Ottobock Custom Seating
Coding and Billing Tips (*Effective 11/01/2015*)

Table of Contents

PDAC Verification Required for Wheelchair Cushion Codes 2
What is included in E2609 and E2617 (not separately billable) 2
Separately Billable Features that might be ordered with custom seating 2
Why are E2609 and E2617 missing from the Medicare Fee Schedule? 3
Claim Narrative for E2609 and E2617 3
Where to Put the Narrative in the Electronic Claim 3
KX Modifier 4
What is the difference between Preconfigured and Itemized on the order form? 4
How to Determine the MSRP when Cushions are ordered Itemized 4
How to Bill for an Upgrade When Medicare Patient does not meet Criteria for Coverage (Patient is willing to pay for the difference out of pocket.) 4
Medical Review 5
Conclusion 5
References 5
Ottobock Custom Seating
Coding and Billing Tips (Effective 11/01/2015)

PDAC Verification Required for Wheelchair Cushion Codes¹,²

Custom fabricated cushions are required to have a written coding verification from the Medicare Pricing, Data Analysis and Coding (PDAC) Contractor. Copies of PDAC letters issued for OBSS may be downloaded at: http://ottobockus.com/cps/rde/xchg/ob_us_en/hs.xsl/44480.html.

OBSS and NUTEC cushions have been verified by the PDAC to be billed 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

What is included in E2609 and E2617 (not separately billable)³

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
- Fixed Mounting hardware for seat and/or back cushion (including T-Nuts)

Other
- Adjustments, installation, set-up

NOTE: The cost for “not separately billable” items should be rolled into the total price billed for the cushion.

Separately Billable Features that might be ordered with custom seating³

- A solid seat insert when used with a manual wheelchair
- Positioning accessories separate from the seat or back, including but not limited to:
  - Headrest and hardware
  - Headrest extension
  - Lateral trunk support
  - Medial thigh support
  - Shoulder/Chest harness
  - Manual swing-away hardware

NOTE: What is included in E2609 and E2617 and what is separately billable might differ depending on the type of chair and/or the payer’s criteria for coverage. Please verify your payer’s policy.
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**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 in the Medicare fee schedule. Instead, each of the DME MAC Regional Contractors, Medicaid, as well as private payers must establish their own payment methodology for these codes. Payment is generally based on either percentage of the amount billed, percentage of the manufacturer suggested retail price (MSRP), cost plus, or prevailing rates.

**Claim Narrative for E2609 and E2617**

Because E2609 and E2617 are “carrier priced” codes, they are treated similar to miscellaneous codes. The claim narrative must include the manufacturer name, the product name, the model/catalog number and the MSRP. 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.

**Where to Put the Narrative in the Electronic Claim**

<table>
<thead>
<tr>
<th>Electronic Claim</th>
<th>Notes can be added in 3 places in ANSI format electronic claims. The 2300 NTE Segment, the SV101-7 and the 2400 NTE Segment. The 2300 NTE segment pertains to the entire claim. The SV101-7 and 2400 NTE segments pertain to each line item.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2300 NTE Segment:</td>
<td>Put information here about the overall device you are billing for.</td>
</tr>
<tr>
<td>Example:</td>
<td>Wheelchair KXXXX with Cust seat-back cushion &amp; positioning supports</td>
</tr>
<tr>
<td>SV101-7 and/or 2400 NTE Segments:*</td>
<td>Put information here regarding each line item (brand name, model/catalog #, MSRP). Include medical reason if there is space.</td>
</tr>
<tr>
<td>Example when provided with wheelchair:</td>
<td>E2609 OBSS 6364839 cust seat MSRP $_____ postural asymmetry</td>
</tr>
<tr>
<td>* SV101-7 and NTE 2400 segments are limited to 80 characters (including spaces)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Paper Claim</th>
<th>Enter entire narrative on Line 19 when submitting a hand-written paper claim (CMS-1500). Include the HCFA 1500 line number that the NOC code is located on.</th>
</tr>
</thead>
</table>
| Example:    | Line____: E2609 OTTOBOCK 6364839 CUST SEAT CUSHION (MSRP $_____ ) & E2617 6364838 CUST BACK CUSHION (MSRP $_____ ) ADDED TO WHEELCHAIR EXXXX PURCH__/__/
KX Modifier
Adding the KX Modifier to HCPCS codes E2609 and E2617 signifies that the 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.

What is the difference between Preconfigured and Itemized on the order form?
OBSS Custom Seat and Back Cushions can be ordered either Preconfigured or Itemized. Preconfigured product (catalog) numbers are PDAC approved and include foam, removable cover, mounting hardware and t-nuts. If you order Itemized cushions, each item (foam, removable cover, mounting hardware and t-nuts) is listed separately on the invoice.

How to determine the MSRP for Ottobock Custom Cushions when Itemized
OBSS Custom Seat & Back Cushions were PDAC approved using the product (catalog) number for the foam cushion. You will need to add the MSRP’s for the removable cover, mounting hardware, and t-nuts to the MSRP for the foam to determine the total MSRP. Create a total MSRP each for the seat and back cushion.

How to Bill for an Upgrade When Medicare Patient does not meet Criteria for Coverage
(Patient is willing to pay for the difference out of pocket.)
If a supplier wants to collect the difference from the beneficiary, a properly completed Advance Beneficiary Notice of Noncoverage (ABN) must be obtained. When billing the claim, the HCPCS codes for the items that is provided must be billed with a GA modifier on one claim line and the HCPCS code for the item that meets coverage criteria must be billed with a GK and KX modifier on the next claim line. (Note: The codes must be billed in this specific order on the claim.)

Examples:
E2609 GA Narrative: OBSS 6364839 Custom Seat Cushion upgrade
E2603 GK KX Narrative: Skin Protection Seat Cushion

E2617 GA Narrative: OBSS 636840 Custom Back Cushion upgrade
E2613 GK KX Narrative: Positioning Back Cushion

In this situation, the claim line with the GA modifier will be denied as not medically necessary with a patient responsibility (PR) message and the claim line with the GK modifier will continue through the usual claims processing.

Note: All other applicable modifiers and narrative must also be appended.
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Coding and Billing Tips *(Effective 11/01/2015)*

**Medical Review**

Sometimes codes requiring narratives are sent to Medical Review regardless of proper claim submission. If this happens, you will need to submit all documentation (including proof of medical necessity and reason for replacement) as the claim will likely undergo medical necessity review.

**Conclusion**

Following these instructions will help you have a more successful outcome. For additional reimbursement information, or if you have questions about this material, please contact Ottobock Reimbursement at 800.328.4058 (and ask for reimbursement) or you can email your question to reimbursement911@ottobock.com.

**References**

2. The product/device “Supplier” (defined as an O&P practitioner, O&P patient care facility, or DME supplier) assumes full responsibility for accurate billing of Ottobock products. It is the Supplier’s responsibility to determine medical necessity; ensure coverage criteria is met; and submit appropriate HCPCS codes, modifiers, and charges for services/products delivered. It is also recommended that Supplier’s contact insurance payer(s) for coding and coverage guidance prior to submitting claims. Ottobock Coding Suggestions and Reimbursement Guides are based on reasonable judgment and are not recommended to replace the Supplier’s judgment. These recommendations may be subject to revision based on additional information or alpha-numeric system changes.
3. Region A - DME MAC (NHIC) Wheelchair Seating LCD (L15845) and Policy Article (A17918); Region B – DME MAC (NGS) Wheelchair Seating LCD (L27234) and Policy Article (A47225); Region C – DME MAC (Cigna Government Services) Wheelchair Seating LCD (L15887) and Policy Article (A17985); Region D – DME MAC Noridian) Wheelchair Seating LCD (L15670) and Policy Article (A17265)