

# Product & Reimbursement Training January 2010



*The Single Source for Home Healthcare Cushioning Products*

5250 Klockner Drive • Richmond, Virginia 23231  
Phone: 804-226-1155 • 800-343-8112 • Fax: 804-222-4308  
[www.hudsonmedicalproducts.com](http://www.hudsonmedicalproducts.com)

# Hudson Medical Products

- Soft Goods – Foam, Fiber and Gel
- Mattresses, Cushions, Overlays, Pillows and Positioners.
- US Manufactured for over 20 years
- High Quality
- Cash sale products (Consumer)
- Medical reimbursement (Medical)



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# Growing your business

- Focus on key products and reimbursement codes
- Cash sale products off-set reimbursement cuts
- Show dealers how to bill for more products that patients already qualify for
- Show them you understand their business and want to help
- Explain how they can save money while growing bottom line
- Increase customer satisfaction and save operational costs
- Grow dealer loyalty



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Increase  
Cash Sales  
Revenue !

## Key Product Focus

MSRP \$75.00

- SleePap Pillow – Cash Sale Item for CPAP machine users



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Improve  
CPAP  
Compliance

## Key Product Focus



MSRP \$75.00

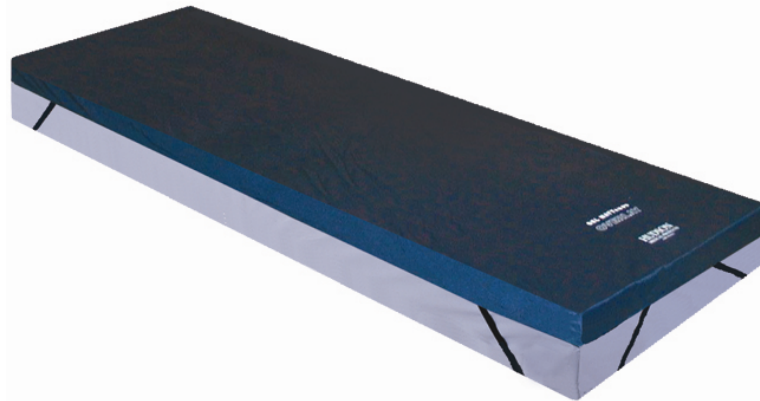
- SleePap Pillow – Cash Sale Item
- Helps drive “patient compliance” with C-PAP machines
- New C-PAP reimbursement guidelines mandate doctor certified compliance in order to continue reimbursement.
- Pillow works by avoiding air tube restriction / obstruction
- Prevents loss of CPAP pressure
- Patient remains asleep, and is therefore compliant.

Purchase  
reimbursement

Key Product Focus

Reimbursement  
\$271.88


- Gel-Foam Mattress Overlay – HCPCS code E0185





Maximise  
Revenue !

## Key Product Focus



Reimbursement  
\$271.88

### Gel-Foam Mattress Overlay – Patient Qualification Criteria

#### HCPCS code E0185

A Group 1 mattress overlay or mattress (E0181-E0189, E0196-E0199, and A4640) is covered if the patient meets:

- a) Criterion 1, or
- b) Criteria 2 or 3 and at least one of criteria 4-7.
  - 1) Completely immobile - i.e., patient cannot make changes in body position without assistance.
  - 2) Limited mobility - i.e., patient cannot independently make changes in body position significant enough to alleviate pressure.
  - 3) Any stage pressure ulcer on the trunk or pelvis.
  - 4) Impaired nutritional status.
  - 5) Fecal or urinary incontinence.
  - 6) Altered sensory perception.
  - 7) Compromised circulatory status.

No patient  
complaints

## Key Product Focus

Reimbursement  
\$165.50

- VFT Mattress - HCPCS code EO184








Avoid  
bottom line  
erosion

## Key Product Focus



Reimbursement  
\$165.50

### VFT Mattress – Patient Qualification Criteria - HCPCS code E0185

A Group 1 mattress overlay or mattress (E0181-E0189, E0196-E0199, and A4640) is covered if the patient meets:

- a) Criterion 1, or
- b) Criteria 2 or 3 and at least one of criteria 4-7.
  - 1) Completely immobile - i.e., patient cannot make changes in body position without assistance.
  - 2) Limited mobility - i.e., patient cannot independently make changes in body position significant enough to alleviate pressure.
  - 3) Any stage pressure ulcer on the trunk or pelvis.
  - 4) Impaired nutritional status.
  - 5) Fecal or urinary incontinence.
  - 6) Altered sensory perception.
  - 7) Compromised circulatory status.

Easy  
revenue  
increase

## Key Product Focus

Reimbursement  
\$60.016


- General Seat Cushion - HCPCS code E2601 (regular) & E2602 (Bariatric)





Patients  
automatically  
qualify

## Key Product Focus



Reimbursement  
\$60.16

- General Seat Cushion – Patient Qualification Criteria - HCPCS codes E2601, E2602 & E2611 ,E2612

A general use seat cushion (E2601,E2602) and a general use wheelchair back cushion (E2611-E2612) are covered for a patient who has a manual wheelchair or a power wheelchair with a sling/solid seat/back which meets Medicare coverage criteria. If the patient does not have a covered wheelchair, then the cushion will be denied as not medically necessary. If the patient has a POV or a power wheelchair with a captain's chair seat, the cushion will be denied as not medically necessary.

No-brainer for  
combatting  
reimbursement  
cuts

## Key Product Focus

Reimbursement  
\$312.35


- General Back Cushion - HCPCS code E2611 (regular) & E2612 (Bariatric)





Fantastic  
ROI

## Key Product Focus



Reimbursement  
\$312.35

- General Back Cushion – Patient Qualification Criteria - HCPCS codes E2611 (regular) & E2612 (Bariatric)

A general use seat cushion (E2601, E2602) and a general use wheelchair back cushion (E2611-E2612) are covered for a patient who has a manual wheelchair or a power wheelchair with a sling/solid seat/back which meets Medicare coverage criteria. If the patient does not have a covered wheelchair, then the cushion will be denied as not medically necessary. If the patient has a POV or a power wheelchair with a captain's chair seat, the cushion will be denied as not medically necessary.

Simplify  
your  
process

## Key Product Focus

Reimbursement  
\$61.16 &  
\$312.35


- Ulti-Mat BSC
- Claim for General seat and Back codes with one product





Patients  
automatically  
qualify

## Key Product Focus



Reimbursement  
\$61.16 &  
\$312.35

- Ulti-Mat BSC – Patient Qualification Criteria – Seat & Back E2601 & E2611 (regular sizes 16” thru 20”) OR E2602 & E2612 (Bariatric, 22”)

A general use seat cushion (E2601,E2602) and a general use wheelchair back cushion (E2611-E2612) are covered for a patient who has a manual wheelchair or a power wheelchair with a sling/solid seat/back which meets Medicare coverage criteria. If the patient does not have a covered wheelchair, then the cushion will be denied as not medically necessary. If the patient has a POV or a power wheelchair with a captain's chair seat, the cushion will be denied as not medically necessary.

Excellent  
10 month  
rental rate

## Key Product Focus

Reimbursement  
\$703.47 RR /  
month

- Comfort Cloud Low Air Loss Mattress – HCPCS Code E0277



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Increase  
reimbursement  
Revenue !

## Key Product Focus

Reimbursement  
\$703.47 RR /  
month

### •Comfort Cloud Low Air Loss Mattress – HCPCS Code EO277 - Patient Qualification Criteria

A group 2 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.

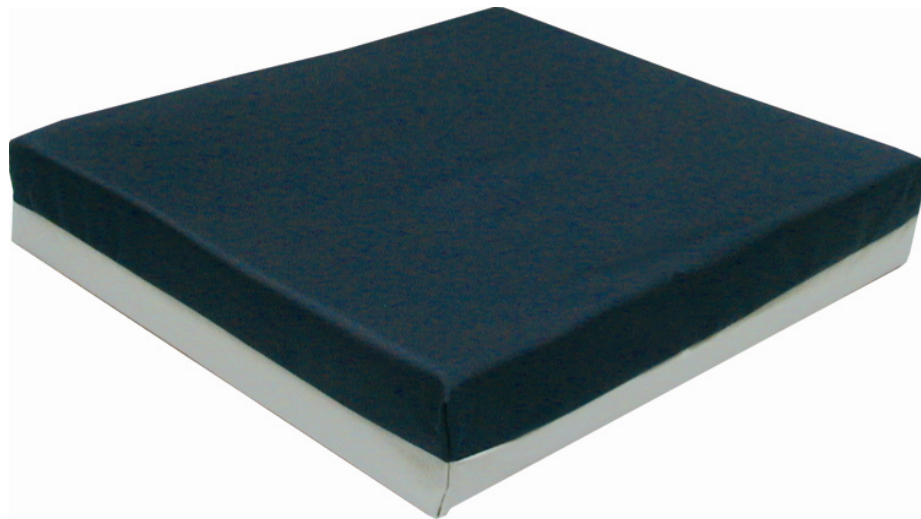
- 1) Multiple stage II pressure ulcers located on the trunk or pelvis (ICD-9 707.02 -707.05).
- 2) Patient has been on a comprehensive ulcer treatment program for at least the past month which has included the use of an appropriate group 1 support surface.
- 3) The ulcers have worsened or remained the 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).
- 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).


Great ROI

## Key Product Focus

Reimbursement  
\$151.59


- 3 inch Gel Cushion - HCPCS Code E2603





Increase  
bottom  
line

## Key Product Focus



Reimbursement  
\$151.59

- 3 inch Gel Cushion - HCPCS Code E2603 - Patient Qualification Criteria  
A skin protection seat cushion (E2603, E2604, K0734, K0735) is covered for a patient who meets both of the following criteria:

The patient has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the patient meets Medicare coverage criteria for it; and  
The patient has either of the following:

Current pressure ulcer (707.03, 707.04, 707.05) or past history of a pressure ulcer (707.03, 707.04, 707.05) on the area of contact with the seating surface; or  
Absent or impaired sensation in the area of contact with the seating surface or inability to carry out a functional weight shift due to one of the following diagnoses: spinal cord injury resulting in quadriplegia or paraplegia (344.00-344.1), other spinal cord disease (336.0-336.3), multiple sclerosis (340), other demyelinating disease (341.0-341.9), cerebral palsy (343.0-343.9), anterior horn cell diseases including amyotrophic lateral sclerosis (335.0-335.21, 335.23-335.9), post polio paralysis (138), traumatic brain injury resulting in quadriplegia (344.09), spina bifida (741.00-741.93), childhood cerebral degeneration (330.0-330.9), Alzheimer's disease (331.0), Parkinson's disease (332.0), muscular dystrophy (359.0, 359.1).

Fantastic  
ROI

## Key Product Focus

Reimbursement  
RR \$27.36 /  
month

- Comfort Cloud Bubble Pad & Pump – HCPCS Code EO181



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Re-use pump  
for multiple  
patients

## Key Product Focus



Reimbursement  
\$27.36 RR /  
month

### • Comfort Cloud Bubble Pad & Pump – HCPCS Code E0181 - Patient Qualification Criteria

A Group 1 mattress overlay or mattress (E0181-E0189, E0196-E0199, and A4640) is covered if the patient meets:

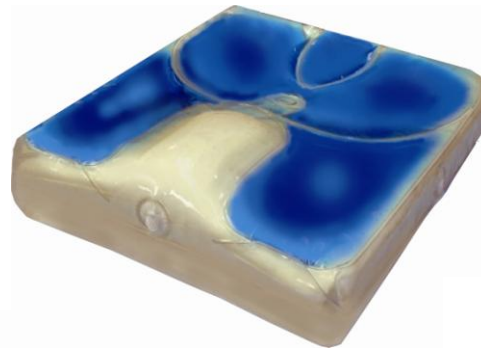
- a) Criterion 1, or
- b) Criteria 2 or 3 and at least one of criteria 4-7.
  - 1) Completely immobile - i.e., patient cannot make changes in body position without assistance.
  - 2) Limited mobility - i.e., patient cannot independently make changes in body position significant enough to alleviate pressure.
  - 3) Any stage pressure ulcer on the trunk or pelvis.
  - 4) Impaired nutritional status.
  - 5) Fecal or urinary incontinence.
  - 6) Altered sensory perception.
  - 7) Compromised circulatory status.

Great  
rehab  
cushion

## Key Product Focus

Reimbursement  
\$289.95


- Supreme Wheelchair cushion – HCPCS Code E2607 / E2608





Increase  
high-end rehab  
reimbursement  
Revenue

## Key Product Focus



Reimbursement  
\$289.95

- Supreme Wheelchair cushion - HCPCS Code E2607 / E2608 - Patient Qualification Criteria

**A combination skin protection and positioning seat cushion (E2607, E2608, K0736, K0737) is covered for a patient who meets the criteria for both a skin protection seat cushion and a positioning seat cushion.**