

In an effort to inform our valued customers of current Medicare Policy, please find below information on coverage and payment criteria, and required documentation needed to receive Medicare B reimbursement for our Group II StarMatt Overlay. Our goal is to make your decision process easier when choosing the appropriate therapeutic support surface for your clients, and to provide you with the most recent information regarding Medicare B and policy changes.

Coverage Criteria and Payment Rules - E0371 (Group 2 Product):

For a support surface to be covered by Medicare, a written, signed and dated order must be received by the supplier prior to delivery of the support surface. If the supplier delivers the item prior to receipt of a written order, it will be denied as non-covered. If the written order is not obtained prior to delivery, payment will not be made for that item even if a written order is subsequently obtained. If a similar item is subsequently provided by an unrelated supplier who has obtained a written order prior to delivery, it will be eligible for coverage.

For an item to be covered by Medicare, it must:

- 1) be eligible for a defined Medicare benefit category
- 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and
- 3) meet all other applicable Medicare statutory and regulatory requirements.

For Group 2 Support Surfaces, the criteria for “reasonable and necessary” are defined by the following indications and limitations of coverage and/or medical necessity.

A Group II Support Surface is Covered if the Patient Meets:

- A) Criterion 1 and 2 and 3, or
- B) Criterion 4, or
- C) Criterion 5 and 6.

1) Multiple stage II pressure ulcers located on the trunk or pelvis.
(ICD-9 707.02 - 707.05)

2) Patient has been on a comprehensive ulcer treatment program for at least the past month which has included the use of an appropriate group I support surface. The treatment program should include:

- I) Education of the patient and caregiver on the prevention and/or management of pressure ulcers.
- II) Regular assessment by a nurse, physician, or other licensed healthcare practitioner (usually at least weekly for a patient with a stage III or IV ulcer.)
- III) Appropriate turning and positioning.
- IV) Appropriate wound care (for a stage II, III, or IV ulcer).
- V) Appropriate management of moisture/incontinence.
- VI) Nutritional assessment and intervention consistent with the overall plan of care.

Group 2 Support Surface

Medicare B Coverage Criteria,
Documentation and Payment Rules
- E0371, StarMatt Overlay

(Continued)

If the patient is on a group 2 support surface, there should be a care plan established by the physician or home care nurse which includes the above elements. The support surface provided for the patient should be one in which the patient does not "bottom out. Bottoming out is the finding that an outstretched hand can readily palpate the bony prominence (coccyx or lateral trochanter when it is placed palm up beneath the undersurface of the mattress or overlay and in an area under the bony prominence. This bottoming out criteria should be tested with the patient in the supine position with their head flat, in the supine position with the head slightly elevated (no more than 30 degrees), and in the sidelying position.

- 3) The ulcers have worsened or remained the same over the past month.
- 4) Large or multiple stage III or IV pressure ulcer(s) on the trunk or pelvis.
(ICD-9 707.02 - 707.05)
- 5) Recent myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis (surgery within the past 60 days).
(ICD-9 707.02 - 707.05)
When a group 2 support surface is covered following a myocutaneous flap or skin graft, coverage generally is limited to 60 days from the date of surgery.
- 6) The patient has been on a group 2 or 3 support surface immediately prior to a recent discharge from a hospital or nursing facility. (discharge within the past 30 days)

When the stated coverage criteria for a group 2 mattress or bed are not met, a claim will be denied as not medically necessary unless there is clear documentation that justifies the medical necessity for the item in the individual case. A group 2 support surface billed without a KX modifier will usually be denied as not medically necessary.

A support surface that does not meet the characteristics specified in the Coding Guidelines section of the Pressure Reducing Support Surface - Group 2 Policy Article will usually be denied as not medically necessary. (See Coding Guidelines and Documentation sections concerning billing of E1399).

Continued use of a group 2 support surface is covered until the ulcer is healed or, if healing does not continue, there is documentation in the medical record to show that:

- 1) other aspects of the care plan are being modified to promote healing, or
- 2) the use of the group 2 support surface is medically necessary for wound management.

Appropriate use of the KX modifier is the responsibility of the supplier billing the DMERC. The supplier should maintain adequate communication on an ongoing basis with the clinician providing the wound care in order to accurately determine that use of the KX modifier still reflects the clinical conditions that meet the criteria for coverage of a group 2 support surface, and that adequate documentation exists in the medical record reflecting these conditions. Such documentation should not be submitted with a claim but should be available for review if requested by the DMERC.

(Continued)

Documentation Requirements:

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless “there has been furnished such information as may be necessary in order to determine the amounts due such provider” (42 U. S. C. Section 13951(e)). It is expected that the patient’s medical records will reflect the need for the care provided. The patient’s medical records 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. Items delivered before a signed written order has been received by the supplier must be submitted with an EY Modifier added to each affected HCPCS code.

The supplier must obtain information concerning which, if any, of criteria 1-6 listed in the Indications and Limitations of Coverage section of the policy the patient meets in a signed and dated statement from the treating physician. A suggested form for collecting this information is attached. Questions pertaining to medical necessity on any form used to obtain this information may not be completed by the supplier or anyone in a financial relationship with the supplier. This statement must be supported by information in the patient’s medical record which would be available to the DMERC on request. Do not send this form to the DMERC unless specifically requested.

Suppliers must add a KX modifier to a code only if all of the criteria in the “Indications and Limitations of Coverage and/or Medical Necessity” section of this policy have been met.

When code E1399 is billed, the claim must include a narrative description of the item, the manufacturer, the model name or number (if applicable), and information justifying the medical necessity for the item.

Glossary of Terms:

- Stage I:** Observable pressure related alteration of intact skin whose indicators as compared to the adjacent or opposite area on the body may include changes in one or more of the following - skin temperature (warmth or coolness), tissue consistency (firm or boggy feel) and/or sensation(pain, itching). The ulcer appears as a defined area of persistent redness in lightly pigmented skin, whereas in darker skin tones, the ulcer may appear with persistent red, blue or purple hues.
- Stage II:** Partial thickness skin loss involving epidermis, dermis, or both. The ulcer is superficial and presents clinically as an abrasion, blister, or shallow crater.
- Stage III:** Full thickness skin loss involving damage to, or necrosis of, subcutaneous tissue that may extend down to, but not through, underlying fascia. Presents clinically as a deep Crater with or without undermining of adjacent tissue.

(Continued)

Glossary of Terms (continued):

Stage IV: Full thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures (e.g., tendon, joint capsule). Undermining and sinus tracts also may be associated with Stage IV pressure ulcers.

Bottoming Out: Outstretched hand can readily palpate the bony prominence (coccyx or lateral trochanter) when it is placed palm up beneath the undersurface of the mattress or overlay and in an area under the bony prominence. This bottoming out criterion should be tested with the patient in the supine position with their head flat, in the supine position with their head slightly elevated (no more than 30 degrees), and in the sidelying Position.

STARMATT™



Non Powered Adjustable Zoned Pressure Reducing Mattress Overlay

HCPCS Code: E0371 - FEE SCHEDULE

Description: Non Powered, Advanced, Pressure Reducing
Overlay for Mattress, Standard Length and Width

Beneficiary State of Residence	Modifier (RR = initial rental)	Fee	Start Date	End Date
AK	RR	\$510.23	1/1/2005	12/31/2005
AL	RR	\$435.22	1/1/2005	12/31/2005
AR	RR	\$444.48	1/1/2005	12/31/2005
AZ	RR	\$412.52	1/1/2005	12/31/2005
CA	RR	\$423.41	1/1/2005	12/31/2005
CO	RR	\$444.48	1/1/2005	12/31/2005
CT	RR	\$444.48	1/1/2005	12/31/2005
DC	RR	\$444.48	1/1/2005	12/31/2005
DE	RR	\$433.84	1/1/2005	12/31/2005
FL	RR	\$406.86	1/1/2005	12/31/2005
GA	RR	\$431.13	1/1/2005	12/31/2005
HI	RR	\$451.75	1/1/2005	12/31/2005
IA	RR	\$444.48	1/1/2005	12/31/2005
ID	RR	\$444.48	1/1/2005	12/31/2005
IL	RR	\$444.48	1/1/2005	12/31/2005
IN	RR	\$444.48	1/1/2005	12/31/2005
KS	RR	\$444.48	1/1/2005	12/31/2005
KY	RR	\$444.48	1/1/2005	12/31/2005
LA	RR	\$436.61	1/1/2005	12/31/2005
MA	RR	\$444.48	1/1/2005	12/31/2005
MD	RR	\$419.26	1/1/2005	12/31/2005
ME	RR	\$444.48	1/1/2005	12/31/2005
MI	RR	\$425.06	1/1/2005	12/31/2005
MN	RR	\$444.48	1/1/2005	12/31/2005
MO	RR	\$444.48	1/1/2005	12/31/2005
MS	RR	\$398.29	1/1/2005	12/31/2005
MT	RR	\$400.76	1/1/2005	12/31/2005
NC	RR	\$444.48	1/1/2005	12/31/2005
ND	RR	\$400.20	1/1/2005	12/31/2005
NE	RR	\$444.48	1/1/2005	12/31/2005
NH	RR	\$444.48	1/1/2005	12/31/2005
NJ	RR	\$417.09	1/1/2005	12/31/2005
NM	RR	\$392.90	1/1/2005	12/31/2005
NV	RR	\$422.49	1/1/2005	12/31/2005
NY	RR	\$431.00	1/1/2005	12/31/2005
OH	RR	\$444.48	1/1/2005	12/31/2005
OK	RR	\$444.48	1/1/2005	12/31/2005
OR	RR	\$444.48	1/1/2005	12/31/2005
PA	RR	\$425.96	1/1/2005	12/31/2005
PR	RR	\$521.24	1/1/2005	12/31/2005
RI	RR	\$377.81	1/1/2005	12/31/2005
SC	RR	\$428.02	1/1/2005	12/31/2005
SD	RR	\$435.87	1/1/2005	12/31/2005
TN	RR	\$416.65	1/1/2005	12/31/2005
TX	RR	\$444.48	1/1/2005	12/31/2005
UT	RR	\$444.48	1/1/2005	12/31/2005
VA	RR	\$419.63	1/1/2005	12/31/2005
VI	RR	\$444.48	1/1/2005	12/31/2005
VT	RR	\$444.48	1/1/2005	12/31/2005
WA	RR	\$444.48	1/1/2005	12/31/2005
WI	RR	\$444.48	1/1/2005	12/31/2005
WV	RR	\$429.46	1/1/2005	12/31/2005
WY	RR	\$434.53	1/1/2005	12/31/2005

Statement of Ordering Physician Group II Support Surface

Patient Name: _____

HIC#: _____

Cost information (to be completed by the supplier):

Supplier's Charge: _____

Medicare Fee Schedule Allowance: _____

The information below may not be completed by the supplier or anyone in a financial relationship with the supplier.

Circle: **Y** for Yes, **N** for No, **D** for Does Not Apply, unless otherwise noted.

- | | | | |
|----------|----------|----------|---|
| Y | N | D | 1) Does the patient have multiple stage II pressure ulcers on the trunk or pelvis? |
| Y | N | D | 2) Has the patient been on a comprehensive ulcer treatment program for at least the past month which has included the use of an alternating pressure or low air loss overlay which is less than 3.5 inches, or a non-powered pressure reducing overlay or mattress? |
| 1 | 2 | 3 | 3) Over the past month, the patient's ulcer(s) has/have:
1- Improved 2 - Remained the Same 3 - Worsened? |
| Y | N | D | 4) Does the patient have large or multiple stage III or IV pressure ulcer(s) on the trunk or pelvis? |
| Y | N | D | 5) Has the patient had a recent (within the past 60 days) myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis?
If yes, give date of surgery: _____ |
| Y | N | D | 6) Was the patient on an alternating pressure or low air loss mattress or bed or an air fluidized bed immediately prior to a recent (within the past 30 days) discharge from a hospital or nursing facility? |

Estimated length of need (# of months): _____ (99 = lifetime)

Physician name (Printed or typed): _____

Physician Signature: _____

Physician UPIN: _____

Date Signed: _____