Finding Success in Reimbursement as You Put the Pieces Together

Claudia Amortegui, The Orion Group
Finding Success in Reimbursement as You Put the Pieces Together

Presented By: Claudia Amortegui
April 8, 2011
Please Note:

If you are viewing this presentation after the live event, please be aware that policies may change at any time based on CMS decisions. Be sure you keep up to date with all relevant policies and regulations.
Finding Our Way…

- The Common Complaints
- The Basics
- Coding
- Samples
The Complaints

“Medicare won’t pay for it”

“It’s non-covered”

“It’s too complicated to bill”

“Nobody gets paid”

“I give up…”
The Basics

Let’s keep it simple…

• The codes
• What does the policy say?
• Who are the customers?
• What documentation are you receiving?
• E2609 – Custom Fabricated, Wheelchair Seat Cushion, Any Size
• E2617 – Custom Fabricated Wheelchair Back Cushion, Any Size, Including Any Type Mounting Hardware

• You can always verify through PDAC.
• If a product is not officially code verified by PDAC for either of these codes, they cannot be billed using the codes.
What Does the Policy Say? E2609

Covered if:

• The patient meets all the criteria for a prefab skin protection seat cushion or positioning seat cushion; **AND**

• There is a comprehensive written evaluation by an “LCMP,” which **clearly explains why a prefab seating system is not sufficient to meet the patient’s seating & positioning needs.**
What Does the Policy Say?

E2617

Covered if:

• The patient meets all the criteria for a prefab positioning back cushion; **AND**

• There is a comprehensive written evaluation by an “LCMP,” which **clearly explains why a prefab seating system is not sufficient to meet the patient’s seating & positioning needs.**
What Does this Mean?

• Selling is easy, but you must understand the policy and educate your referrals.
• Referrals must be able to document why the “out of the box” options would not meet that specific clients’ needs. This should not be basic general statements.
• ATPs must be able to communicate with the referral if a client may not qualify.
• Internal staff must understand what they are reading.

*Any portion of this presentation is not to be copied or distributed without explicit consent from Claudia Amortegui.
Diagnosis Codes: E2609

- 138 – Late effects of acute poliomyelitis
- 323.82 – Other causes of myelitis
- 330.0 – 330.9 – Leukodystrophy – Unsp cerebral degen in childhood
- 331.0 – Alzheimer’s Disease
- 332.0 – Paralysis Agitans
- 333.4 – Huntington’s Chorea
- 333.6 – Genetic Torsion Dystonia
- 333.71 – Athetoid Cerebral Palsy
- 334.0 – 334.9 – Fredreich’s Ataxia – Spinocerebellar Disease Unsp.
- 335.0 – 335.21 – Werdnig-Hoffman Disease – Prog Muscular Atrophy
- 335.23 – 335.9 - Pseudobulbar Palsy – Anterior Horn Cell Disease Unsp
- 336.0 – 336.3 – Syringomyelia & Syringobulbia – Myelopathy in Other Diseases Classified elsewhere

*Any portion of this presentation is not to be copied or distributed without explicit consent from Claudia Amortegui.
Diagnosis Codes: E2609

- 340 – Multiple Sclerosis
- 341.0 – 341.9 – Neuromyelitis Optica – Demyelinating Disease of Central Nervous System Unspecified
- 342.00 – 342.92 – Falccid Hemiplegia & Hemiparesis Affecting Unsp Side – Unsp Hemiplegia & Hemiparesis Affecting Non-Dominant Side
- 343.0 – 343.9 – Congenital Diplegia – Infantile Cerebral Palsy Unsp
- 344.00 – 344.1 – Quadriplegia Unspecified - Paraplegia
- 344.30 – 344.32 – Monoplegia or Lower Limb Affecting Unsp Side – Monoplegia of Lwr Limb Affecting Non-Dominant Side
- 359.0 – Congenital Hereditary Muscular Dystrophy
- 359.1 – Hereditary Progressive Muscular Dystrophy
- 438.20 – 438.22 – Hemiplegia affecting Unsp Side – Hemiplegia Affecting Non-Dominant Side

*Any portion of this presentation is not to be copied or distributed without explicit consent from Claudia Amortegui.*
Diagnosis Codes: E2609

- 438.40 – 438.42 – Monoplegia of Lower Limb Affecting Unsp Side – Monoplegia of Lwr Limb Affecting Non-Dominant
- 707.03 – 707.05 – Pressure Ulcer, Lower Back – Pressure Ulcer, Buttock
- 741.00 – 741.93 – Spina Bifida Unsp Region w/Hydrocephalus – Spina Bifida Lumbar Region w/out Hydrocephalus
- 756.51 – Osteogenesis Imperfecta
- 897.2 – 897.7 – Traumatic Amputation of Leg(s) (Complete) (Partial) Unilateral at or Above Knee w/out Complication – Traumatic Amputation of Leg(s) (Complete) (Partial) Bilateral (Any Level) Complicated

*Any portion of this presentation is not to be copied or distributed without explicit consent from Claudia Amortegui.*
Diagnosis Codes: E2617

- 138 – Late Effects of Acute Poliomyelitis
- 323.82 – Other Causes of Myelitis
- 330.0 – 330.9 – Leukodystrophy – Unsp Cerebral Degen in Childhood
- 331.0 – Alzheimer’s Disease
- 332.0 – Paralysis Agitans
- 333.0 – Huntington’s Chorea
- 333.6 – Genetic Torsion Dystonia
- 333.71 – Athetoid Cerebral Palsy
- 334.0 – 334.9 – Fredreich’s Ataxia – Spino cerebellar Disease Unsp
- 335.0 – 335.21 – Werdnig-Hoffmann Disease – Prog Muscular Atrophy
- 335.23 – 335.9 – Pseudobulbar Palsy – Anterior Horn Cell Disease Unsp
- 336.0 – 336.3 – Syringomyelia & Syringobulbia – Myelopathy in Other Diseases Classified elsewhere

*Any portion of this presentation is not to be copied or distributed without explicit consent from Claudia Amortegui.*
Diagnosis Codes: E2617

- 340 – Multiple Sclerosis
- 341.0 – 341.9 – Neuromyelitis Optica – Demyelinating Disease of Central Nervous System Unspecified
- 342.00 – 342.92 – Falccid Hemiplegia & Hemiparesis Affecting Unsp Side – Unsp Hemiplegia & Hemiparesis Affecting Non-Dominant Side
- 343.0 – 343.9 – Congenital Diplegia – Infantile Cerebral Palsy Unsp
- 344.00 – 344.1 – Quadriplegia Unspecified - Paraplegia
- 344.30 – 344.32 – Monoplegia or Lower Limb Affecting Unsp Side – Monoplegia of Lwr Limb Affecting Non-Dominant Side
- 359.0 – Congenital Hereditary Muscular Dystrophy
- 359.1 – Hereditary Progressive Muscular Dystrophy
- 438.20 – 438.22 – Hemiplegia affecting Unsp Side – Hemiplegia Affecting Non-Dominant Side

*Any portion of this presentation is not to be copied or distributed without explicit consent from Claudia Amortegui.*
Diagnosis Codes: E2617

- 438.40 – 438.42 – Monoplegia of Lower Limb Affecting Unsp Side – Monoplegia of Lwr Limb Affecting Non-Dominant
- 741.00 – 741.93 – Spina Bifida Unsp Region w/Hydrocephalus – Spina Bifida Lumbar Region w/out Hydrocephalus
- 756.51 – Osteogenesis Imperfecta
- 897.2 – 897.7 – Traumatic Amputation of Leg(s) (Complete) (Partial) Unilateral at or Above Knee w/out Complication – Traumatic Amputation of Leg(s) (Complete) (Partial) Bilateral (Any Level) Complicated

*Any portion of this presentation is not to be copied or distributed without explicit consent from Claudia Amortegui.*
Billing these Codes

• Both codes will be manually reviewed both for medical need and pricing.
• You must always include the manufacturer model name/number
• Modifiers:
  ▪ NU – New Purchase
  ▪ KX – Criteria is met, including comprehensive eval in file, it is being used on a wheelchair, and...
KX Modifier

To be used if...

• For E2609 (Seat)
  ▪ There is a past history or current pressure ulcer in the area of contact with the seating surface: OR
  ▪ There is absent or impaired sensation in the area of contact with the seating surface or an inability to carry out a functional weight shift due to one of dx listed as a covered dx for skin protection cushions; OR
  ▪ The patient has significant postural asymmetries due to one of the dx listed as a covered dx for positioning cushions.

• For E2617 (Back)
  ▪ The patient has significant postural asymmetries due to one of the dx listed as a covered dx for positioning cushions.

• How do you prove the above?

*Any portion of this presentation is not to be copied or distributed without explicit consent from Claudia Amortegui.
No More Downcoding

• Effective February 4, 2011, Least Costly Alternative (LCA) Language removed from LCD.
• Claims that do not qualify, will now deny as “not reasonable or necessary,” will no longer downcode.
• You will not be able to go through appeals to get the money. But what about Upgrade options?
Upgrades

Specific to the LCA

• You must be realistic
• You must be smart on the business side of this

Modifiers:
• GK - Reasonable & necessary item/service associated with a GA or GZ modifier = \textit{ABN} & \textit{$\$$}
• GL - Medically unnecessary upgrade provided instead of non-upgraded item, no charge, no ABN = \textit{No ABN} & No \textit{$\$$}

Upgrades must be understood to protect you & ensure success.

*Any portion of this presentation is not to be copied or distributed without explicit consent from Claudia Amortegui.
## Upgrade Modifiers

<table>
<thead>
<tr>
<th>Scenario</th>
<th>ABN Required</th>
<th>Required Modifiers</th>
<th>DMAC Payment</th>
<th>Beneficiary Pays for Upgrade</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Physician orders upgrade:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Supplier provides upgrade free of charge to beneficiary</td>
<td>No</td>
<td>GL</td>
<td>R&amp;N item only (GL line)</td>
<td>No</td>
</tr>
<tr>
<td>b. Supplier bills beneficiary for upgrade</td>
<td>Yes</td>
<td>GA/GK</td>
<td>R&amp;N item only (GK line)</td>
<td>Yes</td>
</tr>
<tr>
<td>2) Patient requests upgrade:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Supplier provides upgrade free of charge to beneficiary</td>
<td>No</td>
<td>GZ/GK</td>
<td>R&amp;N item only (GK line)</td>
<td>No</td>
</tr>
<tr>
<td>b. Supplier bills beneficiary for upgrade</td>
<td>Yes</td>
<td>GA/GK</td>
<td>R&amp;N item only (GK line)</td>
<td>Yes</td>
</tr>
<tr>
<td>3) Supplier provides upgrade for supplier convenience:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Supplier provides upgrade free of charge to beneficiary</td>
<td>No</td>
<td>GL</td>
<td>R&amp;N item only (GL line)</td>
<td>No</td>
</tr>
</tbody>
</table>

**Note:**

R&N - Reasonable & Necessary
GK or GL - added to HCPCs code for item that meets Medicare coverage requirements.
GA or GZ - added when GK is used.
KX - added (if criteria met) when using a GK or GL

*Any portion of this presentation is not to be copied or distributed without explicit consent from Claudia Amortegui.*
How Many Line Items?

- All parts & pieces must be rolled into the codes themselves (E2609, E2617), therefore no additional codes will be billed as they relate to seating.
- If an invoice is requested, send the quote that has your primary discount only. Secondary discounts are based on dating.

*Any portion of this presentation is not to be copied or distributed without explicit consent from Claudia Amortegui.*
Custom Molded Seat with Mounting Hardware – A standard sling seat or a pre-fabricated seat cushion will not meet Patricia’s positioning & pressure relief needs due to the severity of her spinal curvatures & pelvic deformities. The custom molded seat cushion will provide individualized & full contact with Patricia’s body to promote midline orientation & provide adequate pressure reduction over areas of high pressure, most importantly relieving pressure over the right hip (Stage 3 pressure ulcer), which is necessary to promote healing of the pressure ulcer.

*Any portion of this presentation is not to be copied or distributed without explicit consent from Claudia Amortegui.*
Sample Justifications

All should be different

Custom Molded Back with Mounting Hardware (HCPC E2617)- A standard sling back or pre-fabricated back cushion will not meet Patricia’s positioning and pressure relief needs due to the severity of her spinal curvatures and pelvic deformities. The custom molded back cushion will provide individualized and full contact with Patricia’s body to promote midline orientation and will retard progression of the existing curvatures/deformities. A pre-fabricated product will not provide full contact to the Patricia’s body. Improper or ineffective postural support will only allow the advancement or worsening of the existing deformities. Progression of the spinal curvatures and deformities will eventually impair the patient’s respiratory and digestive functions.

What’s missing from both?

*Any portion of this presentation is not to be copied or distributed without explicit consent from Claudia Amortegui.
Key Items

• Roll all into the one specific code (for seat and back).
• Thorough evaluation
• Documentation – Ruling out all lower level options
• Reading documentation prior to ordering.
Thank you for your time!

Claudia Amortegui, The Orion Group
www.orionreimbursement.net