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## Pressure Reducing Support Surfaces

**MP9494**

**Covered Service:** Yes\*

### **Prior Authorization**

**Required:** Yes, for Group 2 and 3 support surfaces.

### **Additional Information:**

Group 1 includes: pressure pads for mattresses, non-powered pressure reducing mattresses and powered pressure reducing mattress overlay systems. (Codes A4640, E0181, E0182, E0184, E0185, E0186, E0187, E0196, E0197, E0198 and E0199)

Group 2 includes: power pressured reducing mattresses, powered pressure reducing mattress overlays, non-powered advanced pressure reducing mattresses, non-powered advanced pressure reducing mattress overlays (Codes E0193, E0277, E0371, E0372, E0373)

Group 3 includes: air-fluidized beds. (Code E0194)

The codes are not all inclusive.

### **WellFirst Health Medical Policy:**

1.0 A group 1 mattress overlay, or mattress **does not require** prior authorization and is considered medically necessary if the member meets:

1.1 Criterion 1.2.1, **OR**

1.2 Criterion 1.2.2 or 1.2.3 **AND** at least **one** of criteria 1.2.4 - 1.2.7

1.2.1 Completely immobile – cannot make changes in body position without assistance.

1.2.2 Limited mobility – member cannot independently make changes in body position significant enough to alleviate pressure.

1.2.3 Any stage pressure ulcer on the trunk or pelvis

1.2.4 Impaired nutritional status.

1.2.5 Fecal or urinary incontinence.

1.2.6 Altered sensory perception.

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- 1.2.7 Compromised circulatory status.
- 2.0 Group 2 Support Surfaces **requires** prior authorization through the Health Services Division and are considered medically necessary if the member meets **ANY** of the following:
- 2.1 The member has multiple Stage II pressure ulcers located on the trunk or pelvis which have failed to improve over the last 30 days, during which time the member has been on a comprehensive ulcer treatment program.
  - 2.2 The member has large or multiple Stage III or IV pressure ulcers on the trunk or pelvis;
  - 2.3 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.
- 3.0 Continued use of group 2 support surface is considered medically necessary until the ulcer is healed, or if healing does not continue, and there is documentation in the medical record to show **EITHER** of the following:
- 3.1 Other aspects of the care plan are being modified to promote healing; **OR**
  - 3.2 The use of the group 2 support surface is medically necessary for wound management.
- 4.0 Group 3 Support Surface (air-fluidized bed) **requires** prior authorization through the Health Services Division and is considered medically necessary if the member meets **ALL** of the following:
- 4.1 The member has a stage III (full thickness tissue loss) or stage IV (deep tissue destruction) pressure ulcer or is status post muscle/skin flap repair of a stage III or IV pressure ulcer. An air-fluidized bed is typically needed only 6-12 weeks status-post surgery; **AND**
  - 4.2 The member is bedridden or chair bound as a result of severely limited mobility; **AND**
  - 4.3 In the absence of an air-fluidized bed, the member would require institutionalization; **AND**
  - 4.4 The air-fluidized bed is ordered, in writing, by the member's attending physician based upon a comprehensive assessment and evaluation of the individual after completion of a course of conservative treatment designed to optimize conditions that promote wound healing; **AND**

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- 4.5 The course of conservative treatment must have been at least one (1) month in duration without progression toward wound healing and includes **ALL** of the following;
  - 4.5.1 Frequent repositioning of the member with attention to relief of pressure over bony prominences; **AND**
  - 4.5.2 Use of Group 2 support surface to reduce pressure and shear forces on healing ulcers and to prevent new ulcer formation; **AND**
  - 4.5.3 Necessary treatment to resolve any wound infection; **AND**
  - 4.5.4 Optimization of nutrition status to promote wound healing; **AND**
  - 4.5.5 Debridement by any means, including wet-to-dry dressings, to remove devitalized tissue from the wound bed; **AND**
  - 4.5.6 Maintenance of a clean, moist bed of granulation tissue
  - 4.5.7 A trained adult caregiver is available to assist the member with activities of daily living, 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**
  - 4.5.8 A physician or their advanced practitioner directs the home treatment regimen and re-evaluates and re-certifies the need for the air-fluidized bed on a monthly basis; **AND**
  - 4.5.9 Appropriate management of moisture/incontinence
  - 4.5.10 All other alternative equipment has been considered and ruled out, including the use of a group 2 support surface, if appropriate.
- 5.0 A support surface that does not meet the criteria specified is considered **not medically necessary**.

#### **CPT/HCPCS Codes Related to MP9494**

\*The list of codes (and their descriptors, if any) is provided for informational purposes only and may not be all inclusive or current. Listing of a code in this medical policy does not imply that the service described by the code is a covered or non-covered service. Benefit coverage for any service is determined by the member's policy of health coverage with WellFirst Health. Inclusion of a code above does not imply any right to reimbursement or guarantee claim payment. Other medical policies may also apply.

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