



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

NO



# Does the beneficiary have either of the following:

### SI: 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

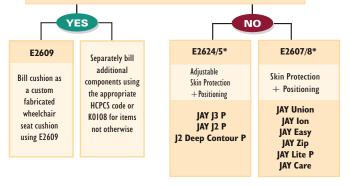
- Decubitus Ulcer, Lower Back (707.03)
- Decubitus Ulcer, Hip (707.04)
- Decubitus Ulcer, Buttock (707.05) OR

# 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)
- Genetic Torsion Dystonia (333.6)
- Athetoid Cerebral Palsy (333.71)
- Late Effects of Acute Poliomyelitis (138)
- Leukodystrophy-Unspecified Cerebral Degeneration in Childhood (330.0-330.9)
- Alzheimer's Disease (331.0)
- Paralysis Agitans (Parkinson's Disease) (332.0)
- Anterior Horn Cell Disease Including ALS (SMA) (335.0-335.21) (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 and 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)
- Other Causes of Myelitis (323.82)
- Friedreich's Ataxia Spinocerebellar Disease Unspecified (334.0-334.9)
- Other Specific Muscle Disorders (728.3)
- Other Specified Nonteratogenic Anomalies (754.89)
- Osteogenesis Imperfecta (756.51)

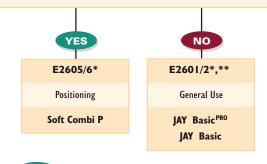
## **Custom Cushions:**

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



Does the beneficiary have any significant postural asymmetries that are due to one of the ICD-9 codes listed in criteria "\$2", 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)
- Friedreich's Ataxia (334.0-334.9)
- Monoplegia of the Lower Limbs (344.30-334.32, 438.40-438.42)



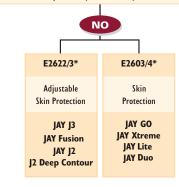
YES

Does the beneficiary have any significant postural asymmetries that are due to one of the ICD-9 codes listed in criteria "\$2" above, or a combination of the "\$1" and one of the following ICD-9 codes.

- Other Causes of Myelitis (323.82)
- Osteogenesis Imperfecta (756.51)

YES

- Traumatic Amputation of the Leg(s) (897.2-897.7)
- Monoplegia of the Lower Limb (344.30-344.32) (438.40-438.42)
- Friedreich's Ataxia-Spinocerebellar Disease Unspecified (334.0-334.9)



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/backs measuring 22" wide or greater.

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

<sup>\*\*</sup> General use cushions and backs are not reimbursed with captain's seats





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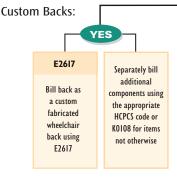


Does the beneficiary have any significant postural asymmetries that are due to a diagnoses listed below:

- Traumatic Amputation of the Leg(s) (897.2-897.7)
- Osteogenesis Imperfecta (756.51)
- Transverse Myelitis (323.82)
- Late Effects of Acute Poliomyelitis (138)
- Leukodystrophy-Unspecified Cerebral Degeneration in Childhood (330.0-330.9)
- Alzheimer's Disease (331.0)
- Paralysis Agitans (Parkinson's Disease) (332.0)
- Huntington's Chorea (333.4)
- Genetic 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) (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 and 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 Imerfecta (756.51)
- Traumatic Brain Injury Resulting in Quadriplegia (344.09)
- Above the Knee Amputation (897.2 897.7)

E2611/2\*,\*\* NO General Use Back **JAY Basic Back** JAY GO Back

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



NO E26I3/4\* E2615\* E2620\* **Posterior** Posterior - Lateral Planar w/ Laterals Positioning Back Positioning Back Positioning Back JAY J3 Posterior JAY J3 Posterior Lateral JAY J3 Posterior JAY J2 & Deep Lateral JAY Care JAY J2 Tall JAY J2 Deep Contour JAY J2 Plus **JAY Focus Point Back** JAY Zip

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

- \* 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 individual order forms for listings of available positioning accessories.



YES