Premier Health Insuring Corporation
POLICY AND PROCEDURE MANUAL

Policy Number: PA.028.PC
Last Review Date: 09/10/2015
Effective Date: 01/01/2016
Renewal Date: 01/01/2017

PA.028.PC – Beds- Pressure Reducing Support Surfaces

This policy applies to the following line(s) of business:
- ✓ Premier Health Insuring Corporation MA – DSNP

Premier Health Insuring Corporation considers Pressure Reducing Support Surfaces- Groups 1, 2 and 3 medically necessary for the following indications:

Group 1- Mattress or Mattress Overlays

1. The member is completely immobile (cannot make changes in body position without assistance)
   Or
   The member has limited mobility (cannot independently make changes in body position significant enough to alleviate pressure)
   Or
2. The member has a pressure ulcer (any stage) on pelvis or trunk
   And
   At least one of the following conditions:
   - Impaired nutritional status,
   - Incontinence (fecal or urinary),
   - Altered sensory perception,
   - Compromised circulatory status.

Group 2- Alternating Pressure and Low Air Mattresses and Overlays

1. The member has multiple stage II pressure ulcers located on the trunk or pelvis which have failed to improve over the past month, during which time the member has been on a comprehensive ulcer treatment program including each of the following:
   1. Use of an appropriate group 1 support surface, and
   2. Regular assessment by a nurse, physician, or other licensed healthcare practitioner, and
   3. Appropriate turning and positioning, and
   4. Appropriate wound care, and
   5. Appropriate management of moisture/incontinence, and
   6. Nutritional assessment and intervention consistent with the overall plan of care.

Or

2. The member has large or multiple stage III or IV pressure ulcer(s) on the trunk or pelvis

Or

3. The member had a myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis within the past 60 days, and has been on a group 2 or 3 support surface immediately prior to discharge from a hospital or nursing facility within the past 30 days.

Group 3- Air-fluidized Beds

1. The member has a stage III (full thickness tissue loss) or stage IV (deep tissue destruction) pressure sore
   And
2. The member is bedridden or chair-bound due to severely limited mobility
   And
3. In the absence of an air-fluidized bed, the member would require institutionalization (hospitalization or nursing home placement)
   - And4. The air-fluidized bed is ordered in writing by the member's attending physician based upon a comprehensive assessment and evaluation of the beneficiary after completion of a course of conservative treatment designed to optimize conditions that promote wound healing. The evaluation generally must be performed within one month prior to initiation of therapy with the air-fluidized bed.
   - The course of conservative treatment must have been at least one month in duration without progression toward wound healing.
   - The month of prerequisite conservative treatment may include some period in an institution as long as there is documentation available to verify that the necessary conservative treatment was rendered

   And
4. A trained adult caregiver is available to assist the member with activities of daily living (ADLs), fluid balance, dry skin care, repositioning, recognition and management of altered mental status, dietary needs, prescribed treatments, and management and support of the air-fluidized bed system and its problems such as leakage
   And
5. A physician is directing the home treatment regimen, and reevaluates and recertifies the need for the air-fluidized bed on a monthly basis
   And
6. All other alternative equipment has been considered and ruled out.

PA.028.PC – Beds- Pressure Reducing Support Surfaces

Policy Number: PA.028.PC
Last Review Date: 09/10/2015
Effective Date: 01/01/2016
Renewal Date: 01/01/2017

Continued Use of a Group 2 or Group 3 Support Surface

Continued use of a Group 2 or Group 3 support surface is covered:

1. Until the ulcer is healed
   Or
2. If healing does not continue, there is documentation in the medical record that shows:
   - Other aspects of the care plan are being modified to promote healing,
     Or
   - The use of the group 2 support surface is medically necessary for wound management.

Note: Wet-to-dry dressings when used for debridement do not require an occlusive dressing. Use of wet-to-dry dressings for wound debridement, begun during the period of conservative treatment and which continue beyond 30 days will not preclude coverage of an air-fluidized bed.

Medical necessity is supported if additional debridement becomes necessary while a member is using an air-fluidized bed (after the first 30-day course of conservative treatment)

Limitations/Exclusions

1. Group 1 and 2 Support Surface:
2. The support surface provided should be one in which the beneficiary does not "bottom out". Bottoming out is the finding that an outstretched hand, placed palm up between the undersurface of the mattress overlay or mattress and the beneficiary's bony prominence (coccyx or lateral trochanter), can readily palpate the bony prominence. This bottoming out criterion should be tested with the beneficiary in the supine position with their head flat, in the supine position with their head slightly elevated (no more than 30 degrees), and in the side-lying position. Group 2 Support Surface:
   - When a group 2 product is inappropriate, a group 1 or 3 support surface could be covered if coverage criteria for that group are met.
   - Coverage for Group 2 surface is limited to 60 days following a myocutaneous flap or skin graft.
3. Group 3 Support Surface:

PA.028.PC – Beds- Pressure Reducing Support Surfaces

An air-fluidized bed is considered not medically necessary in any of the following circumstances:

- When the member requires treatment with wet soaks or moist wound dressings that are not protected with an impervious covering such as plastic wrap or other occlusive material,
- When other known contraindications exist,
- When a trained caregiver is unwilling or unable to provide the type of care required by the patient on an air-fluidized bed,
- When the structural support is inadequate to support the weight of the air-fluidized bed system (it generally weighs 1600 pounds or more), or
- When the electrical system is insufficient for the anticipated increase in energy consumption,
- Pressure ulcers smaller than eight square centimeters or on areas of the body other than trunk or pelvis need documentation from the attending physician as to why alternative support surfaces would not be medically effective,

See Also:

PA.010.PC Durable Medical Equipment, Corrective Appliances and Other Devices; Repair/Replacement

Background

Pressure ulcers are a localized injury to the skin as a result of pressure and/or shear on the skin with friction. Pressure reducing support surfaces are utilized to prevent pressure ulcers as well as support the healing of pressure ulcers.

CMS categorizes support surfaces into three groups:

- Group 1 support surfaces are generally designed to be placed on top of standard hospital or home mattresses and include pressure pads and mattress overlays (foam, air, water, or gel). These support surfaces may be rented or purchased.
- Group 2 support surfaces, which can be special mattresses used alone or placed directly over a bed frame, include powered air flotation beds, powered pressure-reducing air mattresses, and nonpowered advanced pressure-reducing mattresses. These support surfaces may only be rented and are more expensive than Group 1 support surfaces.
- Group 3 support surfaces are complete bed systems, known as air-fluidized beds, which simulate the movement of fluid by circulating filtered air through silicone-coated ceramic beads. These support surfaces may only be rented and are the most expensive of the groups.

PA.028.PC – Beds- Pressure Reducing Support Surfaces

Policy Number: PA.028.PC
Last Review Date: 09/10/2015
Effective Date: 01/01/2016
Renewal Date: 01/01/2017

References

1. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) No. L33830 - Pressure, Reducing Support Surfaces - Group 1. (Contractor: National Government Services, Inc.) Revision Effective Date: 10/01/2015. https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33830&ContrId=138&ver=5&ContrVer=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=Ohio&KeyWord=Pressure+Reducing+Support+Surfaces&KeyWordLookUp=Title&KeyWordSearchType=And&bc=gAAAABAAAAAAAA%3d%3d&
2. Centers for Medicare and Medicaid Services (CMS). Local Coverage Article Pressure Reducing Support Surfaces - Group 1 - Policy Article – Effective: October 2015 (A52489). https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52489&ver=5&ContrId=138&ContrVer=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=Ohio&KeyWord=Pressure+Reducing+Support+Surfaces&KeyWordLookUp=Title&KeyWordSearchType=And&bc=gAAAABAAAAAAAA%3d%3d&
3. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) No. L33642 - Pressure, Reducing Support Surfaces – Group 2. (Contractor: National Government Services, Inc.) Revision Effective Date: 10/01/2014. https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33642&ContrId=138&ver=5&ContrVer=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=Ohio&KeyWord=Pressure+Reducing+Support+Surfaces&KeyWordLookUp=Title&KeyWordSearchType=And&bc=gAAAABAAAAAAAA%3d%3d&
4. Centers for Medicare and Medicaid Services (CMS). Local Coverage Article Pressure Reducing Support Surfaces - Group 2 - Policy Article – Effective: October 2015 (A52490). https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52490&ver=5&ContrId=138&ContrVer=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=Ohio&KeyWord=Pressure+Reducing+Support+Surfaces&KeyWordLookUp=Title&KeyWordSearchType=And&bc=gAAAABAAAAAAAA%3d%3d&
5. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) No. L33692 - Pressure, Reducing Support Surfaces – Group 3. (Contractor: National Government Services, Inc.) Revision Effective Date: 10/01/2015. https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33692&ContrId=138&ver=3&ContrVer=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=Ohio&KeyWord=Pressure+Reduci

ng+Support+Surfaces&KeyWordLookUp=Title&KeyWordSearchType=And&bc=gAAAABAAAAAAAA%3d%3d&

6. Centers for Medicare and Medicaid Services (CMS). Local Coverage Article: Pressure Reducing Support Surfaces - Group 3 - Policy Article – Effective: October 2015 (A52468). https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52468&ver=3&ContrId=138&ContrVer=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=Ohio&KeyWord=Pressure+Reducing+Support+Surfaces&KeyWordLookUp=Title&KeyWordSearchType=And&bc=gAAAABAAAAAAAA%3d%3d&
7. Centers for Medicare and Medicaid Services (CMS). Medicare Learning Network (MLN) Matters (SE1014). Medicare Policy Regarding Pressure Reducing Support Surfaces. Updated August 27, 2012. http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1014.pdf
8. National Pressure Ulcer Advisory Panel. Position Statements. Accessed: 03/10/2015. http://www.npuap.org/resources/position-statements/.
9. National Pressure Ulcer Advisory Panel (NPUAP).Pressure Ulcer Category/Staging Illustrations. February 2007. Accessed: 03/10/2015. http://www.npuap.org/pr2.htm

Disclaimer:
Premier Health Insuring Corporation medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of Premier Health Insuring Corporation and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

Premier Health Insuring Corporation reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.