

Coverage Criteria and Justification for Wheelchair Seating Accessories

The justifications provided are meant to be examples only and are not all-inclusive.

Definition:	Medicare Criteria:	Sample justification:	Accessories:
E0955 Head Support	<p>Must meet either (1) OR (2)</p> <ol style="list-style-type: none"> Has significant* postural asymmetries <i>AND</i> one of the qualifying diagnoses for positioning back support Uses a tilt-in-space or recline wheelchair system 	<ul style="list-style-type: none"> Necessary to support the client's head while in the wheelchair when utilizing the tilt and recline features. Helps to compensate for his inability to maintain an upright head position throughout the day due to muscle weakness (<i>abnormal tone, poor balance and stability, poor endurance, other</i>) Necessary to prevent development (<i>progression</i>) of postural abnormalities that could result in impaired respiration, unsafe swallowing, poor visual field and decreased ability to interact with his environment. The padding and GlideWear cover provide comfort and skin protection during prolonged sitting and when he experiences spasticity and increased tone. 	BodiLink® Head Support
E2209 Arm Support	A specific ICD-10 qualifying diagnosis is not required, but Medicare does mention quadriplegia, hemiplegia, or uncontrolled arm movements as qualifying conditions. If these do not apply, be specific with functional limitations and physical presentation.	<p>Required to appropriately position and maintain the individual's UE on the armrest due to UE weakness (<i>abnormal tone, poor motor control, poor endurance, fatigue, pain, other</i>). This will:</p> <ul style="list-style-type: none"> Decrease the risk of shoulder subluxation/dislocation and pain as well as contractures at the elbow, wrist, and hand. Ensure optimal UE positioning for access to the joystick (<i>other drive control, switches for AAC, computer, EADLs, etc</i>) Protect the UE from injury Provide padding to protect the skin from tears and decrease the risk of tissue breakdown 	Comfort Arm®
E0956 Lateral Trunk Support or Lateral Pelvic (Hip) Support	The individual must have significant* postural asymmetries <i>AND</i> one of the qualifying diagnoses for positioning back support	<p>Lateral Trunk Supports - necessary to provide specific support to the lateral aspects of the trunk to:</p> <ul style="list-style-type: none"> Correct (<i>prevent further progression of</i>) his right lateral lean (<i>scoliosis</i>) due to trunk weakness (<i>abnormal tone, poor motor control, poor endurance, fatigue, pain, other</i>) Provide proximal stability to the trunk to allow use of his UEs for function (<i>eating, operating / propelling his wheelchair, performing personal care, using his computer/AAC device/EADL, writing, reading, others</i>) Provide a counterpoint to help correct (<i>prevent further progression of</i>) his trunk rotation Provide proper trunk alignment to ensure improved pressure distribution, decreased fatigue in sitting, decreased secondary postural changes, improved respiration and swallowing. <p>Lateral Pelvic Supports - necessary to provide specific support to the sides of the pelvis and upper legs to:</p> <ul style="list-style-type: none"> Correct (<i>prevent further progression of</i>) his tendency to fall into hip abduction and external rotation due to LE weakness (<i>abnormal tone, poor motor control, poor endurance, fatigue, pain, other</i>) Provide midline LE alignment and increased pressure distribution to the femurs to reduce his risk of pressure injuries due to (<i>list specific risks for this person</i>) 	BodiLink® Lateral Trunk Supports

*Medicare does not define the term significant. There is no mention that it must be "severe" in order for the individual to qualify for the product. If the postural deformity interferes with function and/or puts the individual at risk for skin breakdown, discomfort, pain or other harm, then clinically, it would be considered significant and should be corrected or accommodated as appropriate.

Coverage Criteria and Justification for Wheelchair Seating Accessories

The justifications provided are meant to be examples only and are not all-inclusive.

Definition:	Medicare Criteria:	Sample justification:	Accessories:
E0953 Lateral Upper Leg (Thigh) or Lateral Knee Supports	The individual must have significant* postural asymmetries AND one of the qualifying diagnoses for positioning back support	Necessary to provide the client with specific support to the lateral aspects of the knee and/or upper leg to: <ul style="list-style-type: none"> Correct (<i>prevent further progression of</i>) his tendency to fall into hip abduction and external rotation due to LE weakness (<i>abnormal tone, poor motor control poor endurance, fatigue, pain, other</i>) Provide midline LE alignment and increased pressure distribution to the femurs to reduce his risk of pressure injuries due to (<i>list specific risks for this person</i>) 	BodiLink® Lateral Pelvic/Thigh Supports
E1020 Inferior Lower Leg Support (Residual Limb Support) System	No specific criteria is provided by Medicare	Necessary to properly support and position the residual limb after his below knee amputation to: <ul style="list-style-type: none"> Support the residual limb in knee extension to prevent development of a flexion contracture. Provide padding under his residual limb to prevent pressure injury due to poor circulation and impaired sensation Provide support to his residual limb to prevent pain and swelling and increase sitting tolerance 	Quick Release Amp Swing-Away Amp
E0954 Foot Box	No specific criteria is provided by Medicare	Necessary to provide significantly more support to the foot (<i>feet</i>) than provided by a standard footplate to: <ul style="list-style-type: none"> Correct (<i>prevent further progression</i>) of his ankle plantar flexion, inversion and supination (<i>other</i>) due to LE weakness (<i>abnormal tone, decreased motor control, poor endurance, other</i>) Protect the foot (feet) from injury from falling off a standard footplate due to LE weakness (<i>abnormal tone, decreased motor control, poor endurance, other</i>) Provide padding to prevent development of (<i>worsening of</i>) pressure injury to the bottom (<i>sides</i>) of his foot (<i>feet</i>) due to poor foot positioning and inability to achieve pressure distribution across his whole foot 	Comfort Foot Single Comfort Foot Double Flexion Footbox™
E1028 Removable Hardware	No specific criteria is provided by Medicare Removable or swing-away hardware is required to increase independence or safety during ADLs	Swing away/removable hardware for the lateral upper thigh support is necessary to allow for sliding board transfers. *For swing-away or removable hardware bill separately, otherwise non-removable hardware will come standard	<i>For swing-away or removable hardware for the following products:</i> BodiLink™ Head Support Comfort Arm® BodiLink® Lateral Trunk Supports BodiLink® Lateral Pelvic/Thigh Supports

*Medicare does not define the term significant. There is no mention that it must be “severe” in order for the individual to qualify for the product. If the postural deformity interferes with function and/or puts the individual at risk for skin breakdown, discomfort, pain or other harm, then clinically, it would be considered significant and should be corrected or accommodated as appropriate.



Coverage Criteria and Justification for Wheelchair Seating Accessories

About this Guide

The justifications provided are meant to be examples only and are not all-inclusive. There are many reasons why an individual might need a specific product or feature and many ways to explain the need. If you use the text from the justifications in this document as a basis for your documentation, choose only those that apply to the specific individual and re-word them using words pertinent to that person to explain why he/she needs the product/feature.

General Suggestions for Justifying Accessories

Describe specific physical / medical issues that will be improved and/or ADLs or IADLs that will be allowed/enhanced with this accessory. Provide results from your evaluation, and describe the individual's physical presentation to support your justifications. When appropriate describe the specific feature of the accessory and how it will address the issue.

For example:

- Swing away lateral trunk support hardware is required to allow patient to lean forward in the wheelchair to assist with transfers.

Things to Consider for Seating Accessories with Specific Positioning Criteria:

- Medicare does not qualify what is meant by a "significant" postural asymmetry. There is no mention that it must be "severe". If it interferes with function and/or puts the individual at risk for skin breakdown, discomfort, pain or other harm, then clinically, it would be considered significant and should be corrected or accommodated as appropriate
- The postural asymmetry can be either reducible (flexible) or non-reducible (fixed)
- The individual MUST have one of the specific ICD-10 codes designated by Medicare for positioning eligibility

Additional Resources

- For a list of ICD-10 qualifying diagnosis search: https://www.comfortcompany.com/icd_decision_tree
- Build a relationship with a local ATP/dealer to assist you in understanding qualifying diagnoses for each wheelchair cushion code. How to find a local ATP/dealer: <https://permobilus.com/dealer-locator/>
- Contact Customer Support to find your local Permobil Territory Sales Manager to assist you in understanding our products as well as qualifying diagnoses for each wheelchair seating accessory code: <https://permobilus.com/support/>
- More information on Permobil Seating and Positioning products: <https://permobilus.com/products/seating-and-positioning-by-roho/>