

References: L33642, A52490

All HCPC Codes (E0193, E0277, E0371, E0372, E0373, E1399)

- Written Order Prior to Delivery (WOPD)
- Beneficiary Authorization
- Proof of Delivery (POD)
 - Method 1 - Direct Delivery to the Beneficiary by the Supplier
The date the beneficiary/designee signs for the equipment is to be the date of service of the claim.
 - Method 2 - Delivery via Shipping or Delivery Service
The shipping date is to be the date of service of the claim.
- Continued Need
- Continued Use
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:
 - Other aspects of the care plan are being modified to promote healing, **or**
 - Use of the group 2 support surface is medically necessary for wound management.

Medical Records

Medical records supporting the beneficiary meets the following coverage criteria:

- Criterion 1:
 - Multiple stage II pressure ulcers located on trunk or pelvis which have failed to improve over the past month (Refer to LCD for ICD codes); **and**
 - Patient has been on a comprehensive ulcer treatment program for at least the past month (minimum 30 days) which included each of the following:
 - Use of an appropriate group 1 support surface; **and**
 - Regular assessment by a nurse, physician, or licensed healthcare practitioner; **and**
 - Appropriate turning and positioning; **and**
 - Appropriate wound care; **and**
 - Appropriate management of moisture/incontinence; **and**
 - Nutritional assessment and intervention consistent with overall plan of care

The content of this document was prepared as an educational tool and is not intended to grant rights or impose obligations. Use of this document is not intended to take the place of either written law or regulations. Suppliers are reminded to review the Local Coverage Determination and Policy Article for specific documentation guidelines.

- Criterion 2:
 - Large or multiple stage III or IV pressure ulcer(s) on trunk or pelvis (Refer to LCD for ICD codes).
- Criterion 3:
 - Recent (within past 60 days) myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis (Refer to LCD for ICD codes); **and**
 - 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).

In this instance, coverage is generally limited to 60 days from the date of the surgery.

Billing Reminders

- The appropriate ICD code must be added to all claims for group 2 support surfaces.
- The KX modifier must be added to the code if all the coverage criteria noted above have been met.
- When there is an expectation of a medical necessity denial, the GA modifier must be added to the code if a valid Advance Beneficiary Notice of Noncoverage (ABN) has been obtained or a GZ modifier if a valid ABN has not been obtained.
- The support surface provided is one in which the beneficiary does not “bottom out.”
- The only products that may be coded and billed using code E0371 or E0372 are those products for which a written coding determination specifying the use of the codes has been made by the Pricing, Data Analysis and Coding (PDAC) contractor.

[Print Form](#)

[Go Back to Front Page](#)