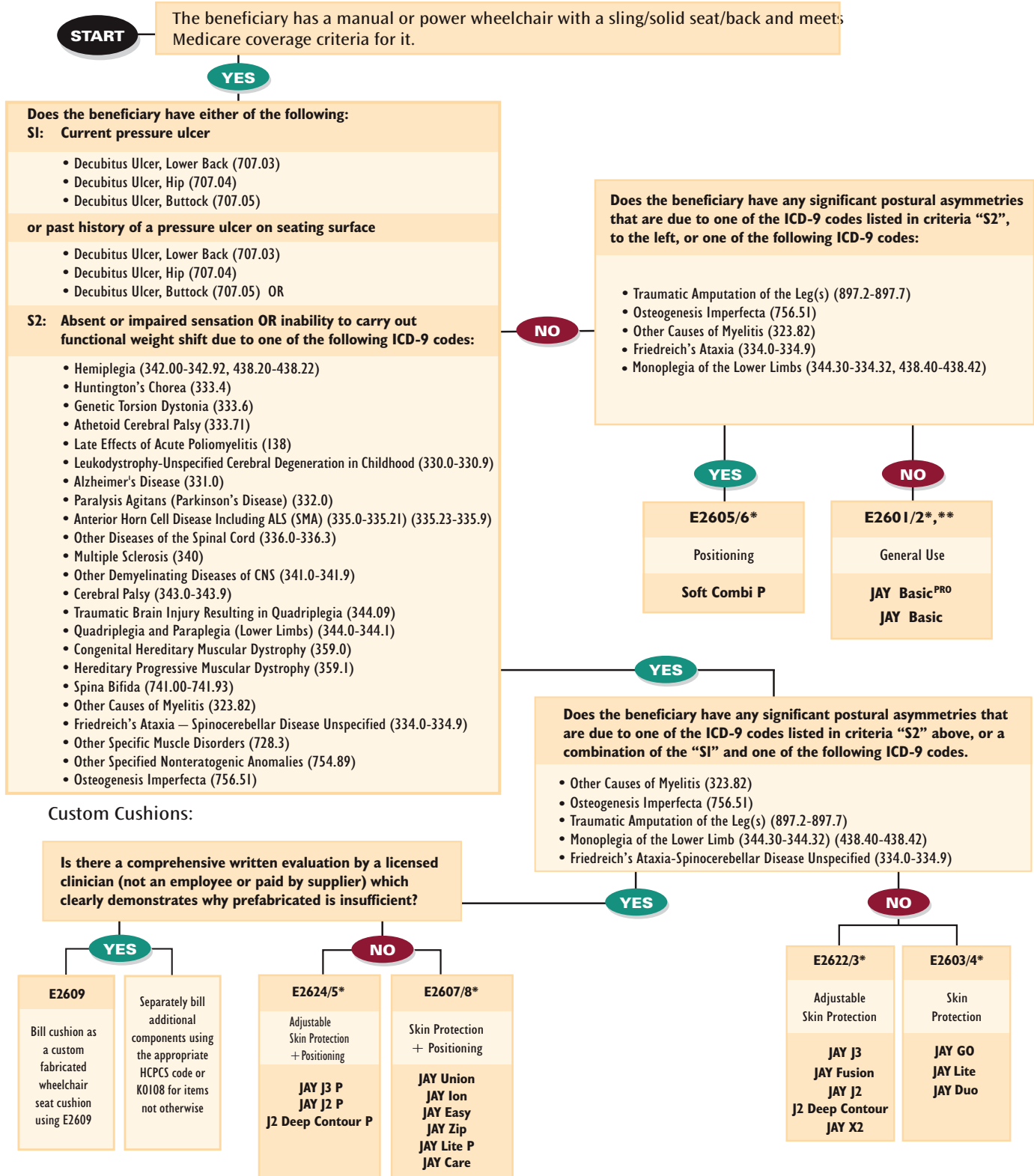




## JAY Cushions - Medicare Wheelchair Cushion HCPCS Coding Eligibility Requirements



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.

\* 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.



## JAY Backs - Medicare Wheelchair Back HCPCS Coding Eligibility Requirements

**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**

**E261 I/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.

\* 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.



Customer Service: 800.333.4000  
www.SunriseMedical.com

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E2617 REV.N