label with manufacturer name and model number and/or product name? | Yes | No |
| Does the product have a warranty for repair or a full replacement of manufacturer defects? | Yes | No |
| If Yes, provide the length of the warranty: | 12 Month 18 Month Other | |
| Does this product have one of the following surface or cover types? <ul style="list-style-type: none"> • Removable vapor permeable • Waterproof cover • Waterproof surface | Yes | No |
| Do the cushion and cover meet the California Bulletin 117 or 133 for fire retardant properties? If Yes, a testing report must be submitted. | Yes | No |
| Indicate the type of testing methodology performed on the product. | Simulation Test Human Subject | |
| The test report for the product on this application must be submitted. For testing requirements see the Local Coverage Determination and Policy Article for Wheelchair Seating. | | |
| Provide the type of wheelchair seat or back cushion: Foam Gel Water Air Other | | |
| Is the wheelchair cushion adjustable based on the Local Coverage Determination Coding Guideline requirements? | Yes | No |
| If Yes, describe how the cushion meets the requirements: | | |

Custom Fabricated Cushions Only - E2609 and E2617

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| Is the cushion fabricated for a specific beneficiary starting with basic materials? | Yes | No |
| Is it fabricated using molded-to-beneficiary-model technique, direct molded-to-beneficiary technique, CAD-CAM technology, or detailed measurements of the beneficiary used to create a configured cushion? | Yes | No |
| Does the cushion have structural features that significantly exceed the minimum requirements for a seat or back positioning cushion? | Yes | No |

Step-by-step description of the fabrication process **MUST** be provided. Include color photographs of each step within the fabrication process. See the DME MAC Local Coverage Determination and Policy Article for Wheelchair Seating for more details.