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## Otto Bock Shape System (OBSS) Reimbursement Information

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

- OBSS Patient Recommendation
- Initial Submission for OBSS Custom Cushion Guidelines
- Suggested Reimbursement Code List
- Additional Reimbursement Support

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, and can only be effectively drafted by the treating clinician. Form letters and copied papers of product description do not provide adequate justification for medical necessity or a return to Activities of Daily Living (ADLs), 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 your Sales Representative at 800.328.4058 if you have any questions or concerns.

## OBSS Patient Recommendation

### Indications for a Custom Contoured Cushion

OBSS custom contoured cushions are designed for and are 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 a 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. However, remember there is limited adjustability for growth or change in a custom contoured cushion. Note: If the patient is in a growth phase, be sure to verify the patient's coverage or insurance for possible quantity/time limitations on approvals for custom contoured cushion coverage due to the cushion's limited adjustability.

Careful attention must also be given to avoid decreasing patient function with excessive positioning. In addition, the close fit of custom contoured cushions may make the user warmer, which could result in decreased comfort for patients with heat sensitivity.



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## Initial Submission for OBSS Custom Cushion Guidelines

The documentation included for the initial reimbursement submission must clearly identify the status of the patient and justify the product being fit. The following guidelines will assist you in submitting your reimbursement claim.

### A. Letter of Medical Necessity

Medical Necessity is based on the patient's functional abilities (ADLs, IADLs, and MRADLs). Functional abilities are based on the reasonable expectations of the treating physician and the clinician (PT or OT). This includes but is not limited to:

- Past history of the patient
- Diagnosis
- Current and/or change of condition of the patient including status of postural support and functional needs and other medical conditions
- Describe the functional level the patient is expected to reach and illustrate the patient's desire and what they will need to reach that goal, how OBSS cushions will help the patient reach their goal, and what has and hasn't worked in the past.
- Describe the patient (physical condition, previous and current conditions) and expected progression
- Describe the product. Explain the benefits of the OBSS custom cushion. Include example(s) of what the cushion will allow the patient to do and how it will benefit the needs of the patient. Include example(s) of what the OBSS custom cushion will do that other off-the-shelf cushions/backers will not. Examples of such benefits could include increased postural support and prevention of postural collapse, pressure relief to maintain skin integrity, accommodation of deformities or kyphosis, prevention of abnormal movement, or maximization of support and stability. Explain what may happen without an OBSS custom cushion.
- Describe why the patient needs the product. Combine the patient and product description to illustrate how that specific patient will benefit from the use of an OBSS custom cushion. It is very important to relate the product features to the specific patient and their ADLs.

### B. DME Documentation

- Verify the status of the patient's current equipment
- Identify the rationale to replace existing seating system
- The therapist should indicate why existing seating system does not allow the patient to achieve optimal positioning and ADLs
- Provide a cost list and product description
- Identify the suggested reimbursement codes to be used
- A patient's medical records to include: the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available to the DMERC upon request.
- An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier and made available to the DMERC upon request.

### C. Identify Codes

- HCPCS Codes for Medicare billing
- ICD.9 Codes which justify the need for the cushions

### D. Other Key Terms

- Reasonable and necessary – Medicare defines this as the patient reaching or maintaining a defined functional state within a reasonable period of time
- Least costly, most functional – The least costly alternative compared to another service product that provides the same benefits. Include what an OBSS custom contoured cushion can provide that other custom cushions cannot.



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## Suggested Reimbursement Code List

The responsibility for accurate coding and submitting claims ultimately lies with the provider that selects a product for the patient, not with the manufacturer. Otto Bock's suggestions are based on our best judgment and information received from CMS. These suggestions are open to revision based on additional information and changes to the HCPCS alpha numeric system or the CMS fee schedules.

- E2617 – CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE
  - ~ When Medicare determines the allowable or payment for a custom contoured back, the cost for the mounting hardware will likely be included in the allowable.
  - ~ The cost for the custom contoured back and the cost for the hardware should be "combined" and billed with the codes.
- E2609 – CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE

For Medicare, suppliers are also allowed to include charges for the hardware and other related costs such as set-up, adjustment and installation, as long as it is reasonable, justified and published. These charges should be rolled into the cost of the cushion, rather than charged separately. However, a supplier needs to make sure they document all those combined costs and some private insurances may pay separately.

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

1. Patient meets all of the criteria for a pre-fabricated skin protection seat cushion or positioning seat cushion;
2. Patient meets all of the criteria for a pre-fabricated positioning back cushion;
3. There is a comprehensive written evaluation by a licensed clinician (who is not an employee of or otherwise paid by a supplier) which clearly explains why a prefabricated seating system is not sufficient to meet the patient's seating and positioning needs. (LMN)

If a custom fabricated cushion is provided for a patient who does not meet the state coverage criteria, but the coverage criteria for another type of cushion is met, payment will be based on the allowance for the least costly medically appropriate alternative. If the criteria for another type of cushion is not met, the custom fabricated cushion will be denied as not medically necessary.

The Letter of Medical Necessity needs to include all of the alternatives tried for the patient and must document the reasons why each one will not work. Also, it should include information pertaining to a recent change in the patient's physical status or positioning.

# Additional Reimbursement Support

## A. If coverage is denied, you need to find out:

- a. What is being denied? Is the whole product being denied or just downcoded?
- b. Why, specifically, is it being denied? What is the one reason they are denying coverage?
- c. Get their definition of the reason for denial. For example, if the coverage is denied because they are requesting a "least costly alternative", you need to get their definition of what a "least costly alternative" is.

## B. Dx's for a custom molded seat and/or back (same as those for a combination skin protection and positioning seat/back).

- a. If any of these Dx's are not listed on the paperwork from the therapist or physician, contact them to see if your client has any of these conditions:
  - i. 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: spinal cord injury resulting in quadriplegia or paraplegia (344.00-344.1)
  - ii. Other spinal cord disease (336.0-336.3)
  - iii. Multiple sclerosis (340)
  - iv. Other demyelinating disease (341.0-341.9)
  - v. Cerebral palsy (343.0-343.9)
  - vi. Anterior horn cell diseases including amyotrophic lateral sclerosis (335.0-335.21,335.23-335.9)
  - vii. Post-polio paralysis (138)
  - viii. Traumatic brain injury resulting in quadriplegia (344.09)
  - ix. Spina bifida (741.00-741.93)
  - x. Childhood cerebral degeneration (330.0-330.9)
  - xi. Alzheimer's disease (331.0)
  - xii. Parkinson's disease (332.0)
- b. The patient has any significant postural asymmetries that are due to one of the diagnoses listed in criterion 2b above or to one of the following diagnoses:
  - i. Monoplegia of the lower limb (344.30-344.32, 438.40-438.42)
  - ii. Hemiplegia (342.00-342.92, 438.20-438.22)
  - iii. Due to stroke, traumatic brain injury or other etiology, or muscular dystrophy (359.0, 359.1)
  - iv. Torsion dystonias (333.4, 333.6, 333.71)
  - v. Spinocerebellar disease (334.0-334.9)
- c. A comprehensive written evaluation by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT), must be completed that clearly explains why a prefabricated seating system is not sufficient to meet the patient's seating and positioning.

## C. Current Medicare Seating Local Coverage Determination (LCD)

- a. For any item to be covered by Medicare, it must:
  - i. Be eligible for a defined Medicare benefit category
  - ii. Be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member
  - iii. Meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this medical policy, "reasonable and necessary" is defined by the following indications and limitations of coverage and/or medical necessity.
- b. General Use Seat Cushion
  - i. A general use seat cushion (E2601,E2602) and a general use wheelchair back cushion (E2611-E2612) is covered for a patient who has a manual wheelchair or a power wheelchair with a sling/solid seat/back which meets Medicare coverage criteria. If the patient does not have a covered wheelchair, then the cushion will be denied as not medically necessary. If the patient has a POV or a power wheelchair with a captain's chair seat, the cushion will be denied as not medically necessary.
  - ii. A general use seat cushion (E2601,E2602) and a general use wheelchair back cushion (E2611-E2612) is covered for a patient who has a manual wheelchair which meets Medicare coverage criteria. If the patient does not have a covered wheelchair, then the cushion will be denied as not medically necessary.
  - iii. If a general use seat and/or back cushion is provided with a power wheelchair with a sling/solid seat/back, total payment for those items (cushion(s) plus the wheelchair) will be based on the allowance for the least costly medically appropriate alternative – e.g., the code for the comparable power wheelchair with Captain's Chair, if that code exists. (See Power Mobility Device policy for additional information.)

- iv. If the patient has a POV or a power wheelchair with a captain's chair seat, a separate seat and/or back cushion will be denied as not medically necessary.
- c. Skin Protection Seat Cushion
  - i. A skin protection seat cushion (E2603, E2604, K0734, K0735) is covered for a patient who meets both of the following criteria:
    - 1. The patient has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the patient meets Medicare coverage criteria for it; and
    - 2. The patient has either of the following:
      - a. 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
      - 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: spinal cord injury resulting in quadriplegia or paraplegia (344.00-344.1), other spinal cord disease (336.0-336.3), multiple sclerosis (340), other demyelinating disease (341.0-341.9), cerebral palsy (343.0-343.9), anterior horn cell diseases including amyotrophic lateral sclerosis (335.0-335.21, 335.23-335.9), post polio paralysis (138), traumatic brain injury resulting in 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).
- d. Positioning Seat Cushion
  - i. A positioning seat cushion (E2605, E2606), positioning back cushion (E2613-E2616, E2620, E2621), and positioning accessory (E0955-E0957, E0960) is covered for a patient who meets both of the following criteria:
    - 1. The patient has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the patient meets Medicare coverage criteria for it; and
    - 2. The patient has any significant postural asymmetries that are due to one of the diagnoses listed in criterion 2b above or to one of the following diagnoses: monoplegia of the lower limb (344.30-344.32, 438.40-438.42) or hemiplegia (342.00-342.92, 438.20-438.22) due to stroke, traumatic brain injury, or other etiology, muscular dystrophy (359.0, 359.1), torsion dystonias (333.4, 333.6, 333.71), spinocerebellar disease (334.0-334.9).
- e. Combination Skin Protection and Positioning Cushion
  - i. A combination skin protection and positioning seat cushion (E2607, E2608, K0736, K0737) is covered for a patient who meets the criteria for both a skin protection seat cushion and a positioning seat cushion.
  - ii. If a skin protection seat cushion, positioning seat cushion, or combination skin protection and positioning seat cushion is provided for a patient who does not meet the stated coverage criteria, but the coverage criteria for another type of cushion are met, payment will be based on the allowance for the least costly medically appropriate alternative; if the criteria for a another type of seat cushion are not met, the provided cushion will be denied as not medically necessary.
  - iii. If a positioning back cushion is provided for a patient who does not meet the stated coverage criteria, but the coverage criteria for a general use back cushion are met, payment will be based on the allowance for the least costly medically appropriate alternative, E2611 or E2612; if the criteria for a general use back cushion are not met, the provided cushion will be denied as not medically necessary.
  - iv. If a positioning accessory is provided and the criteria are not met, the item will be denied as not medically necessary.
- f. Custom Fabricated Seat Cushion
  - i. 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. Patient meets all of the criteria for a prefabricated skin protection seat cushion or positioning seat cushion;
    - 2. Patient 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 patient's seating and positioning needs. The PT or OT may have no financial relationship with the supplier.

- ii. 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 are met, payment will be based on the allowance for the least costly medically appropriate alternative; if the criteria for another type of cushion are not met, the custom fabricated cushion will be denied as not medically necessary.

Once you determine what is being denied and why, you should focus on the issues or points you need to refute in an appeal. The appeal should explicitly target the reasons for the reimbursement denial.

## **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](http://www.ottobockus.com).