

Is The Hospital Bed & Group Support Surface A Good Market To Expand Into In 2019?

Fall Webinar Series



Overview

- Wound Care Market
- Why You Should Be in this Market
- Hospital Beds
- Group I and Group II Coverage
- Support Surface Case Study



Wound Care

There is a need for Wound Care!!

- Global wound care market is 17 billion (spend)
- Research tells us it will reach expected \$20.4 Billion by 2021



Why?

- Older adult population is increasing
 - Roughly 10,000 baby boomers will turn 65 everyday x next 19 years
 - Skin is our largest organ
 - Protects, regulates temp, synthesizes vit D, sensation and body image
 - Changes in Skin occur around 60
 - Thinner, dryer, decrease circulation



- Chronic Health Conditions
 - Diabetes
 - Obesity
 - Circulatory – Venous and Arterial
- Increase in # of surgeries
 - Knee replacements, hip replacements
- Increased awareness of wound care products



Some Facts about the HME Industry

- Projections by the Census Bureau estimate the number of adults aged 65 and over could increase to more than **71 million** in 2030 and hit **88.5 million** by 2050.
- This uniquely positions our industry to help improve the quality of life for more patients than ever before.
- More than [18 million American adults](#) have sleep apnea. It is very difficult at present to estimate the prevalence of childhood OSA because of widely varying monitoring techniques, but a minimum prevalence of 2 to 3% is likely, with prevalence as high as 10 to 20% in habitually snoring children. OSA occurs in all age groups and both sexes. (resource: sleep foundation)
- **COPD** is the third leading cause of death in the United States. More than 11 million people have been diagnosed with **COPD**, but millions more may have the disease without even knowing it. **COPD** causes serious long-term disability and early death. At this time there is no cure, and the number of people dying from **COPD** is growing. (resource: ALA)



Orders

ACA 6407 Rules Apply: DWO and F2F

- **Hospital Beds:**

E0250, E0251, E0255, E0256, E0260,
E0261, E0265, E0266, E0290-E0297,
E0300-E0304

- **Patient Lifts:**

E0636, E1035, E1036

- **Group 1:**

- E0185
- E0188
- E0189
- E0197
- E0198
- E0199

- **Group 3**

- E0194

Detailed Written Order

- **Group 1**

- E0181
- E0184
- E0186
- E0187
- E0196

- **Group 2**

- E0193
- E0277
- E0371
- E0372
- E0373



Hospital Beds

- Normally qualify for fixed height hospital bed (E0250)
 - Has a medical condition which requires positioning of the body in ways not feasible with an ordinary bed, or
 - Requires the head of the bed to be elevated more than 30 degrees most of the time due to CHF, COPD, or problems with aspiration, or
 - Can not pay on diagnosis alone
 - Requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain, or
 - Requires traction equip. which can only be attached to a hospital bed
- Semi-electric (E0260)-- Pt. requires frequent changes in body position and/or has immediate need or change in body position. In addition to meeting one of the four criteria above
- Medicare will not pay for a full electric bed (E0265)
- Medical Necessity information must be in patient medical records



Hospital Beds

- A variable height hospital bed (E0255, E0256, E0292, and E0293) is covered if the beneficiary meets one of the criteria for:
 - A fixed height hospital bed and requires a bed height different than a fixed height hospital bed to permit transfers to chair, wheelchair or standing position.
- A heavy duty extra wide hospital bed (E0301, E0303) is covered if the beneficiary meets one of the criteria for:
 - A fixed height hospital bed and the beneficiary's weight is more than 350 pounds, but does not exceed 600 pounds.
- An extra heavy-duty hospital bed (E0302, E0304) is covered if the beneficiary meets one of the criteria for:
 - A fixed height hospital bed and the beneficiary's weight exceeds 600 pounds.



Helpful Hints For Fixed Height

- **Reviewers look for answers to the questions like the following:**
 - How is the hospital bed going to help their condition?
 - What is the severity of their condition? Need more than just a diagnosis.
 - What is the frequency of the symptoms?
 - Why do they need special positioning?
 - How is the bed going to alleviate the pain?
- **Look in other supporting documentation**
 - Nurses notes
 - Home Health notes
 - Hospital Discharge notes
 - Therapy evaluations
 - Assessments



Hospital Beds Solutions To Help Patients

- Mattress Pads (chucks)
- Mattress Covers
- Sheets for bed
- Over the bed table
- Reacher, dressing kits, shoe horns
- Maybe a lift chair
- Bathroom aids



Understanding the staging of pressure ulcer – needs to be in Documentation

Suspected Deep Tissue Injury: Purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue.

Stage I – Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its color may differ from the surrounding area.

Stage II – Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister.

Stage III – Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.

Stage IV – Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often include undermining and tunneling.

Unstageable: Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed.

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 criterion should be tested with the beneficiary 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 side lying position.



Group 1 Support Surface

Code	Description
A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT
A9270	NON-COVERED ITEM OR SERVICE
E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY
E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY
E0184	DRY PRESSURE MATTRESS
E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH
E0186	AIR PRESSURE MATTRESS
E0187	WATER PRESSURE MATTRESS
E0188	SYNTHETIC SHEEPSKIN PAD
E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE
E0196	GEL PRESSURE MATTRESS
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH
E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH
E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS



Group 1 SS Coverage Criteria

A Group 1 mattress overlay or mattress is covered if 1 of the following 3 criteria are met:

1. Beneficiary is completely immobile, **or**
2. Beneficiary has limited mobility – i.e., beneficiary cannot independently make changes in body position significant enough to alleviate pressure and at least one of conditions A-D below, **or**
3. Beneficiary has any stage pressure ulcer on the trunk or pelvis and at least one of conditions below.

Conditions for criteria 2 and 3 (in each case the medical record must document the severity of the condition sufficiently to demonstrate the medical necessity for a pressure reducing support surface):

- Impaired nutritional status
- Fecal or urinary incontinence
- Altered sensory perception
- Compromised circulatory status



G1SS Clinical Information

Patient needing SS should have a care plan established by physician or HHA, documenting in medical records (should include)

1. Education of the beneficiary and caregiver on the prevention and/or management of pressure ulcers
2. Regular assessment by a nurse, physician, or other LHP
3. Appropriate turning and positioning
4. Appropriate wound care (for a stage II, III, or IV ulcer)
5. Appropriate management of moisture/incontinence
6. Nutritional assessment and intervention consistent with the overall plan of care



Group 2 Support Surface

Code	Description
E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS
E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH
E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH
E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS



GROUP 2 Coverage

Patient must meet criteria 1 OR criterion 2 OR criterion 3 below:

1. Multiple stage II pressure ulcers located on trunk or pelvis (described by ICD-10 list) that have failed to improve over the last month **and**
Patient has been on a comprehensive ulcer treatment program for at least the past month, which has included: the use of an appropriate Group 1 support surface; regular assessment; appropriate turning, positioning and wound care; moisture and incontinence management; and nutritional assessment and intervention, **OR**
2. Large or multiple stage III or IV pressure ulcer(s) on the trunk or pelvis (described by ICD-10 list) , **OR**
3. Recent myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis within the past 60 days (described by ICD-10 list) and patient has been on a Group 2 or 3 support surface immediately prior to discharge from the hospital or nursing facility (discharge within the past 30 days).



ICD-10 Code	Description
L89.100	Pressure ulcer of unspecified part of back, unstageable
L89.102	Pressure ulcer of unspecified part of back, stage 2
L89.103	Pressure ulcer of unspecified part of back, stage 3
L89.104	Pressure ulcer of unspecified part of back, stage 4
L89.110	Pressure ulcer of right upper back, unstageable
L89.112	Pressure ulcer of right upper back, stage 2
L89.113	Pressure ulcer of right upper back, stage 3
L89.114	Pressure ulcer of right upper back, stage 4
L89.120	Pressure ulcer of left upper back, unstageable
L89.122	Pressure ulcer of left upper back, stage 2
L89.123	Pressure ulcer of left upper back, stage 3
L89.124	Pressure ulcer of left upper back, stage 4
L89.130	Pressure ulcer of right lower back, unstageable
L89.132	Pressure ulcer of right lower back, stage 2
L89.133	Pressure ulcer of right lower back, stage 3
L89.134	Pressure ulcer of right lower back, stage 4
L89.140	Pressure ulcer of left lower back, unstageable
L89.142	Pressure ulcer of left lower back, stage 2
L89.143	Pressure ulcer of left lower back, stage 3
L89.144	Pressure ulcer of left lower back, stage 4
L89.150	Pressure ulcer of sacral region, unstageable
L89.152	Pressure ulcer of sacral region, stage 2
L89.153	Pressure ulcer of sacral region, stage 3
L89.154	Pressure ulcer of sacral region, stage 4



L89.200	Pressure ulcer of unspecified hip, unstageable
L89.202	Pressure ulcer of unspecified hip, stage 2
L89.203	Pressure ulcer of unspecified hip, stage 3
L89.204	Pressure ulcer of unspecified hip, stage 4
L89.210	Pressure ulcer of right hip, unstageable
L89.212	Pressure ulcer of right hip, stage 2
L89.213	Pressure ulcer of right hip, stage 3
L89.214	Pressure ulcer of right hip, stage 4
L89.220	Pressure ulcer of left hip, unstageable
L89.222	Pressure ulcer of left hip, stage 2
L89.223	Pressure ulcer of left hip, stage 3
L89.224	Pressure ulcer of left hip, stage 4
L89.300	Pressure ulcer of unspecified buttock, unstageable
L89.302	Pressure ulcer of unspecified buttock, stage 2
L89.303	Pressure ulcer of unspecified buttock, stage 3
L89.304	Pressure ulcer of unspecified buttock, stage 4
L89.310	Pressure ulcer of right buttock, unstageable
L89.312	Pressure ulcer of right buttock, stage 2
L89.313	Pressure ulcer of right buttock, stage 3
L89.314	Pressure ulcer of right buttock, stage 4
L89.320	Pressure ulcer of left buttock, unstageable
L89.322	Pressure ulcer of left buttock, stage 2
L89.323	Pressure ulcer of left buttock, stage 3
L89.324	Pressure ulcer of left buttock, stage 4
L89.42	Pressure ulcer of contiguous site of back, buttock and hip, stage 2
L89.43	Pressure ulcer of contiguous site of back, buttock and hip, stage 3
L89.44	Pressure ulcer of contiguous site of back, buttock and hip, stage 4
L89.45	Pressure ulcer of contiguous site of back, buttock and hip, unstageable



Ulcer Treatment Program

Care plan established by physician or HHA:

- ✓ Educate on prevention and/or management
- ✓ Regular assessment – Usually weekly for stage 3 or 4 ulcer
- ✓ Appropriate turning and positioning
- ✓ Appropriate wound care – Stage 2, 3 or 4 ulcer
- ✓ Appropriate management of moisture/incontinence
- ✓ Nutritional assessment and intervention



Continued Use – Group 2

- Coverage is until ulcer(s) is/are healed, or if
- Ulcer not healing
 - Medical Documentation must show
 - ✓ Modified care plan, or
 - ✓ Group 2 medically necessary for wound management



Q: How would you document continued use of a Group 2 support surface such as an E0277?

A: The LCD states 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 records 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 reasonable and necessary for wound management. There must be information in the medical records showing how the E0277 is helping the beneficiary even though healing is not continuing.

Q: What is considered a large stage III or IV ulcer?

A: There is not a standard definition of 'large stage III or IV' ulcer. Some things that can be helpful in determining the size of the ulcer are including information of the beneficiary's height, weight and measurements of the ulcer(s).

Q: The beneficiary has been on a Group 1 support surface for a month and the small stage III ulcer remains the same or has worsened, would the beneficiary now qualify for a Group 2?

A: The beneficiary would not qualify for a Group 2 because they only have one small stage III ulcer and that would not meet coverage criteria 1 or 2 in the LCD. Criteria 1 - the beneficiary has multiple stage II pressure ulcers located on the trunk or pelvis. Criteria 2 - the beneficiary has a large or multiple stage III or IV pressure ulcer(s) on the trunk or pelvis.



Q: For support surfaces, there needs to be documentation as to whether or not the ulcer is healing. What is the time line of a support surface rental if a stage IV ulcer is not healing?

A: Support surfaces fall into the capped rental category. Capped rental payments may be made up to 13 rental months - that is the maximum. If the beneficiary continues to use and medically need the support surface for the full 13 months, then at that time the support surface would be owned by the beneficiary.

Q: How would we know if the pressure ulcer has improved after starting a PRSS? Would we call the beneficiary and ask them if it has improved or do we contact the physician? What if the beneficiary has not been in to see the doctor after starting the PRSS?

A: The supplier should maintain adequate communication on an ongoing basis with the clinician providing the wound care in order to accurately determine that that the use of the KX modifier still reflects the clinical conditions which meet the criteria for coverage of a group 2 support surface. If the beneficiary is on a group 2 support surface, there should be a care plan established by the physician or home care nurse which includes but is not limited to: Regular assessment by a nurse, physician, or other licensed health care practitioner (usually at least weekly for a beneficiary with a stage III or IV ulcer and monthly for a stage 2 ulcer).



Q: If the progress notes for subsequent months indicate no change for the ulcer(s), is this enough information or must there be proof that they actually assessed the wound?

A: A licensed clinical medical professional (LCMP) does need to actually assess the pressure ulcer at least monthly if it is a stage II or it is usually weekly for a stage III or IV. If the ulcer(s) remained the same then there must be documentation in the plan of care on what is being modified to promote healing or something specific that indicates that the group 2 is needed for wound management.



Additional Information

- If the beneficiary is on a group 2 surface, there should be a care plan established by the physician or home care nurse which includes the elements in criteria #1.
- When a group 2 surface is covered following a myocutaneous flap or skin graft, coverage generally is limited to 60 days from the date of surgery.
- 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 reasonable and necessary for wound management.
- The need for a group 2 support surface is not enough to qualify a patient for a hospital bed. If a hospital bed is ordered you are still required to meet the Medicare guidelines for a hospital beds.



HB WITH Group 2 SS

Medicare considers a Group 2 support mattress as same or similar to a hospital bed mattress. Therefore, Medicare does NOT allow for a hospital bed with a mattress and a support surface classified as a mattress at the same time.

If a beneficiary is renting a medically necessary hospital bed with mattress and the beneficiary's condition changes and the beneficiary requires and receives a Group 2 mattress, you should:

- Pick up the hospital bed mattress from the beneficiary, and
- Change the billing to reflect a HCPCS code where the narrative indicates a mattress is not included. Refer to the LCD for codes, i.e. E0261
- If the beneficiary requests to keep the hospital bed mattress, you should complete an Advanced Beneficiary Notice (ABN) and bill using the upgrade modifiers.

If the beneficiary owns or rents a medically necessary Group 2 support mattress and a hospital bed becomes medically necessary, Medicare will deny the hospital bed if the item provided to the beneficiary includes a mattress. Suppliers should verify if the beneficiary is renting or owns a medically necessary Group 2 support surface mattress before delivering a hospital bed with mattress.



Patient Lifts

A patient lift is covered if transfer between bed and a chair, wheelchair, or commode is required and, without the use of a lift, the beneficiary would be bed confined.

A patient lift described by codes **E0630, E0635, E0639, or E0640** is covered if the basic coverage criteria are met. If the coverage criteria are not met, the lift will be denied as not reasonable and necessary.

A multi-positional patient transfer system (E0636, E1035, E1036) is covered if both of the following criteria 1 and 2 are met:

1. The basic coverage criteria for a lift are met; and
2. The beneficiary requires supine positioning for transfers

If either criterion 1 or 2 is not met, codes E0636, E1035, and E1036 will be denied as not reasonable and necessary.

If coverage is provided for code E1035 or E1036, payment will be discontinued for any other mobility assistive equipment, including but not limited to: canes, crutches, walkers, rollabout chairs, transfer chairs, manual wheelchairs, power-operated vehicles, or power wheelchairs.

Code E0621 is covered as an accessory when ordered as a replacement for a covered patient lift.



E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON
E0625	PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED
E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)
E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING
E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS
E0639	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY, INCLUDES ALL COMPONENTS/ACCESSORIES
E0640	PATIENT LIFT, FIXED SYSTEM, INCLUDES ALL COMPONENTS/ACCESSORIES
E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS
E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS



CODING GUIDELINES – Found in Patient Lifts Policy Article

Heavy duty and bariatric lifts are included in the codes for patient lifts, E0630 – E0640.

A patient lift for a toilet/tub, any type (E0625) describes a device with which the beneficiary can be transferred from the toilet/tub to another seat (e.g., wheelchair). It is used for a beneficiary who is unable to ambulate. Devices included in this code may be attached to the toilet, ceiling, floor, or wall of the bathroom or may be freestanding. Some items may be placed in a tub for lifting the beneficiary in and out of the tub but may not necessarily be attached to the toilet, ceiling, floor, or wall of the bathroom.

A multi-positional patient support system, with integrated lift, patient accessible controls (E0636) describes a device that can be used to transfer the bed-bound beneficiary in either a sitting or supine position. It has electric controls of the lift function.

Code E0639 describes a device in which the lift mechanism is part of a floor-to-ceiling pole system that is not permanently attached to the floor and ceiling and which is used in a room other than the bathroom. The lift/transport mechanisms may be mechanical or electric. No separate payment is made for installation. All costs associated with installation are included in the payment for the device. When a device is only used in a bathroom, it is coded E0625.

Code E0640 describes a device in which the lift mechanism is attached to permanent ceiling tracks or a wall mounting system and which is used in a room other than the bathroom. The lift/transport mechanisms may be mechanical or electric. No separate payment is made for installation. All costs associated with installation are included in the payment for the device. When a device is only used in a bathroom, it is coded E0625.

A multi-positional patient transfer system, with integrated seat, operated by caregiver (E1035, E1036) describes a device that can be positioned and adjusted such that the bed-bound beneficiary can be transferred onto the device in the supine position. Once positioned on the device, it can then be adjusted to a chair-like position with multiple degrees of recline and leg elevation. It has small, castor wheels that are not accessible by the beneficiary for mobility. It has no electric controls.

The only products that may be billed with codes E0636, E0639, E0640, E1035, or E1036 are those which have received a written Coding Verification Review from the Pricing, Data Analysis, and Coding (PDAC) contractor and that are listed in the Product Classification List on the PDAC web site.



Continued Need vs Continued Use –Applies to Everything

Continued Need

- For ongoing supplies and rented DME items, in addition to information justifying the initial need of the items and/or supplies, there must be information in the medical record to support that the item continues to remain reasonable and necessary
- A recent order by the treating physician for refills (within the past 12 months)
- A recent change in prescription
- A properly completed CMN with an appropriate length of need specified
- **Timely documentation in the beneficiary's medical record showing usage of the item (within the past 12 months)**



Continued Use

- The ongoing utilization of supplies or a rented item by a beneficiary
- Suppliers are responsible for monitoring utilization of rental items and supplies
- Monitoring of purchased items or capped rental items that have converted to a purchase is not required
- Suppliers must discontinue billing Medicare when rental items or ongoing supply items are no longer being used by the beneficiary
- Timely documentation in the medical record showing usage of the item, related option/accessories, and supplies
- Refill request
- Supplier records documenting beneficiary confirmation of continued use of a rental item



Support Surface Case Study

SCI with large stage III on truck

- Qualify for group II support surface
- What else do they need? –
 - Chux pads/personal cleansing- no rinse wipes
 - Moisturizers
 - Positioners and offloading boots
 - Transfer bench/shower chair/trapeze– Hoyer lift
 - Bedside commode
 - Nutritional Supplements
- What are they sitting on when they are not in bed? Do they have chair cushions? Reacher/grabber depending on their dexterity?



Opportunities for Wound Care

New Areas for Growth with Different Referrals

- LTC, Rehab, Hospice, Retail, Home Health, Plastics, Podiatry, Internal Med, Vascular
- For each item, remember the point of service is going to determine how it's billed if it's a billable item
 - Educate your referral sources
 - What is their pain point?



Marketing

- Market your services as a “solution” a “program”, “the complete package”
- You are the experts and interact with wound care patients everyday
- Use a Multidisciplinary approach - Consult/refer to dietary, diabetic educators, orthotists, wound care centers, etc.



Thank you for your support!

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