

INVACARE®

Therapeutic Support Surfaces

Medicare Guide





Yes, you can.®

Dear Valued Provider,

Thank you for considering the Invacare® Solace® and Invacare® microAIR® Therapeutic Support Surfaces. Invacare is dedicated to providing products and programs to help you grow your business. By carrying Therapeutic Support Surfaces, you reinforce yourself as a more complete source to your referrals.

The health and financial costs of pressure ulcers are significant. Pressure ulcers are painful and dangerous for a patient because the sore can allow infection into the body. Deeper ulcers may be hard to heal or may not even heal at all. Treatment costs up to \$60,000 per ulcer and the annual cost in the United States for pressure ulcer treatment is estimated at \$11 billion.

Not only are therapeutic support surfaces good for the patient, but also good for your business. To assist you with reimbursement, we are providing you with a guide on Therapeutic Support Surface reimbursement.

In this packet, you will find:

- Invacare Therapeutic Support Surfaces Product Information
 - Includes HCPCS codes for Solace and microAIR series
- Group I & II Medicare Eligibility Criteria
 - Criteria from Medicare to qualify a patient for a Group I or II support surface
- Group I & II Statement of Ordering Physician
 - Sample statement of ordering physician forms
 - Blank statement of ordering physician forms which can be used to make copies
- Group I & II Documentation Checklist
 - Ensures proper forms and information is collected and filed
 - Blank documentation checklist can be used to make copies
- Advance Beneficiary Notice of Noncoverage (ABN)
 - Sample ABN, if needed to upgrade a patient or if patient is not covered under Medicare eligibility criteria

We hope you will find this information helpful as you file for Medicare reimbursement for Invacare's Solace and microAIR products.

Invacare Therapeutic Support Surfaces – Blending Comfort and Technology

INVACARE CORPORATION

One Invacare Way P.O. Box 4028 Elyria, OH 44036-2125 USA
440-329-6000 Fax: 440-366-1803 www.invacare.com

Group I Therapeutic Support Surfaces

	Gel Overlay	Alternating Pressure	Non-Powered			
Model Name	Gel Foam Mattress Overlay	Invacare® CareGuard™ Alternating Pressure Pad System	Invacare® Solace® Prevention Single Layer Foam Mattresses	Invacare® Solace® Prevention Dual- Layer Foam Mattresses	Invacare® Solace® Therapy Tri-Layer Foam Mattresses	Solace® Resolution Mattresses
Model Number	IVCGFM02	CG9701	SPS0080 SPS0084	SPS1080 SPS2080 SPS3080 SPS2080B42 SPS2080B48	STS1080 STS2080 STS3080 STS2080B42 STS2080B48	SRS1080
HCPCS Code	E0185 (IN)	E0181 (CR)	E0184 (IN)	E0184 (IN)	E0184 (IN)	E0184 (IN)
Patient Risk Level	Low	Low	Low - Medium	Low - Medium	Medium - High	High Risk & Therapy
Medicare Reimbursement Range	\$285.47 - \$335.85	\$23.26 - \$27.36	\$173.77-\$204.77	\$173.77-\$204.77	\$173.77-\$204.77	\$173.77-\$204.77

Group II Therapeutic Support Surfaces

	Alternating Pressure		Alternating Pressure Low Air Loss			True Low Air Loss	Lateral Rotation with Alternating Pressure and Low Air Loss	
Model Name	Invacare® microAIR® MA50 - 5" Overlay	Invacare® microAIR® MA51 Mattress	Invacare® microAIR® MA55 AP/LAL	Invacare® microAIR® MA65 AP/LAL	Invacare® microAIR® MA85 True Low Air Loss AP	Invacare® microAIR® MA80 True Low Air Loss	Invacare® microAIR® MA90Z Turn/LAL/AP	Invacare® microAIR® MA95Z Turn/LAL/AP
Model Number	MA50	MA51	MA55	MA65 MA65RSR MA65B42 MA65B48	MA85 MA85RSR MA85B42 MA85B48	MA80 MA80B42 MA80B48	MA90Z MA90ZB42 MA90ZB48	MA95Z MA95ZB42 MA95ZB48
HCPCS Code	E0372 (CR)	E0277 (CR)	E0277 (CR)	E0277 (CR)	E0277 (CR)	E0277 (CR)	E0277 (CR)	E0277 (CR)
Patient Risk Level	Therapy	Therapy	Therapy	Therapy	Therapy	Therapy	Therapy	Therapy
Medicare Reimbursement Range	\$414.89 - \$488.10	\$584.14 - \$636.64	\$584.14 - \$636.64	\$584.14 - \$636.64	\$584.14 - \$636.64	\$584.14 - \$636.64	\$584.14 - \$636.64	\$584.14 - \$636.64

Group I

Invacare® Solace® Foam Mattresses, Gel Overlay and Alternating Pressure Pad System

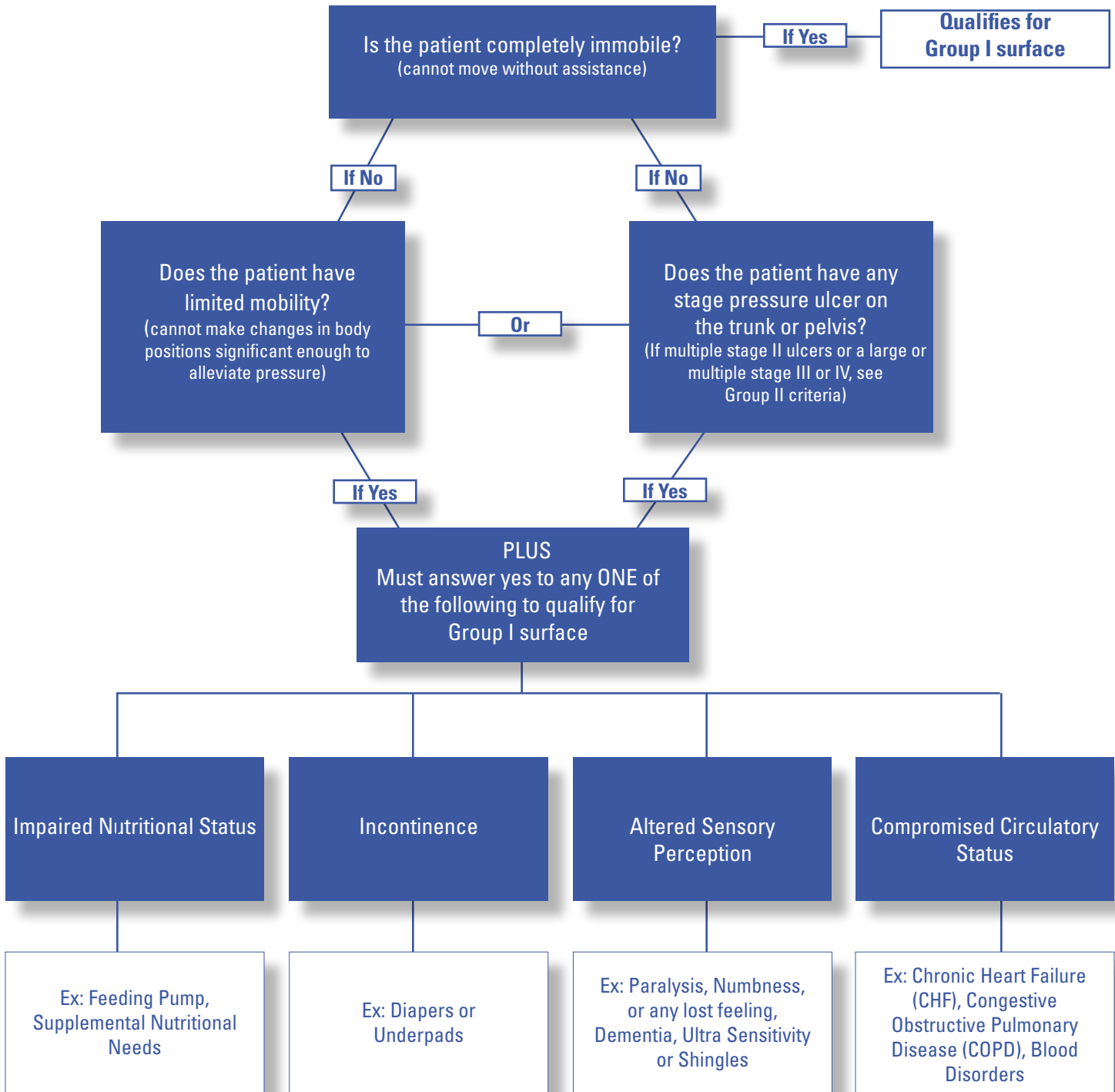
Simple to use and easy to maintain, these products include an alternating pressure pad system, gel overlay and foam mattress replacements.



This information is not intended to be, nor should it be considered, medical, billing or legal advice. The physician and other medical care providers are responsible for determining proper product selection and the appropriate billing codes when submitting claims to the Medicare program, and should consult an attorney or other advisor to discuss specific situations in further detail.

Group I

Medicare Eligibility Criteria



Required Documentation Checklist

Group I and Group II Support Surfaces

☐ Detailed written order that contains:

- ☐ Beneficiary's name
- ☐ The treating physician's signature
- ☐ Length of need
- ☐ The start date of the order – if the start date is different from the signature date
- ☐ A clear, detailed description of the type of support surface the physician is ordering
- ☐ The date the treating physician signed the order

Note: The supplier must obtain a written order prior to delivery in order for Medicare to cover the specific support surface. The claim will be denied as noncovered if the supplier delivers the item prior to obtaining a written order. If the detailed written order is not obtained prior to delivery, payment will not be made for that item even if a detailed written order is subsequently obtained.

☐ Beneficiary Authorization

☐ Proof of delivery:

- ☐ Beneficiary's name
- ☐ Signature of person accepting delivery
- ☐ Relationship to beneficiary
- ☐ Detailed description of item(s)
- ☐ Serial number
- ☐ Quantity delivered
- ☐ Brand
- ☐ Signature date

☐ Statement of Ordering Physician Group I or II Pressure Reducing Support Surfaces

☐ Medical record

Note: The supplier must have access to the patient's medical records, which should contain sufficient documentation of the patient's medical condition (ie diagnosis, prognosis, extent of functional limitations, other therapeutic interventions, etc.) to establish the need for the type and use of the specified product ordered.

Related Clinical Information

A care plan should be established by the patient's physician or home care nurse for patients needing support surfaces. A care plan is documented in the patient's medical record, should be kept on file by supplier for seven years and generally should include the following information:

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

Statement of Ordering Physician

Group I Support Surfaces

Patient's Name: Jane Doe

HIC #: 123-45-6789A

Cost Information (to be completed by the supplier):

Supplier's charge \$160.00

Medicare fee schedule allowance \$105.34

The supplier or anyone in a financial relationship with the supplier may not complete the information below.

Indicate which of the following conditions describe the patient. Circle all that apply:

Note: 1-3 are alternatives and at least ONE item from 4-7 must be selected.

1. The patient is completely immobile – patient cannot make changes in body position without assistance, or
- ② The patient has limited mobility – patient cannot independently make changes in body position significant enough to alleviate pressure, or
3. The patient has any stage pressure ulcer on the trunk or pelvis, and
- ④ The patient has impaired nutritional status.
5. The patient has fecal or urinary incontinence.
- ⑥ The patient has an altered sensory perception.
7. The patient has a compromised circulatory status.

Estimated length of need (# of months): 6 (99 = lifetime)

If none of the above applies, attach a separate sheet documenting medical necessity for the item ordered.

Physician name (printed or typed): Dr. John Smith

Physician signature: John Smith

Physician UPIN: XXXXXX

Date signed: 6/1/2010

Group II

Invacare® microAIR® Therapeutic Support Surfaces

Advanced series of powered mattress replacement systems and an alternating pressure overlay. Includes innovative features to maximize clinical efficacy. Three modalities of therapy include alternating pressure, low air loss and lateral rotation.



This information is not intended to be, nor should it be considered, medical, billing or legal advice. The physician and other medical care providers are responsible for determining proper product selection and the appropriate billing codes when submitting claims to the Medicare program, and should consult an attorney or other advisor to discuss specific situations in further detail.

Group II

Medicare Eligibility Criteria

To be eligible for a Group II product, a patient must qualify for any one of the below situations.

Situation A

Must answer yes to all three questions below to qualify for Group II support surface:

Does the patient have multiple stage II pressure ulcers on the trunk or pelvis?

+

Has the patient been on a comprehensive ulcer treatment program for at least the past month which has included the use of a Group I support surface?

+

Have the ulcers worsened or remained the same over the past month?

=

Qualifies for Group II support surface

OR

Situation B

Must answer yes to question below to qualify for Group II support surface:

Does the patient have a large or multiple stage III or IV pressure ulcer(s) on the trunk or pelvis?

=

Qualifies for Group II support surface

OR

Situation C

Must answer yes to both questions below to qualify for Group II support surface:

Has the patient had a recent myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis? (surgery within the past 60 days)

+

Has the patient been on a Group II or III support surface immediately prior to a recent discharge from a hospital or nursing facility? (discharge within the past 30 days)

=

Qualifies for Group II support surface

This information is not intended to be, nor should it be considered, medical, billing or legal advice. The physician and other medical care providers are responsible for determining proper product selection and the appropriate billing codes when submitting claims to the Medicare program, and should consult an attorney or other advisor to discuss specific situations in further detail.

Required Documentation Checklist

Group I and Group II Support Surfaces

☐ Detailed written order that contains:

- ☐ Beneficiary's name
- ☐ The treating physician's signature
- ☐ Length of need
- ☐ The start date of the order – if the start date is different from the signature date
- ☐ A clear, detailed description of the type of support surface the physician is ordering
- ☐ The date the treating physician signed the order

Note: The supplier must obtain a written order prior to delivery in order for Medicare to cover the specific support surface. The claim will be denied as noncovered if the supplier delivers the item prior to obtaining a written order. If the detailed written order is not obtained prior to delivery, payment will not be made for that item even if a detailed written order is subsequently obtained.

☐ Beneficiary Authorization

☐ Proof of delivery:

- ☐ Beneficiary's name
- ☐ Signature of person accepting delivery
- ☐ Relationship to beneficiary
- ☐ Detailed description of item(s)
- ☐ Serial number
- ☐ Quantity delivered
- ☐ Brand
- ☐ Signature date

☐ Statement of Ordering Physician Group I or II Pressure Reducing Support Surfaces

☐ Medical record

Note: The supplier must have access to the patient's medical records, which should contain sufficient documentation of the patient's medical condition (ie diagnosis, prognosis, extent of functional limitations, other therapeutic interventions, etc.) to establish the need for the type and use of the specified product ordered.

Related Clinical Information

A care plan should be established by the patient's physician or home care nurse for patients needing support surfaces. A care plan is documented in the patient's medical record, should be kept on file by supplier for seven years and generally should include the following information:

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

Statement of Ordering Physician

Group II Support Surfaces

Patient's Name: Jane Doe

HIC #: 123-45-6789A

Cost Information (to be completed by the supplier):

Supplier's charge \$160.00

Medicare fee schedule allowance \$105.34

The supplier or anyone in a financial relationship with the supplier may not complete the information below.

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 nonpowered 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): 6 (99=lifetime)

Physician name (Printed or typed): Dr. John Smith

Physician signature: John Smith

Physician UPIN: XXXXXX

Date signed: 6/1/2010

(A) Notifier(s): ABC Medical Supply

(B) Patient Name: Jane Doe

(C) Identification Number: XXXXXXXX

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for (D) SPS1080 below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the (D) SPS1080 below.

(D) SPS1080	(E) Reason Medicare May Not Pay:	(F) Estimated Cost:
<u>SPS1080</u>	Patient does not meet Group I Medicare criteria. Patient has stage I pressure ulcer but does not answer yes to questions 4-7.	\$140.00

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the (D) SPS1080 listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

(G) OPTIONS: Check only one box. We cannot choose a box for you.

- ☐ **OPTION 1.** I want the (D) SPS1080 listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
- ☐ **OPTION 2.** I want the (D) _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**
- ☐ **OPTION 3.** I don't want the (D) _____ listed above. I understand with this choice I am not responsible for payment, and **I cannot appeal to see if Medicare would pay.**

(H) Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

(I) Signature: Jane Doe

(J) Date: 06/01/10

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

Form CMS-R-131 (03/08)

Form Approved OMB No. 0938-0566

Additional Medicare Information

- A large pressure ulcer is considered to be greater than 8 sq. cm. (calculated by multiplying ulcer's length X ulcer's width). However, if a patient has a detailed wound assessment documenting the medical need for a Group II surface, consideration may be given.
- Suppliers must have access to the medical records and care plan information if asked to provide documentation by CMS. However, it is strongly recommended to obtain copies of this information every month to keep on file.

What is a Care Plan?

A care plan must include each of the following elements as appropriate. The care plan must be documented in the patient's medical record:

- Education of the patient and caregiver on the prevention and/or management of pressure ulcers
- Regular assessment by a nurse, physician or other licensed healthcare practitioner is required. Monthly follow up for a stage I or II ulcer, and at least weekly for a patient with a Stage III or IV ulcer. This is done to ensure that the treatment program and care plan is modified and followed
 - Documentation in the medical record should include the size of the wound (length, width and depth)
- A turning and positioning schedule
- Appropriate wound care (for a Stage II, III, or IV ulcer)
- Management of moisture and/or incontinence
- Nutritional assessment and intervention consistent with the overall plan of care

Modifier and Codes

- To qualify for a Group I or II support surface using a qualification criteria of a pressure ulcer, the ulcer must be on the trunk or pelvis. A patient with ulcers located only on the feet, ankles, elbows or head does not qualify for Group I or Group II support surface. The ICD-9 Codes that support medical necessity are:
 - 707.02 - Upper back, scapula
 - 707.03 - Lower back, sacrum
 - 707.04 – Hip
 - 707.05 - Buttock
- A KX modifier must be added to the form only if all the Medicare criteria have been met. Suppliers must maintain adequate contact and communication with the clinician on an ongoing basis to note that the use of the KX modifier still meets the clinical conditions set forth on the coverage criteria.

A Group II support surface will continue to be covered by Medicare:

- Until the ulcer is healed
 - There must be documentation in the medical record to demonstrate improvement on the wound
- If healing does not continue, there needs to be documentation in the medical record to show that:
 - Other aspects of the care plan are being modified to promote healing; or
 - The use of the Group II support surface is medically necessary for wound management (must be documented by the physician in the medical record)
- For a myocutaneous flap or skin graft, coverage is generally limited to 60 days from the date of surgery. There must be clear documentation in the medical record to justify the medical need for coverage beyond 60 days

When the stated coverage criteria for a Group II mattress are not met, a claim will be denied as not medically necessary unless there is clear documentation which justifies the medical necessity for the item in the individual case. In cases where a Group II product is inappropriate, the patient might be eligible for a Group I support surface if coverage criteria for that group are met.

Payment Category

Support surfaces are capped rental items. This means that the supplier is paid a monthly fee schedule and retains ownership of the support surface for the first 13 months of use by a patient, after which ownership transfers to the patient. Once the patient assumes ownership, Medicare will reimburse for services or repairs only if there is correct documentation and if the patient still meets the coverage criteria for a Group II support surface. If the patient no longer meets the coverage criteria for the product, then he/she must assume responsibility for the cost of repair or replacement.

A new order for a new 13-month rental period is needed if there is:

- A break in service that is greater than 60 days
- A change in medical condition that requires the patient to switch from a Group II overlay to a Group II mattress or bed or vice versa
- A change in medical condition that requires the patient to switch from a Group II overlay or mattress to a Group I

A new 13 month rental period is not needed if:

- The break in service is < 60 days
- The change in medical condition requires a switch from one kind of Group II overlay to another kind of Group II overlay or from one kind of Group II mattress or bed to another kind of Group II mattress or bed.





Invacare Corporation
www.invacare.com

USA

One Invacare Way
Elyria, Ohio
44035-4190
(800) 333-6900

Canada

570 Matheson Blvd. E.
Unit 8
Mississauga, Ontario
L4Z 4G4 Canada
(800) 668-5324

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