MEDICAL MUTUAL®

Medical Policy

Policy:	**95037**	**Initial Effective Date:**	**04/21/1996**
SUBJECT:	**Pressure Reducing Support Surfaces**	**Annual Review Date:**	**04/29/2022**
		Last Revised Date:	**10/26/2022**

Prior approval is required for some or all procedure codes listed in this Corporate Medical Policy.

Definition: Pressure reducing support surfaces are designed for individuals with limited or no mobility, primarily bed confined and prone to developing pressure ulcers (decubitus ulcers, bedsores), particularly over bony prominences. Pressure reducing support surfaces are divided into three groups:

I. Group 1 support surfaces:

- **Powered pressure reducing mattress overlay system:** Powered pressure reducing mattress overlay systems (alternating pressure or low air loss) (**HCPCS Codes A4640, E0181 and E0182**) have the following characteristics:

  i. Air pump or blower provides either sequential inflation and deflation of air cells or low interface pressure throughout the mattress overlay; and
  ii. Inflated air cell height ≥2.5 inches; and
  iii. Air cell height and inter-cell proximity, frequency of air cell inflation/deflation (for alternating pressure overlays) and air pressure level provide adequate patient lift, reduce pressure, and prevent bottoming out†.

- **Nonpowered pressure reducing mattress:** Nonpowered pressure reducing mattresses may be foam, air, water, or gel and have the following characteristics:

  i. Foam mattresses (**HCPCS Code E0184**) include the following:

     1. Foam height ≥5 inches; and
     2. Foam density and other qualities that provide adequate pressure reduction; and
     3. Durable, waterproof cover; and
     4. May be placed directly on a hospital bed frame.

  ii. Air, water, or gel mattresses (**HCPCS Codes E0186, E0187 and E0196**) have the following characteristics:

     1. Height of the air, water, or gel layer ≥5 inches; and
     2. Durable, waterproof cover; and

3. May be placed directly on a hospital bed frame.

- **Nonpowered pressure pad mattress overlay system:** A nonpowered pressure reducing mattress overlay may be gel, air, water, or foam. Overlays are designed to be placed on top of a standard hospital or home mattress and have the following characteristics:

  i. Gel or gel-like mattress overlay (**HCPCS Code E0185**) ≥2 inches; or
  ii. Air mattress overlay (**HCPCS Code E0197**) with interconnected air cells having a cell height ≥3 inches and inflated with an air pump; or
  iii. Water mattress overlay (**HCPCS Code E0198**) filled height ≥3 inches; or
  iv. Foam mattress overlay (**HCPCS Code E0199**) with a density and other qualities that provide adequate pressure reduction; a durable waterproof cover; and base height ≥2 inches with a peak height ≥3 inches if a convoluted overlay (e.g., egg crate) or an overall height ≥3 inches if a non-convoluted overlay.

II. Group 2 support surfaces:

- **Powered pressure reducing mattress:** Powered pressure reducing mattresses (alternating pressure, low air loss or powered flotation without low air loss) (**HCPCS Code E0277**) have the following characteristics:

  i. Air pump or blower provides either sequential inflation and deflation of air cells or low interface pressure throughout the mattress; and
  ii. Inflated air cell height ≥5 inches; and
  iii. Air cell height, inter-cell proximity, frequency of air cell inflation/deflation (for alternating pressure mattresses) and air pressure level provide adequate patient lift, reduce pressure, and prevent bottoming out†; and
  iv. Surface is designed to reduce friction and shear; and
  v. May be placed directly on a hospital bed frame.

  A semi-electric or total electric hospital bed, with a fully integrated powered pressure reducing mattress (**HCPCS Code E0193**) and all of the characteristics of a powered pressure reducing mattress as defined above (**HCPCS Code E0277**), is considered a group 2 support surface.

- **Advanced nonpowered pressure reducing mattress overlay system:** Advanced nonpowered pressure reducing mattress overlays (**HCPCS Code E0371**) have the following characteristics:

  i. Height and design of individual cells provide significantly more pressure reduction than group 1 mattress overlays and prevent bottoming out†: and
  ii. Height ≥3 inches; and
  iii. Surface is designed to reduce friction and shear.

- **Powered pressure reducing mattress overlay system:** Powered pressure reducing mattress overlays (low air loss, powered flotation without low air loss or alternating pressure) (**HCPCS Code E0372**) have the following characteristics:

    i. Air pump or blower provides either sequential inflation and deflation of the air cells or low interface pressure throughout the mattress overlay; and
    ii. Inflated cell height ≥3.5 inches; and
    iii. Air cell height, inter-cell proximity, frequency of air cell inflation/deflation (for alternating pressure overlays) and air pressure level provide adequate patient lift, reduce pressure, and prevent bottoming out†; and
    iv. Surface is designed to reduce friction and shear.

- **Advanced nonpowered pressure reducing mattress:** Advanced nonpowered pressure reducing mattresses (**HCPCS Code E0373**) have the following characteristics:

    i. Height and design of individual cells provide significantly more pressure reduction than group 1 mattresses and prevent bottoming out†: and
    ii. Height ≥5 inches; and
    iii. Surface designed to reduce friction and shear; and
    iv. May be placed directly on a hospital bed frame.

III. Group 3 support surface:

- **Air-fluidized bed:** Air-fluidized beds (**HCPCS Code E0194**) circulate warm filtered air through silicone-coated ceramic beads creating the characteristics of fluid.

† "Bottoming out": a bony prominence (e.g., coccyx, greater trochanter) is palpable with an outstretched hand placed palm up between the undersurface of the mattress overlay or mattress and the bony prominence.

Medical Necessity:

I. Group 1 support surfaces: The Company considers group 1 support surfaces (**HCPCS Codes A4640, E0181, E0182, E0184, E0185, E0186, E0187, E0196, E0197, E0198, and E0199**) medically necessary and eligible for reimbursement providing that ***at least one*** of the following medical criteria is met:

- Complete immobility (i.e., individual unable to change body position without assistance); or
- ***All*** of the following:

    i. ***At least one*** of the following:

        1. Limited mobility (i.e., unable to independently change body position sufficiently to alleviate pressure); or

2. Pressure ulcer of any stage[††] on the trunk or pelvis.

AND

ii. ***At least one*** of the following:

1. Impaired nutritional status; or
2. Fecal or urinary incontinence; or
3. Altered sensory perception; or
4. Compromised circulatory status.

II. Group 2 support surfaces: The Company considers group 2 support surfaces (**HCPCS Codes E0193, E0277, E0371, E0372 and E0373**) medically necessary and eligible for reimbursement providing that ***at least one*** of the following medical criteria are met:

- ***All*** of the following:
  i. Multiple stage 2 pressure ulcers[††] on the trunk or pelvis; and
  ii. Comprehensive pressure ulcer treatment program[†††] for at least the preceding 30 days, including use of an appropriate group 1 support surface; and
  iii. Pressure ulcers unchanged or worsened during the preceding 30 days.

OR

- Large or multiple stage 3 or 4 pressure ulcer(s) [††] on the trunk or pelvis; or

- ***All*** of the following:

  i. Myocutaneous flap or skin graft for treatment of a trunk or pelvic pressure ulcer within the past 60 days; and
  ii. Group 2 or 3 support surface utilized immediately prior to discharge from a hospital or nursing facility stay within the past 30 days.

Continuation of coverage: Physician re-evaluation and recertification for continued use of a group 2 support surface must be performed every 60 days. Continued use of a group 2 support surface is considered medically necessary until the pressure ulcer is healed. If healing of the pressure ulcer does not occur within the 60-day interval and continued use of a group 2 support surface is necessary, medical record documentation must demonstrate that the care plan has been modified to promote healing and the group 2 support surface is medically necessary for wound management. The Company will allow a maximum of 60 days for use of a group 2 surface from the date of myocutaneous flap or skin graft surgery.

III. Group 3 support surface: The Company considers a group 3 support surface (**HCPCS Code E0194**) medically necessary and eligible for reimbursement providing that ***all*** of the following medical criteria are met:

- Stage 3 or stage 4 pressure ulcer(s)[††]; and
- Bedridden or chair bound due to severely limited mobility; and
- Institutionalization would be required in the absence of an air-fluidized bed; and
- Pressure ulcer unchanged or worsened despite a conservative treatment program for at least the preceding 30 days. Conservative treatment must include ***all*** of the following:

    i. Frequent repositioning (usually every two hours) with particular attention to relief of pressure over bony prominences; and
    ii. Use of a group 2 support surface to reduce pressure and shear forces on healing pressure ulcer(s) and to prevent new pressure ulcer formation; and
    iii. Active treatment of any wound infection; and
    iv. Nutrition optimized to promote wound healing; and
    v. Debridement of pressure ulcer to remove devitalized tissue from the wound bed; and
    vi. Maintenance of a clean, moist bed of granulation tissue with appropriate moist dressings protected by an occlusive dressing; and
    vii. Individual and caregiver educated on the prevention and management of pressure ulcers; and
    viii. Regular assessment (at least weekly) by a nurse, physician, or other appropriately trained, licensed healthcare practitioner; and
    ix. Appropriate management of skin moisture and incontinence; and

- Alternative equipment has been considered and excluded as a treatment option; and
- Trained adult caregiver available to assist with activities of daily living, fluid balance, skin care, repositioning, recognition of altered mental status, dietary needs, prescribed treatments, and support of the air-fluidized bed system; and
- Physician directs the home treatment regimen, re-evaluates, and recertifies the need for an air-fluidized bed every 30 days.

NOTE: Requests for an air-fluidized bed (**HCPCS Code E0194**) must be accompanied by supporting medical record documentation. The bed must be ordered by the attending physician based upon a comprehensive evaluation after completion of a course of conservative therapy. The evaluation must be performed within one month of the initiation of therapy with the air-fluidized bed.

Continuation of coverage: Physician re-evaluation and recertification for continued use of a group 3 support surface must be performed every 30 days. A group 3 support surface is considered medically necessary until the pressure ulcer is healed. If healing of the pressure ulcer does not occur and continued use of a group 3 support surface is necessary, medical record documentation must demonstrate the care plan has been modified to promote healing and a group 3 support surface is medically necessary for wound management.

The Company considers an air-fluidized bed **not** medically necessary and **not** eligible for reimbursement for any of the following:

- Coexisting pulmonary disease; or
- Wet soaks or moist wound dressings that are not protected with an impervious covering; or
- Caregiver unavailable or unwilling to provide required care and support; or
- Insufficient dwelling structural support (air-fluidized bed approximate weight >1,600 pounds); or
- Insufficient electrical system to support energy demands required to safely operate an air-fluidized bed.

††**Staging of pressure ulcers**: The staging of pressure ulcers used in this policy is based on the 2016 National Pressure Ulcer Advisory Panel Pressure Ulcer Stages:

Stage 1: Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin. Presence of blanchable erythema or changes in sensation, temperature, or firmness may precede visual changes. Color changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury.

Stage 2: Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink, or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (IAD), intertriginous dermatitis (ITD), medical adhesive related skin injury (MARSI), or traumatic wounds (skin tears, burns, abrasions).

Stage 3: Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.

Stage 4: Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage, or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.

†††A **comprehensive pressure ulcer care plan** should include ***all*** of the following:

1. Individual and caregiver educated on the prevention and management of pressure ulcers; and
2. Regular assessment by a nurse, physician, or other appropriately trained, licensed healthcare practitioner (at least weekly for stage 3 or 4 pressure ulcers††); and
3. Appropriate turning and positioning of the individual; and
4. Appropriate wound care (for stage 2, 3, or 4 pressure ulcers††); and
5. Appropriate management of skin moisture and incontinence; and

6. Nutritional assessment and intervention consistent with the overall plan of care.

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the services performed were not medically necessary, investigational, or experimental, not within the scope of benefits afforded to the member, and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results, and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply, and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

NOTE: After reviewing the relevant documentation, the Company reserves the right to apply this policy to the service, or procedure, supply, product, or accommodation performed or furnished regardless of how the service, or procedure, supply, product, or accommodation was coded by the Provider.

Approval or clearance by the U.S. Food and Drug Administration alone is not a basis for coverage.

Coverage may differ for Medicare Advantage plan members; please see any applicable national and/or local coverage determinations for details. This information may be available at the Centers for Medicare & Medicaid Services (CMS) website.

Sources of Information:

- Call E, Deppisch M, Jordan R, Sylvia C, Thurman K, Logan S, Gruccio P. (2015). Hand Check Method: Is it an Effective Method to Monitor for Bottoming Out? A National Pressure Ulcer Advisory Position Statement. Available at: https://cdn.ymaws.com/npuap.site-ym.com/resource/resmgr/position_statements/hand-check-position-statemen.pdf. Accessed June 9, 2021.
- Centers for Medicare and Medicaid Services.
    - Air-fluidized bed (280.8). National coverage determination. Version 1. Effective date November 01, 2000.
    - Durable medical equipment reference list (280.1). National coverage determination. Version 2. Effective date May 05, 2005.
    - Pressure reducing support surfaces – group 3 (L33692). Local coverage determination. CGS Administrators, LLC & Noridian Healthcare Solutions, LLC. Revision effective May 1, 2021.
    - Pressure reducing support surfaces – group 2 (L33642). Local coverage determination. CGS Administrators, LLC & Noridian Healthcare Solutions, LLC. Revision effective May 1, 2021.
    - Pressure reducing support surfaces – group 1 (L33830). Local coverage determination. CGS Administrators, LLC & Noridian Healthcare Solutions, LLC. Revision effective May 1, 2021.
- Edsberg LE, Black JM, Goldberg M, McNichol L, Moore L, Sieggreen M. (2016). Revised National Pressure Ulcer Advisory Panel Pressure Injury Staging System: Revised Pressure Injury Staging System. *J Wound Ostomy Continence Nurs*, 43(6): 585-597.
- Edsberg LE, Langemo D, Baharestani MM, Posthauer ME, Goldberg M. (2014). Unavoidable pressure injury: state of the science and consensus outcomes. *J Wound Ostomy Continence Nurs*, 41(4):313-334.
- National Institute for Health and Clinical Excellence. (2014). Pressure ulcers: prevention and management (CG179). Available at: https://www.nice.org.uk/guidance/cg179. Accessed June 9, 2021.
    - National Pressure Ulcer Advisory Panel. (2019). Prevention and Treatment of Pressure Ulcers/Injuries: quick reference guide 2019. Available at: http://www.internationalguideline.com/static/pdfs/Quick_Reference_Guide-10Mar2019.pdf. Accessed June 9, 2021.
- Nixon J, Brown S, Smith IL, McGinnis E, Vargas-Palacios A, Nelson EA, … Hulme C. (2019). Comparing alternating pressure mattresses and high-specification foam mattresses to prevent pressure ulcers in high-risk patients: the PRESSURE 2 RCT. *Health Technol Assess*, *23*(52):1–176.
- Reddy M, Gill SS, Rochon PA. (2006). Preventing pressure ulcers: a systematic review. *JAMA*, 296(8):974-984.
- Serraes B, van Leen M, Schols J, Van Hecke A, Verhaeghe S, Beeckman D. (2018). Prevention of pressure ulcers with a static air support surface: A systematic review. *Int Wound J*, 15(3): 333-343.
- Shi C, Dumville JC, Cullum N, Rhodes S, Jammali-Blasi A, McInnes E. (2021). Alternating pressure (active) air surfaces for preventing pressure ulcers. *Cochrane Database Syst Rev*, *5*:CD013620.
- Shi C, Dumville JC, Cullum N, Rhodes S, Leung V, McInnes E. (2021). Reactive air surfaces for preventing pressure ulcers. *Cochrane Database Syst Rev*, *5*:CD013622.

MEDICAL MUTUAL®

Medical Policy

Applicable Code(s):	
CPT:	**N/A**
HCPCS:	**A4640, E0181, E0182, E0184, E0185, E0186, E0187, E0193, E0194, E0196, E0197, E0198, E0199, E0277, E0371, E0372, E0373**
ICD10 Procedure Codes:	**N/A**