

# Coverage criteria and justification for wheelchair back supports

The justifications provided are meant to be examples only and are not all-inclusive. For ANY wheelchair back support, the individual must have a wheelchair and must meet the coverage criteria for that wheelchair. Each type of back support has 2 HCPCS codes assigned to it. The first code is for backs less than 22” wide; the second code is for backs 22” wide or greater.

Definition:	Medicare Criteria:	Sample justification:	Back supports:
<p><a href="#">E2611/E2612</a> General use wheelchair back support</p>	<p>No additional coverage criteria</p>	<p>Necessary to provide support and comfort beyond that provided by sling upholstery for this individual to prevent postural asymmetries and increase sitting tolerance</p>	<p>Comfort Elements® Back Support Comfort Visco Back®</p>
<p><a href="#">E2613/E2614</a> Positioning wheelchair back support, posterior</p>	<p>The individual must have significant postural asymmetries AND one of the qualifying diagnoses for positioning</p>	<p>The <b>posterior contour</b> is necessary to support the trunk and provide optimal postural alignment by contouring to the natural curve of his trunk. This will:</p> <ul style="list-style-type: none"> <li>• Compensate for decreased stability and balance due to decreased strength (poor endurance, abnormal tone, poor motor control, other) and allow increased ability to participate in ADLs and IADLs (eating, operating / propelling his wheelchair, performing personal care, using his computer/AAC device/EADL, writing, reading, others)</li> <li>• Help correct (accommodate) his spinal kyphosis (other spinal deformity) and promote an upright posture</li> <li>• Prevent recurrence (progression) of his spinal kyphosis (other spinal deformity)</li> <li>• Provide increased pressure distribution across the posterior trunk to decrease the risk of pressure injuries on his vertebrae</li> </ul>	<p>Comfort ACTA-BACK™ Back Comfort ACTA-EMBRACE™ Back</p>

Definition:	Medicare Criteria:	Sample justification:	Back supports:
<p><a href="#">E2615/E2616</a> Positioning wheelchair back support, posterior lateral</p>	<p>The individual must have significant postural asymmetries AND one of the qualifying diagnoses for positioning.</p>	<p>The <b>posterior contour</b> is necessary to support the trunk and provide optimal postural alignment by contouring to the natural curve of his trunk. This will:</p> <ul style="list-style-type: none"> <li>• Compensate for decreased stability and balance due to decreased strength (poor endurance, abnormal tone, poor motor control, other) and allow increased ability to participate in ADLs and IADLs (eating, operating / propelling his wheelchair, performing personal care, using his computer/AAC device/EADL, writing, reading, others)</li> <li>• Help correct (accommodate) his spinal kyphosis (other spinal deformity) and promote an upright posture</li> <li>• Prevent recurrence (progression) of his spinal kyphosis (other spinal deformity)</li> <li>• Provide increased pressure distribution across the posterior trunk to decrease the risk of pressure injuries on his vertebrae</li> </ul> <p>The mild (moderate) <b>lateral contour</b> is necessary to provide general support to the lateral aspects of his trunk to:</p> <ul style="list-style-type: none"> <li>• Correct (prevent) lateral leaning due to decreased strength (poor stability/balance, poor endurance, abnormal tone, poor motor control, other) and help maintain a midline trunk</li> <li>• To enhance the support from the posterior contour in providing increased proximal stability for improved functional use of the UEs in ADLS / IADLs (eating, operating / propelling his wheelchair, performing personal care, using his computer/AAC device/EADL, writing, reading, others)</li> </ul>	<p>Comfort ACTA-BACK® Deep Comfort ACTA-Relief™ ROHO® AGILITY Max Contour</p>
<p><a href="#">E2620/E2621</a> positioning wheelchair back support, planar with lateral supports</p>	<p>The individual must have significant postural asymmetries AND one of the qualifying diagnoses for positioning</p>	<p>The <b>posterior contour</b> is necessary to support the trunk and provide optimal postural alignment by contouring to the natural curve of his trunk. This will:</p> <ul style="list-style-type: none"> <li>• Compensate for decreased stability and balance due to decreased strength (poor endurance, abnormal tone, poor motor control, other) and allow increased ability to participate in ADLs and IADLs (eating, operating / propelling his wheelchair, performing personal care, using his computer/AAC device/EADL, writing, reading, others)</li> <li>• Help correct (accommodate) his spinal kyphosis (other spinal deformity) and promote an upright posture</li> <li>• Prevent recurrence (progression) of his spinal kyphosis (other spinal deformity)</li> <li>• Provide increased pressure distribution across the posterior trunk to decrease the risk of pressure injuries on his vertebrae</li> </ul> <p>The increased (significant, maximum) <b>lateral support</b> is necessary to:</p> <ul style="list-style-type: none"> <li>• Provide increased lateral trunk support to correct (prevent progression of) his scoliosis (lateral lean) resulting from decreased strength (poor endurance, abnormal tone, other)</li> <li>• Maintain optimal midline postural alignment to ensure improved pressure distribution, decreased fatigue in sitting, decreased secondary postural changes, and improved respiration and swallowing</li> </ul>	<p>Comfort ACTA-BACK® Back Comfort ACTA-BACK® LTS Comfort ACTA-EMBRACE™ LTS Comfort Acta-Relief™ LTS ROHO® AGILITY® Max Contour ROHO® AGILITY® Active Carbon ROHO® AGILITY® Active Aluminum</p>

## 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 back supports

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

#### For example:

- The moldable stays of the back support will allow creation of a contour to more closely match his shape. This will prevent progression into kyphosis and provide proximal stability to allow increased use of his UE for eating, operating / propelling his wheelchair, performing personal care, using his computer/AAC device/EADL, writing, reading, others.

### Things to consider for positioning backs:

- Medicare does not qualify what is meant by a “significant” postural asymmetry.
- 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
- Although the actual coverage criteria for all positioning backs is the same, you must document the need for the additional features of each higher coded back.

### Additional resources

- For a list of ICD-10 qualifying diagnosis search: [www.comfortcompany.com/icd\\_decision\\_tree](http://www.comfortcompany.com/icd_decision_tree)
- Contact Customer Experience 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://hub.permobil.com/support>
- More information on Permobil Seating and Positioning products: [www.Permobil.com](http://www.Permobil.com)