JAY Cushions - Medicare Wheelchair Cushion HCPCS Coding Eligibility Requirements

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

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, Buttck (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, Buttck (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)
- Ataxoid Cerebral Palsy (333.71)
- Late Effects of Acute Poliomyelitis (338)
- 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) (335.22-335.9)
- 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 Nonarteriogenic 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?

**E2622/3**
- Adjustable Skin Protection

**E2605/6**
- Positioning

**E2601/2**, **E2603/4**
- Soft Combi P

**E2607/8**
- Skin Protection + Positioning

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

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

Adjustable Skin Protection + Positioning

JAY J3 P
JAY J2 P
J2 Deep Contour P

JAY Fusion
JAY Easy
JAY Care

Customize 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?

**E2609**
- Bill cushion as a custom fabricated wheelchair seat cushion using E2609

**E2602/3**
- Adjustable Skin Protection

**E2607/8**
- Skin Protection + Positioning

JAY Fusion
JAY Easy
JAY Lite P
JAY Care

**E2607/8**
- Skin Protection + Positioning

JAY Fusion
JAY Easy
JAY Lite P
JAY Care

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

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.

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

**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)
- Spino cerebellar 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), (453.20-453.22)
- 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)

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

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

- 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.