

## E-6 Option/Accessory Table Attachment

Option/Accessory	Medical Necessity Criteria
Adjustable arm-height option	When <b>BOTH</b> indications are met: <ul style="list-style-type: none"> <li>• The individual requires an arm height that is different than that available using non-adjustable arms; <b>and</b></li> <li>• The individual spends at least two (2) hours per day in the WC.</li> </ul>
Anti-rollback device and anti-tip device	The individual is able to propel himself/herself and needs the device because of ramps.
Articulating (telescoping) elevating leg rests	For <b>ANY</b> of the following indications: <ul style="list-style-type: none"> <li>• The individual has a musculoskeletal condition or the presence of a cast or brace that prevents 90 degree flexion of the knee; <b>or</b></li> <li>• The individual has significant edema of the lower extremities that requires having an elevating leg rest; <b>or</b></li> <li>• The individual meets criteria for and has a reclining back on a WC.</li> </ul>
Arm trough	The individual has quadriplegia, hemiplegia, or uncontrolled arm movements.
Batteries	Up to two (2) batteries at one (1) time if required for the PWC.  <b>Not medically necessary:</b> Non-sealed lead acid batteries
Chin or head control	The individual has weak neck muscles and needs a chin or head control for support.
Custom fabricated seat cushion	When <b>BOTH</b> of the following are met: <ul style="list-style-type: none"> <li>• The individual meets <b>ALL</b> of the coverage criteria for a prefabricated skin protection seat cushion or positioning seat cushion; <b>and</b></li> <li>• There is a comprehensive written evaluation by a licensed/certified medical professional, such as a PT or OT, which clearly explains why a prefabricated seating system is not sufficient to meet the individual's seating and positioning needs.</li> </ul>
Custom fabricated back cushion	When <b>BOTH</b> of the following are met: <ul style="list-style-type: none"> <li>• Individual meets <b>ALL</b> of the coverage criteria for a prefabricated positioning back cushion; <b>and</b></li> <li>• There is a comprehensive written evaluation</li> </ul>

	<p>by a licensed/certified medical professional, such as a PT or OT, which clearly explains why a prefabricated seating system is not sufficient to meet the individual's seating and positioning needs.</p>
<p>Electronic interface</p> <p>Allows a speech generating device (SGD) to be operated by the power WC control interface.</p>	<p>The individual has a medically necessary SGD.</p> <p><b>Not medically necessary:</b> Electronic interface to control lights or other electrical devices because it is not primarily medical in nature.</p>
<p>General use seat cushion and general use WC back cushion</p>	<p>The individual has a manual WC or a PWR with a sling/solid seat/back.</p> <p>If the individual does not have a covered WC, then the cushion will be denied as not medically necessary.</p> <p>If the individual has a POV or a PWC with a captain's chair seat, the cushion will be denied as not medically necessary.</p>
<p>Headrest</p>	<p>Individual meets the criteria for and has a medically necessary manual tilt-in-space, manual, semi or fully reclining back on a manual WC, or a manual or fully reclining back on a PWC, or power tilt and/or recline seating system.</p> <p>If the individual has a POV or a power wheelchair with a captain's chair seat, a headrest or other positioning accessory will be denied as not reasonable and necessary.</p>
<p>Manual fully reclining back option</p>	<p>For <b>EITHER</b> of the following conditions:</p> <ul style="list-style-type: none"> <li>• The individual is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; <b>or</b></li> <li>• The individual utilizes intermittent catheterization for bladder management and is unable to independently transfer from the WC to bed.</li> </ul>
<p>Mechanical or power shear reduction features.</p> <p>A shear reduction feature consists of two separate back panels. For a mechanical shear reduction feature, as the posterior back panel reclines or raises there is a mechanical linkage between the two panels which allows the user's back to stay in contact with the anterior panel without sliding along that panel. For a power shear reduction feature, a separate motor controls the linkage between the 2</p>	<p>When the individual meets medical necessity criteria for a PWC.</p>

<p>panels as the posterior back panel reclines or raises.</p>	
<p>Mechanically linked leg elevation feature.</p> <p>A mechanically linked leg elevation feature involves a pushrod which connects the leg rest to a power recline seating system. With this feature, when the back reclines, the leg rest elevates; when the back raises, the leg rest lowers.</p>	<p>The individual meets medical necessity criteria for a power recline seating system.</p>
<p>Non-standard seat width, depth, or height</p>	<p>A nonstandard seat width and/or depth for a manual WC (E2201-E2204) is covered only if the individual's physical dimensions justify the need.</p>
<p>Power add-ons to manual WC</p> <p>A power add-on is used to convert a manual WC to a motorized WC (e.g., an add-on to convert a manual WC to a joystick-controlled PMD or to a tiller-controlled PMD).</p>	<p>The individual meets medical necessity criteria for a POV.</p>
<p>Power tilt and/or recline seating systems -- tilt only, recline only, or a combination tilt and recline -- with or without power elevating leg rests</p>	<p>When <b>ALL</b> of the following are met:</p> <ul style="list-style-type: none"> <li>• The individual meets medical necessity criteria for a PWC; <b>and</b></li> <li>• A specialty evaluation was performed by a licensed/certified medical professional, such as a PT or OT or physician who has specific training and experience in rehabilitation WC evaluations documents the individual's seating and positioning needs; <b>and</b></li> <li>• <b>EITHER</b> of the following criteria are met: <ul style="list-style-type: none"> <li>○ Individual is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; <b>or</b></li> <li>○ The individual uses intermittent catheterization for bladder management and is unable to independently transfer from the WC to bed; or</li> <li>○ The power seating system is needed to manage increased tone or spasticity.</li> </ul> </li> </ul>
<p>PWC drive control systems</p> <p>An <b>attendant control</b> allows the caregiver to drive the WC instead of the individual. The attendant control is usually mounted on one of the rear canes of the WC.</p>	<p><b>Attendant control</b> in place of an individual - operated drive control system when <b>BOTH</b> of the following are met:</p> <ul style="list-style-type: none"> <li>• The individual is unable to operate a manual or PWC; <b>and</b></li> <li>• A caregiver who is unable to operate a manual WC but is able to operate a PWC.</li> </ul> <p>If an attendant control (E2331) is provided in addition to a patient-operated drive control system, it will be denied as non-covered.</p>
<p>Safety belt/pelvic strap</p>	<p>The individual has weak upper body muscles,</p>

	upper body instability or muscle spasticity, which requires use of this item for proper positioning.
Swingaway, retractable, or removable hardware	<p>When the component needs to move out of the way so that the individual could perform a slide transfer to a chair or bed.</p> <p><b>Not medically necessary:</b></p> <ul style="list-style-type: none"> <li>• If the primary indication for its use is to allow the individual to move close to desks or other surfaces.</li> </ul> <p>Note: Swingaway, detachable footrests are considered part of the WC base. They should be billed separately only when they are replacements.</p>

### Specialized Seat and Back Cushions Table Attachment

Specialized Seat and Back Cushions	Medical Necessity Criteria
Non-adjustable skin protection seat cushion or an adjustable skin protection seat cushion.	<p>For <b>EITHER</b> of the following indications:</p> <ul style="list-style-type: none"> <li>• Past history or current pressure ulcer on the area of contact with the seating surface; <b>or</b></li> <li>• Absent or impaired sensation in the area of contact with the seating surface or inability to carry out a functional weight shift due to <b>ONE</b> of the following diagnoses: <ul style="list-style-type: none"> <li>○ Spinal cord injury resulting in quadriplegia or paraplegia; <b>or</b></li> <li>○ Other spinal cord disease; <b>or</b></li> <li>○ Multiple sclerosis; <b>or</b></li> <li>○ Other demyelinating disease; <b>or</b></li> <li>○ Cerebral palsy; <b>or</b></li> <li>○ Anterior horn cell diseases including amyotrophic lateral sclerosis; <b>or</b></li> <li>○ Post-polio paralysis; <b>or</b></li> <li>○ Traumatic brain injury resulting in quadriplegia; <b>or</b></li> <li>○ Spina bifida; <b>or</b></li> <li>○ Childhood cerebral degeneration; <b>or</b></li> <li>○ Alzheimer's disease; <b>or</b></li> <li>○ Parkinson's disease; <b>or</b></li> </ul> </li> <li>• There is an inability to carry out a functional weight shift due to one of the diagnoses listed as a covered diagnosis for skin protection cushions; <b>or</b></li> <li>• If the individual has significant postural asymmetries due to one of the diagnoses listed as a covered diagnosis for positioning cushions.</li> </ul>

<p>Non-adjustable combination skin protection and positioning seat cushion or adjustable combination skin protection and positioning seat cushion.</p>	<p>When <b>BOTH</b> of the following are met:</p> <ul style="list-style-type: none"> <li>• A skin protection seat cushion; <b>and</b></li> <li>• A positioning seat cushion.</li> </ul>
<p>Positioning seat cushion, positioning back cushion, and positioning accessory</p>	<p>The individual has any significant postural asymmetries that are due to <b>ANY</b> of the following diagnoses:</p> <ul style="list-style-type: none"> <li>• Spinal cord injury resulting in quadriplegia or paraplegia; <b>or</b></li> <li>• Other spinal cord disease; <b>or</b></li> <li>• Multiple sclerosis; <b>or</b></li> <li>• Other demyelinating disease; <b>or</b></li> <li>• Cerebral palsy; <b>or</b></li> <li>• Anterior horn cell diseases including amyotrophic lateral sclerosis; <b>or</b></li> <li>• Post-polio paralysis; traumatic brain injury resulting in quadriplegia; <b>or</b></li> <li>• Spina bifida; childhood cerebral degeneration; <b>or</b></li> <li>• Alzheimer's disease; <b>or</b></li> <li>• Parkinson's disease; <b>or</b></li> <li>• Monoplegia of the lower limb, or hemiplegia due to stroke, <b>or</b></li> <li>• Traumatic brain injury, or other etiology; <b>or</b></li> <li>• Muscular dystrophy; <b>or</b></li> <li>• Torsion dystonias; <b>or</b></li> <li>• Spinocerebellar disease.</li> </ul>
<p>A PWR seat cushion is a battery-powered, prefabricated cushion in which an air pump provides either sequential inflation <b>or</b> deflation of the air cells or a low interface pressure throughout the cushion. One type of powered seat cushion is an alternating pressure cushion.</p>	<p><b>Experimental/investigational</b> because its effectiveness has not been established.</p>