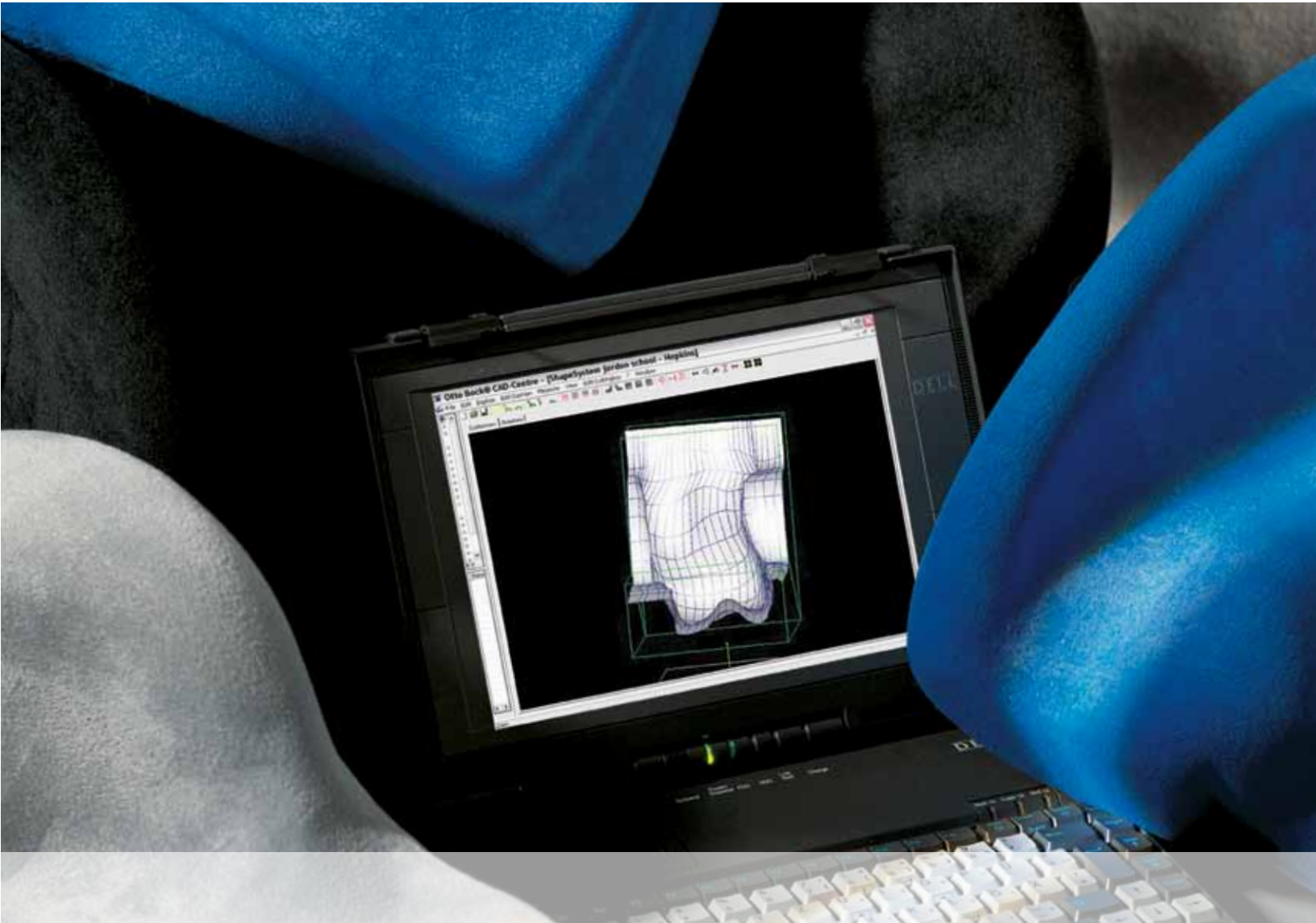


Otto Bock®

QUALITY FOR LIFE



Otto Bock Shape System (OBSS®)

Reimbursement Information



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Overview

This assembled packet contains information to assist you in seeking reimbursement for an Otto Bock Shape System (OBSS), should you need assistance.

The material is intended to assist suppliers in the process for submission of a reimbursement claim for an OBSS custom contoured cushion. This material is not designed to be submitted as the documentation or justification for OBSS custom contoured cushion reimbursement. The documentation and justification for reimbursement must be specific and unique to the patient and cushion being fit. Form letters and copied papers of product description do not provide adequate justification for medical necessity and therefore are commonly rejected by paying sources.

This document will help you draft the best possible OBSS custom cushion justification for your initial request for reimbursement and assist you in structuring arguments should your reimbursement request be denied. Please contact Otto Bock Customer Service at 800.328.4058 and ask to speak with a Reimbursement Specialist if you have questions or concerns.

Preliminary Steps

In order to receive reimbursement for the OBSS custom seating system, the wheelchair that the OBSS cushions are used for must qualify for coverage. See Helpful Websites at the end of this document.

The supplier is ultimately responsible to make sure that the patient meets criteria and qualifies for coverage and must provide supporting documentation if requested.

Make sure that your documentation supports coverage of both the OBSS system AND the wheelchair itself.

OBSS Patient Recommendation

Indications for a Custom Contoured Cushion

OBSS custom contoured cushions are designed and recommended for patients who require significant postural support to maximize their functional capabilities.

The OBSS custom contoured seat cushion is intended for patients who exhibit any combination of the following needs:

- Pressure distribution to maintain skin integrity
- Accommodation of a moderate to severe asymmetry and deformity, including, but not limited to, pelvic obliquity, pelvic rotation, severe posterior or anterior pelvic tilt
- Maximization of support and stability throughout the trunk and/or lower body
- Blockage of excessive abnormal movement while minimizing pressure

The OBSS custom contoured back cushion is intended for patients who exhibit any combination of the following needs:

- Fixed spinal deformity and asymmetry, including but not limited to, scoliosis, kyphosis or lordosis or any combination of severe orthopedic deformity
- Extremely low tone or postural collapse in upright position, especially when trunk is long and heavy
- Significant increased tone and abnormal movements in trunk
- Prevention of a postural collapse when counter forces required to do so are significant and when an area of the body requiring support is contoured

The OBSS system is used to create a custom molded seating and back system that provides maximum pressure distribution with optimum postural support to prevent a secondary orthopedic deformity and increase sitting tolerance.

Caution:

- Please keep in mind that there is limited adjustability for growth or change in a custom contoured cushion. If the patient is in a growth phase, be sure to verify the patient’s insurance coverage for possible quantity/time limitations on approvals for custom contoured cushion coverage due to the cushion’s limited adjustability.
- Careful attention must be given to avoid decreasing patient function with excessive positioning.
- The close fit of custom contoured cushions may make the user warmer, which could result in decreased comfort for patients with heat sensitivity.

Medicare’s Coverage Criteria for Custom Fabricated Cushions¹

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.** Meets criteria for a prefabricated skin protection seat cushion (A) OR positioning seat cushion (B);
- 2.** Meets criteria for a prefabricated positioning back cushion (B);
- 3.** Comprehensive written evaluation by a licensed/certified medical professional (LCMP), such as a PT or OT, which clearly explains why a prefabricated seating system is not sufficient to meet the patient’s seating and positioning needs. The PT or OT may have no financial relationship with the supplier, and the supplier must attest to this fact in writing.

A. Prefabricated Skin Protection Seat Cushion criteria:	B. Prefabricated Positioning Seat/Back Cushion criteria:
I. The patient has a manual wheelchair or a power wheelchair with a sling/solid seat/back; AND	I. The patient has a manual wheelchair or a power wheelchair with a sling/solid seat/back; AND
II. Pressure Ulcer: Current pressure ulcer (707.03, 707.04, 707.05) or past history of a pressure ulcer (707.03, 707.04, 707.05) on the area of contact with the seating surface; OR	II. Postural Asymmetries (significant) due to one of the diagnoses listed in section III (below), <u>OR</u> has one of the following diagnoses: <ul style="list-style-type: none"> • Monoplegia of the lower limb (344.30-344.32, 438.40-438.42) due to stroke, traumatic brain injury, or other etiology, • Spinocerebellar disease (334.0- 334.9), • AK leg amputation (897.2-897.7), • Osteogenesis Imperfecta (756.51), • Transverse Myelitis (323.82).

III. 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:

- SCI with quadriplegia or paraplegia (344.00-344.1),
- Other spinal cord disease (336.0-336.3),
- MS (340), other demyelinating disease (341.0-341.9),
- Cerebral palsy (343.0-343.9),
- Anterior horn cell diseases including ALS (335.0-335.21, 335.23-335.9),
- Post polio paralysis (138),
- TBI with quadriplegia (344.09),
- Spina bifida (741.00-741.93),
- Childhood cerebral degeneration (330.0-330.9),
- Alzheimer’s disease (331.0),
- Parkinson’s disease (332.0),
- Muscular dystrophy (359.0, 359.1),
- Hemiplegia (342.00 – 342.92, 438.20-438.22),
- Huntington’s chorea (333.4), Idiopathic torsion dystonia (333.6),
- Athetoid cerebral palsy (333.71).

Why a Prefabricated Seating System may be insufficient to meet the patient's seating and positioning needs

1. Significant skeletal or joint deformity resulting in significant postural asymmetry, which cannot be accommodated with off-the-shelf contoured seating.
2. Excessive abnormal, uncontrolled movement which results in significant postural asymmetry and/or inadequate postural stability to support optimal health and function.
3. Excessive postural collapse in the spine and pelvis due to paralysis, extreme weakness and/or low muscle tone, resulting in significant postural asymmetry and/or inadequate postural stability to support optimal health and function.
4. Skin breakdown from any of the above.
5. Excessive pain from any of the above.

What qualifies as Good Documentation?

The documentation must be specific to your patient's medical need for the custom seating.

- Documents
 - Beneficiaries' current medical condition, physical limitations, cognitive and functional abilities, and prognosis
 - Clinical course (worsening or improving), other therapeutic interventions and results, and past experience with related items
- Specific and quantifiable
 - A highly specialized solution is individualized and consistent with the client's needs
- Rules out other options
 - Sometimes this means documented trial and failure with non-custom seating (note model and type)

Each claim will be manually reviewed for medical need, so you will need to show reasonable expectation that the patient can adjust to the product, derive benefits, and that it is appropriate.

Note: The DME MACs have provided Documentation Checklists to help you make sure that you are meeting Medicare requirements.²

Criteria for a Custom Cushion What if my patient doesn't meet them?

Not Medically Necessary Upgrades

If a custom fabricated cushion is provided for a patient who does not meet the stated coverage criteria, but the coverage criteria for another type of cushion is met, the claim must be billed with an upgrade modifier. Payment will be based on the cushion in which the patient meets coverage criteria.

If the claim is not billed with the upgrade modifier, the provided custom fabricated cushion will be denied as not medically necessary.

See the Otto Bock document, Use of Upgrade Modifiers, for instructions on using upgrade modifiers when your patient does not meet Medicare criteria, or check your local DME MAC website publications.

Submitting your initial claim for the OBSS Custom Cushion

Medicare Verified Reimbursement Codes

Custom fabricated cushions are required to have a written coding verification from the Medicare Pricing, Data Analysis and Coding (PDAC) Contractor.

For copies of PDAC letters for OBSS please contact Otto Bock Customer Service at 800.328.4058. You may also check at <https://www.dmepdac.com/dmecsapp/do/search> to verify PDAC reviews.

OBSS cushions have been verified by the PDAC to be billed to Medicare with the following codes:

- E2617 – custom fabricated wheelchair back cushion, any size, including any type mounting hardware
- E2609 – custom fabricated wheelchair seat cushion, any size

Not Separately Billable Features (included in E2609 and E2717)

- Cushion
 - Gel or multi-cellular air inserts
 - Reinforcements, reliefs, soft spots or ventilation holes in the cushion
 - Any other customizations to the cushion
 - Waterproof spray coat or a vapor permeable/waterproof removable cover and sewing pattern
- Base
 - Rigid or semi-rigid base or posterior panel
 - A solid support base when used with a power wheelchair

- Hardware
 - o Mounting hardware for seat and back cushion (including T-Nuts)
 - Even though the HCPCS description for E2609 does not state “INCLUDING ANY TYPE MOUNTING HARDWARE”, Medicare has clarified that seat hardware is not separately billable in the “Local Coverage Article for Wheelchair Seating.”
- Other
 - o Adjustments, installation, set-up

NOTE: For items not separately billable, the cost for all included items should be “combined” into the total price billed for the cushion.

Separately Billable Features

- A solid support base when used with a manual wheelchair (HCPCS E2231)
- Positioning accessories separate from the seat or back, including but not limited to:
 - o Headrest and hardware
 - o Arm troughs and hand pads
 - o Leg rests and calf pads

NOTE: Separately billable items might differ depending on the type of chair. See Manual Wheelchair and Power Wheelchair LCDs to verify separately billable items.

Billing Tips

Why are E2609 and E2617 missing from the Medicare Fee Schedule?

HCPCS codes E2609 and E2617 are “Carrier Priced” codes. This means that E2609 and E2617 do not appear on the Medicare fee schedule. Instead, each of the DME MAC Regional Contractors, Medicaid, and private payers must establish their own payment methodology for these codes. Payment is generally based on either a percentage of the amount billed, a percentage of the retail price, or cost plus.

Narrative

Because E2609 and E2617 are “carrier priced,” the claim must include the manufacturer name, the product name, and the product model number. We also recommend including the HCPCS code for the wheelchair, whether the wheelchair is patient-owned or rented, and the DATE of Service (if the wheelchair was purchased previously). This information should be put in the Narrative section of the electronic claim, or on Line 19 if filing a paper claim.

Example Narratives for E2609:

Provided with Wheelchair:

Otto Bock OBSS 6364916 cust seat for K0009 postural asymmetry 2nd to DX 341.0

Provided separately from Wheelchair:

Otto Bock OBSS 6364916 cust seat for pt own K0009 DOS 2-15-2011 postural asymmetry 2nd to DX 341.0

Reminder: List the OBSS system on the Detailed Written Order and the Delivery Slip.

KX Modifier

Adding the KX Modifier to HCPCS codes E2609 and E2617 signifies that your patient meets the criteria for custom seating AND that the wheelchair meets the criteria stated in the Manual Wheelchair Bases or Power Mobility Devices LCD.

Additional Reimbursement Support

Should your reimbursement request be denied, there could be many possible reasons. It takes asking the right questions to determine coverage and eligibility, proper billing and documentation practices, diligence, and timely submission. Pay close attention to the denial code reasons for insight.

If coverage is denied:

- A. Call the insurance carrier and ask:
 - a. Were the OBSS cushions denied, or the wheelchair, or both?
 - b. Specifically, why was the claim denied?
 - c. If denied for missing documentation, what was missing?
 - d. If the charges are denied as not medically necessary/experimental, ask for their definition of these terms.
 - e. Ask them to read the reviewer’s notes (sometimes this works).
 - f. Ask them to send you a copy of their medical coverage policy.
 - g. What is the next step?
 - h. What documentation do I need to send with the appeal in order to receive a favorable decision?
 - i. If customer service cannot provide answers for you, ask if they have a patient advocate/advocacy department that can help you.

- B. Prepare your appeal:
- a. Gather documentation from the patient's medical record (e.g. physician, hospital, rehabilitation facility, physical/occupational therapist, home health, SNF) to argue your case. Look for the following information:
 - i. Diagnosis necessitating custom seating.
 - ii. Did/will the patient receive custom seating due to a change in the patient's condition? If so:
 1. How long has this condition occurred?
 2. What has been tried up until now to resolve the situation?
 3. Is the condition worsening or improving?
 4. What are the patient's functional limitations as a result?
 5. Past experience with seating (current seating if pertinent)
 - iii. Detailed written order, signed by physician.
 - iv. Delivery documents
 - b. Include a cover letter.
 - i. Restate the reason why the claim was denied
 - ii. Quote their policy and why you disagree
 - iii. Include a bulleted list detailing the attached documentation
 - iv. Lead them down the path to find proof of why you think the claim should be paid.
- C. Follow the instructions provided with your Explanation of Benefits (EOB)
- a. You must submit your appeal within the stated timeframe.
 - b. If you do not receive instructions with the EOB, contact the insurance provider as soon as possible, so you do not miss any deadlines.

Resources for Appeals

Agencies and advocacy groups that may provide assistance during the appeals process:

Consumer Guide to Handling Disputes with Health Plans (from the Kaiser Family Foundation):

www.kff.org/consumerguide

States' Insurance Commissioner:

www.naic.org

Attorneys General by State:

www.naag.org

Legal Services Corporation (LSC):

www.lsc.gov

State and Federal Legislators

National Conference of State Legislators:

www.ncsl.org

House of Representatives:

www.house.gov

Senators:

www.senate.gov

Thank You!

As a valued customer we hope the information provided in this document assists you in achieving positive outcomes for your OBSS custom contoured claim submissions. Our OBSS cushions consistently meet the expectations of patients and clinicians to optimize their comfort and proper seating and positioning needs. Our work is inspired by those who refuse to be defined by their disabilities and we will continue to provide high quality, technologically advanced products to those who need them. For more information on the Otto Bock Shape System or our other rehab products, visit our web site at www.ottobockus.com.

References

1. Medicare's Coverage Criteria for Custom Fabricated Cushions

Region A - DME MAC (NHIC)

Wheelchair Seating LCD (L15845) and Policy Article (L17918)

Go to www.medicarenhic.com and then click on *DME MAC A*. Find *LCD Medical Policies* in the righthand menu.

Region B – DME MAC (NGS)

Go to www.ngsmedicare.com and then click on *Medical Policy Center (LCDs)* in the lefthand menu. Click on *Wheelchair Seating LCD (L27234)* in the list. At the bottom of the Wheelchair LCD page, you will also find a link to *Wheelchair Seating - Policy Article (A47225)*.

Region C – DME MAC (Cigna Government Services)

Wheelchair Seating LCD (L15887) and Policy Article (L17985)

Go to www.cms.gov/medicare-coverage-database and click on the *Indexes* tab. Choose *Local Coverage*, and then *LCDs by Contractor*. Choose *Cigna Government Services (18003, DME MAC)* from the drop-down menu.

Region D – DME MAC (Noridian)

Wheelchair Seating LCD (L15670) and Policy Article (L17265)

Go to www.nordianmedicare.com/dme and click on *LCDs/Coverage/MR* in the lefthand menu. Choose *Local Coverage Determinations*.

2. Documentation Checklists for Manual Wheelchairs and Groups 1- 4 Power Wheelchairs

Go to www.cgsmedicare.com/jc and click on *Coverage & Pricing* in the lefthand menu. Choose *Medical Review* and then *Documentation Checklists*.

Go to www.ngsmedicare.com.

Go to www.nordianmedicare.com/dme and click on *LCDs/Coverage/MR* in the lefthand menu. Choose *Documentation Checklists*.

3. Physician Letter (signed by all four medical directors)

Go to www.cgsmedicare.com/jc and click on *Coverage & Pricing* in the lefthand menu. Choose *Medical Review* and then *Dear Physician Letter*.



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