

**START**

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

**YES**

Does the beneficiary 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)
- 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)

**NO**

Does the beneficiary 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)
- Friedreich'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<sup>PRO</sup>**  
**JAY Basic**

**YES**

Does the beneficiary 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)
- Friedreich's Ataxia-Spinocerebellar 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**

**YES**

**NO**

**E2622/3\***

Adjustable Skin Protection

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

**E2603/4\***

Skin Protection

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

**YES**

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 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.