



Bellevue Healthcare

(Seating & Accessories)

The Evaluation Notes and/or the LMN must include the following information:

CUSHIONS, BACKS & Positioning Accessories

- **Skin Protection Cushion**
 - **Must have a either A and a Group 1 dx OR B and a Group 2 dx**
 - **(A)** Current pressure ulcer or past history of a pressure ulcer on the area of contact with the seating surface as reflected in a diagnosis code listed in Group 1
 - **OR**
 - **(B)** Absent or impaired sensation in the area of contact with the seating surface or inability to carry out a functional weight shift as well as a diagnosis code listed in Group 2
- **Positioning Cushion and Positioning Accessories**
 - **Must have significant postural asymmetries as a result of A or B** (significant postural asymmetries must be stated in LMN)
 - **(A)** Dx from Group 2
 - **OR**
 - **(B)** Dx from Group 3
- **Skin Protection and Positioning Backs & Cushions**
 - **Must have A or B or C - AND - a diagnosis from Group 1 & 3 or Group 2**
 - **(A)** Past history or current pressure ulcer in the area of contact with the seating surface
 - **OR**
 - **(B)** Absent or impaired sensation in the area of contact with the seating surface due to one of the diagnoses listed in Group 2 or Group 3
 - **OR**
 - **(C)** Inability to carry out a functional weight shift due one of the diagnoses listed in Group 1 or Group 2
 - **AND**
 - **(1)** Dx from Group 1 and one from Group 3 (total of 2 Dx codes)
 - **OR**
 - **(2)** Dx from Group 2

ACCESSORY JUSTIFICATION

- **Armrest (E0973)** - Beneficiary requires an arm height that is different from that available using non-adjustable arms and the beneficiary spends at least 2 hours per day in the wheelchair.
- **Swing Away/Removable Hardware (E1028)** - Needed to move the component out of the way so that a beneficiary can perform a slide transfer to a chair or bed.
- **Arm Trough (E2209)** - Beneficiary has quadriplegia, hemiplegia, or uncontrolled arm movements.
- **SmartDrive Power Assist (E0986)** - The beneficiary does not have sufficient upper extremity function to self-propel an optimally-configured manual wheelchair in the home to perform MRADLs during a typical day, and must have been a manual wheelchair user for at least one year.
- **Tilt/Recline & Power Elevating Legrests**
 - The beneficiary is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift;
 - The beneficiary utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to bed; or
 - The power seating system is needed to manage increased tone or spasticity.

Verbiage Do's and Don'ts

- Verbiage such as; short distances, strength is fair, weakness, limited range of motion, poor endurance, gait instability, abnormality gait, difficulty in walking, shortness of breath on exertion, pain, tenderness, fatigue and deconditioned are all vague, subjective, insufficient and do not address the mobility limitations present.
- Quantifiable/objective tests and information are needed in the chart notes to support the use of above statements.
- Simply stating that a patient “can’t” will not suffice.