

References: L33830, A52489

HCPCS Codes A4640, A9270, E0181, E0182, E0184, E0185, E0186, E0187, E0188, E0189, E0196, E0197, E0198, E0199, E1399

- Face -to-Face Examination (F2F)
HCPCS Codes E0185, E0188, E0189, E0197, E0198, E0199
 - Date stamp indicating supplier's date of receipt of F2F on or before date of delivery
- Written Order Prior to Delivery (WOPD)
 - Date stamp indicating supplier's date of receipt for WOPD on or before date of deliveryNote: The WOPD for HCPCS Codes A4640, A9270, E0181, E0184, E0186, E0187, E0196 and E1399 does not require the physician NPI or date stamp to be considered valid
- 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

Medical Records

Medical records support at least one of the basic coverage criteria are met:

- Patient is completely immobile; **or**
- Patient has limited mobility and one or more of the following conditions:
 - Impaired nutritional status; **or**
 - Fecal or urinary incontinence; **or**
 - Altered sensory perception; **or**
 - Compromised circulatory status; **or**
- Patient has one or more pressure ulcers on the trunk or pelvis and one or more of the following:
 - Impaired nutritional status; **or**

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- Fecal or urinary incontinence; **or**
- Altered sensory perception; **or**
- Compromised circulatory status

Related Clinical Information

- A beneficiary needing a PRSS should have a care plan which has been established by the beneficiary's physician or home care nurse, is documented in the beneficiary's medical records, and generally should include the following:
 - Education of the beneficiary 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 of moisture/incontinence
 - Nutritional assessment and intervention consistent with the overall plan of care

Billing Reminders

- When billing E1399, the claim must include a narrative description of the item, the manufacturer, the product name/number, and information justifying the medical necessity for the item
- 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.

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