

Cushions and Backs Don't REST ALONE on the Diagnosis Code



ICD-10

Alpine
Rehab Med.com

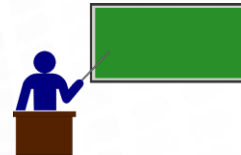


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Learning Objectives



- Identify additional documentation requirements beyond the diagnosis code (ICD10)
- Determine appropriate time for replacement
- Construct an evaluation that will enable qualified patients to receive the appropriate cushion/back as well as for appropriate replacement.

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Least Costly Alternative – Authorize the least costly medically appropriate alternative to the item being ordered. *In other words all items that cost less must be **tried and failed** OR **considered and ruled out**.*

**Medicare considers
LEAST COSTLY ALTERNATIVES
When Determining Coverage**

DENY **ALLOW**

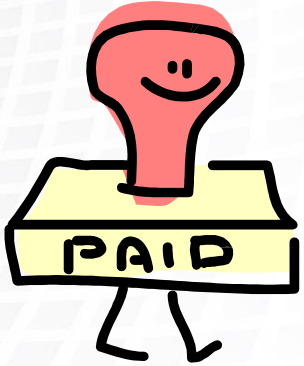



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Medical Necessity

- ✓ All least costly alternatives **MUST** be either tried and failed (with supportive reason) OR considered and ruled out (with supportive reason)
- ✓ Unsafe or Unreasonable



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Cushion Codes

- E2601** GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH
- E2602** GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH
- E2603** SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH
- E2604** SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH
- E2605** POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH
- E2606** POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH
- E2607** SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH
- E2608** SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH
- E2609** CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE

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Cushion Codes

- E2622** SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH
- E2623** SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH
- E2624** SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH
- E2625** SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH

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Back Codes

- E2611 GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
- E2612 GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
- E2613 POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
- E2614 POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
- E2615 POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
- E2616 POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
- E2617 CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE

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Solid Seats Base Criteria - Manual Chairs

- If the coverage criteria for a **manual chair** has been met a general use cushion (**E2601 / E2602**) and back (**E2611 / E2612**) are also covered.
- General use cushions and backs **ARE NOT** diagnosis driven



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Coverage Criteria – Cushions and Backs

Solid Seats Base Criteria Power Chairs

- For patients who do not have special skin protection or positioning needs, a **power wheelchair** with Captain's Chair provides appropriate support.
- Therefore, if a general use cushion is provided with a **power wheelchair** with a sling/solid seat/back instead of Captain's Chair, the wheelchair and the cushion(s) will be covered only if either criterion 1 or criterion 2 is met:
 1. The cushion is provided with a covered power wheelchair base that is not available in a Captain's Chair model – i.e., codes K0839, K0840, K0843, K0860 – K0864, K0870, K0871, K0879, K0880, K0886, K0890, K0891; or
 2. A skin protection and/or positioning seat or back cushion (**Diagnosis Driven**) that meets coverage criteria is provided.

If one of these criteria is not met, **both the power wheelchair with a sling/solid seat and the general use cushion AND the solid seat base will be denied as not reasonable and necessary.**

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Coverage Criteria – Cushions and Backs

A **skin protection seat cushion (E2603, E2604, E2622, E2623)** is covered for a beneficiary who meets both of the following criteria:

1. The beneficiary has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the beneficiary meets Medicare coverage criteria for it; **and**
2. The beneficiary has either of the following:
 - a. Current pressure ulcer or past history of a pressure ulcer (see diagnosis codes that support medical necessity section below) on the area of contact with the seating surface; **OR**
 - b. Absent or impaired sensation in the area of contact with the seating surface or inability to carry out a functional weight shift due to one of the following diagnoses:

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ICD10 – Skin Protection Cushion (Not all inclusive see Wheelchair Seating Policy)

Group 1 Codes:

L89.130 Pressure ulcer of right lower back, unstageable
 L89.131 Pressure ulcer of right lower back, stage 1
 L89.132 Pressure ulcer of right lower back, stage 2
 L89.133 Pressure ulcer of right lower back, stage 3
 L89.134 Pressure ulcer of right lower back, stage 4
 L89.140 Pressure ulcer of left lower back, unstageable
 L89.141 Pressure ulcer of left lower back, stage 1
 L89.142 Pressure ulcer of left lower back, stage 2
 L89.143 Pressure ulcer of left lower back, stage 3
 L89.144 Pressure ulcer of left lower back, stage 4
 L89.150 Pressure ulcer of sacral region, unstageable
 L89.151 Pressure ulcer of sacral region, stage 1
 L89.152 Pressure ulcer of sacral region, stage 2
 L89.153 Pressure ulcer of sacral region, stage 3
 L89.154 Pressure ulcer of sacral region, stage 4
 L89.200 Pressure ulcer of unspecified hip, unstageable

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ICD10 – Skin Protection Cushion (Not all inclusive see Wheelchair Seating Policy)

Group 2 Codes:

B91 Sequelae of poliomyelitis
 E75.00 GM2 gangliosidosis, unspecified
 E75.01 Sandhoff disease
 E75.02 Tay-Sachs disease
 E75.09 Other GM2 gangliosidosis
 E75.10 Unspecified gangliosidosis
 E75.11 Mucopolipidosis IV
 E75.19 Other gangliosidosis
 E75.23 Krabbe disease
 E75.25 Metachromatic leukodystrophy
 E75.29 Other sphingolipidosis
 E75.4 Neuronal ceroid lipofuscinosis
 F84.2 Rett's syndrome
 G04.1 Tropical spastic paraplegia
 G04.89 Other myelitis
 G10 Huntington's disease

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Coverage Criteria – Cushions and Backs

A positioning seat cushion (E2605, E2606), positioning back cushion (E2613-E2616, E2620, E2621), and positioning accessory (E0953, E0955-E0957, E0960) are covered for a beneficiary who meets **both** of the following criteria:

1. The beneficiary has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the beneficiary meets Medicare coverage criteria for it; **and**
2. The beneficiary has any **significant postural asymmetries** that are due to one of the following (a or b):
 - a. A diagnosis code listed in Group 2; **or**
 - b. A diagnosis code listed in Group 3.

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Coverage Criteria – Cushions and Backs

Group 3 Codes:

Codes Description

G83.10 Monoplegia of lower limb affecting unspecified side
 G83.11 Monoplegia of lower limb affecting right dominant side
 G83.12 Monoplegia of lower limb affecting left dominant side
 G83.13 Monoplegia of lower limb affecting right nondominant side
 G83.14 Monoplegia of lower limb affecting left nondominant side
 I69.041 Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side
 I69.042 Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left dominant side
 I69.043 Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right nondominant side

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Coverage Criteria – Cushions and Backs

A combination skin protection and positioning seat cushion (**E2607**, E2608, **E2624**, E2625) is covered for a beneficiary who meets the criteria for both a skin protection seat cushion and a positioning seat cushion.



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Cushions and Backs

A **custom fabricated seat cushion (E2609)** is covered if criteria (1) and (3) are met. A **custom fabricated back cushion (E2617)** is covered if criteria (2) and (3) are met:

1. Beneficiary meets all of the criteria for a prefabricated skin protection seat cushion or positioning seat cushion;
2. Beneficiary meets all of the criteria for a prefabricated positioning back cushion;
3. **There is a comprehensive written evaluation by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT), which clearly explains why a prefabricated seating system is not sufficient to meet the beneficiary's seating and positioning needs.** The PT or OT may have no financial relationship with the supplier.

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Repair/Replacement – Warranty and RUL

For Medicare, payment can be made for replacement of DME that is lost, stolen, irreparably damaged, or has been in continuous use for the equipment's reasonable useful lifetime (RUL).

In general, the RUL for DME is established as **five years** (42 CFR 414.210(f)). Computation of the RUL is based on when the equipment is delivered to the beneficiary, not the age of the equipment.

The RUL is used to determine how often it is reasonable to pay for the replacement of DME under the Medicare program and is not explicitly set forth as a minimum lifetime standard.

PDAC Requirements - Cushions and Backs

It has a warranty that provides for repair or full replacement if manufacturing defects are identified or the surface does not remain intact due to normal wear within 12 months for general use and **18 months** skin protection and or positioning.

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Replacement – Warranty and RUL

- If a cushion needs to be replaced it must be documented the reason and if the item can be **repaired**
- If it **can be repaired** (replacing parts of the cushion) that can be reimbursed and in this case so can labor (K0739)
- If it **can't be repaired** (per the manufacturer) and there is documentation from a **clinician** that it is no longer meeting the patient's need (no longer **intact**) it CAN be replaced
- It will initially deny (same similar) but through appeal (redetermination) it should pay with required documentation

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Legible Documents and Legible Identifiers

- This error will cause a delay in delivery
- Medicare requires a legible identifier for services provided/ordered. The method used shall be hand written or an electronic signature (stamp signatures are not acceptable) to sign an order or other medical record documentation for medical review purpose
- The OIG and CERT have made it clear that this requirement must be enforced and signatures (initials are not acceptable), hand written or electronic, must be present on ALL documentation and **MUST BE LEGIBLE**
- The legible (signature) identifier requirement applies to documentation for ANY service performed and billed to Medicare

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Thank You for Attending
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