

START

The patient has a manual or power wheelchair with a sling/solid seat/back and meets Medicare coverage criteria for it.

YES

Does the patient have either of the following:

S1: Current pressure ulcer

- Decubitus Ulcer, Lower Back (707.03)
- Decubitus Ulcer, Hip (707.04)
- Decubitus Ulcer, Buttock (707.05)

or past history of a pressure ulcer on seating surface

- Decubitus Ulcer, Lower Back (707.03)
- Decubitus Ulcer, Hip (707.04)
- Decubitus Ulcer, Buttock (707.05) OR

S2: Absent or impaired sensation OR inability to carry out functional weight shift due to one of the following ICD-9 codes:

- Hemiplegia (342.00-342.92, 438.20-438.22)
- Huntington's Chorea (333.4)
- Idiopathic Torsion Dystonia (333.6)
- Athetoid Cerebral Palsy (333.71)
- Late Effects of Acute Poliomyelitis (138)
- Cerebral Degeneration Usually Manifest in Childhood (330.0-330.9)
- Alzheimer's Disease (331.0)
- Paralysis Agitans (332.0)
- Anterior Horn Cell Disease Including ALS (SMA) (335.0-335.21)
- Other Motor Neuron Disease (335.23-335.9)
- Other Diseases of the Spinal Cord (336.0-336.3)
- Multiple Sclerosis (340)
- Other Demyelinating Diseases of CNS (341.0-341.9)
- Cerebral Palsy (343.0-343.9)
- Traumatic Brain Injury Resulting in Quadriplegia (344.09)
- Quadriplegia, Quadriparesis, Paraplegia (Lower Limbs) (344.0-344.1)
- Congenital Hereditary Muscular Dystrophy (359.0)
- Hereditary Progressive Muscular Dystrophy (359.1)
- Spina Bifida (741.00-741.93)
- Parkinson's Disease (332.0)

NO

Does the patient have any significant postural asymmetries that are due to one of the ICD-9 codes listed in criteria "S2", to the left, or one of the following ICD-9 codes:

- Traumatic Amputation of the Leg(s) (897.2-897.7)
- Osteogenesis Imperfecta (756.51)
- Other Causes of Myelitis (323.82)
- Friedrich's Ataxia (334.0-334.9)
- Monoplegia of the Lower Limbs (344.30-344.32, 438.40-438.42)

YES

E2605/6*

Positioning

Soft Combi P

NO

E2601/2*,**

General Use

JAY Basic

YES

Does the patient have any significant postural asymmetries that are due to one of the ICD-9 codes listed in criteria "S2" above, or a combination of the "S1" and one of the following ICD-9 codes.

- Other Causes of Myelitis (323.82)
- Osteogenesis Imperfecta (756.51)
- Traumatic Amputation of the Leg(s) (897.2-897.7)
- Monoplegia of the Lower Limb (344.30-344.32) (438.40-438.42)
- Friedrich's Ataxia-Spinocerebella disease unspecified (334.0-334.9)

YES

Custom Cushions:

Is there a comprehensive written evaluation by a licensed clinician (not an employee or paid by supplier) which clearly demonstrates why prefabricated is insufficient?

YES

E2609

Bill cushion as a custom fabricated wheelchair seat cushion using E2609

Separately bill additional components using the appropriate HCPCS code or K0108 for items not otherwise

NO

E2624/5*

Adjustable Skin Protection + Positioning

**JAY J3 P
JAY J2 P
J2 Deep Contour P**

E2607/8*

Skin Protection + Positioning

**JAY Union
JAY Ion
JAY Easy
JAY Zip
JAY Lite P
JAY Care**

NO

E2622/3*

Adjustable Skin Protection

**JAY J3
JAY Fusion
JAY J2
J2 Deep Contour**

E2603/4*

Skin Protection

**JAY GO
JAY Xtreme S
JAY Lite
JAY Duo**

To ensure appropriate reimbursement, use the KE modifier when placing the cushion or back on a manual wheelchair.

Key: When two codes are listed, the second code is to be used for cushions/back measuring 22" wide or greater.

* Additionally, a KX modifier is required to indicate that all necessary documentation to support clinical need is on file.

** General use cushions and backs are not reimbursed with captain's seats.

Please see the JAY Price List or Sunparts online for listings of available positioning accessories.

START

The patient has a manual or power wheelchair with a sling/solid seat/back and meets Medicare coverage criteria for it.

YES

Does the patient have any significant postural asymmetries that are due to a diagnoses listed below:

- Traumatic Amputation of the Leg(s) (897.2-897.7)
- Osteogenesis Imperfecta (756.51)
- Transverse Myelitis (323.82)
- Late Effects of Acute Poliomyelitis (138)
- Cerebral Degeneration Usually Manifest in Childhood (330.0-330.9)
- Alzheimer's Disease (331.0)
- Paralysis Agitans (332.0)
- Huntington's Chorea (333.4)
- Idiopathic Torsion Dystonia (333.6)
- Athetoid Cerebral Palsy (333.71)
- Spinocerebellar Diseases (334.0-334.9)
- Anterior Horn Cell Disease Including ALS (SMA) (335.0-335.21)
- Other Motor Neuron Disease (335.23-335.9)
- Other Diseases of the Spinal Cord (336.0-336.3)
- Multiple Sclerosis (340)
- Other Demyelinating Diseases of CNS (341.0-341.9)
- Hemiplegia (342.00-342.92), (438.20-438.22)
- Cerebral Palsy (343.0-343.9)
- Quadriplegia, Quadriparesis, Paraplegia (Lower Limbs) (344.00-344.1)
- Other Paralytic Syndromes (Monoplegia of the Lower Limbs) (344.30-344.32)
- Congenital Hereditary Muscular Dystrophy (359.0)
- Hereditary Progressive Muscular Dystrophy (359.1)
- Monoplegia of Lower Limb (438.40-438.42)
- Spina Bifida (741.00-741.93)
- Osteogenesis Imperfecta (756.51)
- Traumatic Brain Injury Resulting in Quadriplegia (344.09)
- Above the Knee Amputation (897.2 - 897.7)

NO

E2611/2*,**

General Use Back

JAY Basic Back

JAY GO Back

YES

Is there a comprehensive written evaluation by a licensed clinician (not an employee or paid by supplier) which clearly demonstrates why prefabricated is insufficient?

Custom Backs:

YES

E2617

Bill back as a custom fabricated wheelchair back using E2617

Separately bill additional components using the appropriate HCPCS code or K0108 for items not otherwise

NO

E2613/4*

Posterior Positioning Back

JAY J3 Posterior
JAY J2
JAY J2 Tall
JAY J2 Plus
JAY Zip

E2615*

Posterior – Lateral Positioning Back

JAY J3 Posterior Lateral
JAY Care

E2620*

Planar w/ Laterals Positioning Back

JAY J3 Posterior & Deep Lateral
JAY J2 Deep Contour
JAY Focus Point Back

To ensure appropriate reimbursement, use the KE modifier when placing the cushion or back on a manual wheelchair.

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** General use cushions and backs are not reimbursed with captain's seats.

Please see the JAY Price List or individual order forms for listings of available positioning accessories.