K((0)(0)(5)



CUSHIONS AND BACKS

Specialty wheelchair backs and cushions, such as the Jay® 2 Back and Cushion, are covered items by Medicare with appropriate justification. Coding for all Jay products can be found on our website at:

www.sunrisemedical.com.



HEIGHT **A**DJUSTABLE ARMRESTS K0016



- Patient's body dimensions cannot be accommodated by a standard height arm for functional positioning, weight shifts or lateral transfers.
- Adjustable height armrests are required for upper extremity support and postural stability.



ANTI-TIPS K0021

- Anti-tips are required to prevent the wheelchair from falling over backwards during transfers.
- Anti-tips are required for safety to prevent the wheelchair from tipping over when encountering obstacles.



WHEEL LOCKS

Anti-Rollback Devices (Grade Aids) K0080



 Upper extremity weakness, range of motion, balance, endurance and/or tonal anomalies require the use of an anti-rollback device for functional propulsion of a manual wheelchair on inclines and/or thresholds.

Wheel Lock Extensions K0079



- Wheel lock extensions are needed due to the client's weakness in their upper extremities.
- This feature will allow independent access to the wheel locks of the
- Upper extremity weakness,upper/ lower extremity range of motion, tonal anomalies, balance, vision/ perception and/or body dimension require the use of wheel lock extension for functional transfers and/or independent living activities.

Unilateral

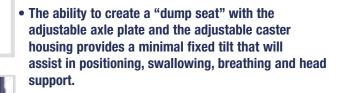
K0108

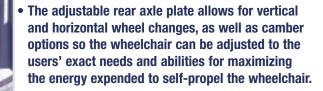
Can increase independence in performing transfers and ADLS while in the wheelchair by providing a client who has only one functioning upper extremity a means of securing the wheelchair.

GLINIGAL BENEFITS

Adjustable Axle Plate - K0005







- Upper extremity weakness, decreased range of motion, spasticity and/or poor endurance prevent the patient from functional propulsion of a high strength lightweight wheelchair with fixed or minimally adjustable axle plate.
- Poor balance, postural control and/or tonal anomalies require the ability to change seat angles which are a component of rear angle adjustment.

Note: Please be sure to provide a separate list of activities of daily living, including outside activities, and document why a lower level wheelchair will not meet the client's needs.

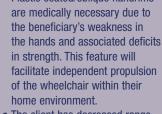
Plastic Coated K0059

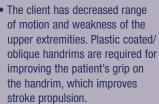
Oblique



HANDRIMS

K0062/K0063 Plastic coated/oblique handrims







PELVIC Positioning DEVICE - K0031

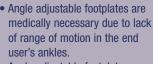
 A pelvic positioning belt is required to maintain the pelvis in neutral position due to upper extremity functional limitation; it will also increase client safety.

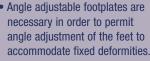


 A pelvic positioning belt is required to position the client's hips at the back of the wheelchair and to prevent sliding forward in wheelchair during mobility due to weakness within the trunk.

PLATES

Angle Adjustable K0040





To accommodate dorsior planar flexion of the ankles.



Heel Loops

 Heel loops are required to keep the lower extremities in an



optimal position. To prevent foot/caster interference.



- Elevating legrests are required to position the lower extremities due to decreased flexion and to prevent further decrease in range of motion.
- Patient has compromised circulation resulting in severe lower extremity edema, in which ELRs may be able to assist.





