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Kaiser Foundation Health Plan of Washington

Clinical Review Criteria
Pressure Reducing Support Surfaces

Criteria

For Medicare Members

Source	Policy
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	Hospital Beds NCD 280.7
Local Coverage Determinations (LCD)	LCD L33830 Pressure Reducing Support Surfaces Group 1 LCD L33642 Pressure Reducing Support Surfaces Group 2 LCD L33692 Pressure Reducing Support Surfaces Group 3
Local Coverage Article	Pressure Reducing Support Surfaces - Group 1 - Policy Article (A52489) Pressure Reducing Support Surfaces - Group 2 - Policy Article (A52490) Pressure Reducing Support Surfaces - Group 3- Policy Article (A52468)

For Non-Medicare Members

Group 2 Pressure Reducing Support Surfaces:
Alternating Pressure and Low Air Loss Mattresses and Overlays

A group 2 support surface is considered medically necessary DME if the member meets **ONE of the following:**

A. The member must meet **ALL of the following:**
   1. The member has multiple stage II (partial thickness skin loss) pressure ulcers located on the trunk or pelvis.
   2. The member 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 member's ulcers have worsened or remained the same over the past month.

B. The member has large or multiple stage III (full thickness tissue loss) or stage IV (deep tissue destruction) pressure ulcer(s) on the trunk or pelvis; or

C. The member has had a recent myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis (surgery within the past 60 days) and 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).

† The comprehensive ulcer treatment described in criterion 2 above should generally include:

- Appropriate management of moisture/incontinence;
- Appropriate turning and positioning;
- Appropriate wound care (for stage II, III, or IV ulcer);
- Education of the member and caregiver on the prevention and/or management of pressure ulcers;
- Nutritional assessment and intervention consistent with the overall plan of care;
- Regular assessment by the nurse, physician, or other licensed healthcare practitioner (usually at least weekly for a member with a stage III or stage IV ulcer).

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If the member is on a group 2 surface, there should be a care plan established by the physician or home care nurse, which includes the above elements.

When a group 2 support surface is prescribed for a myocutaneous flap or skin graft, continued use is generally considered medically necessary for up to 60 days from the date of surgery.

Use of a group 2 support surface is considered medically necessary until the ulcer is healed or, if healing does not continue, there is documentation in the medical record to show: (i) other aspects of the care plan are being modified to promote healing, or (ii) the use of the alternating pressure mattress is medically necessary for wound management.

A group 2 support surface is considered experimental and investigational when these criteria are not met because of insufficient evidence in the peer-reviewed literature.

For Non-Medicare Members
No review required for Group 3 – Pressure Reducing Support Surfaces

For Non-Medicare Members
Group 3 - Pressure Reducing Support Surfaces

An air-fluidized bed is covered only if **All of the following** criteria are met:

1. The patient has a stage III (full thickness tissue loss) or stage IV (deep tissue destruction) pressure ulcer (Reference ICD-10 Codes that Support Medical Necessity section for applicable diagnoses).
2. The patient is bedridden or chair bound as a result of severely limited mobility.
3. In the absence of an air-fluidized bed, the patient would require institutionalization.
4. The air-fluidized bed is ordered in writing by the patient's attending physician based upon a comprehensive assessment and evaluation of the patient 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.
5. The course of conservative treatment must have been at least one month in duration without progression toward wound healing. This 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. Conservative treatment must include:
    a. Frequent repositioning of the patient with particular attention to relief of pressure over bony prominences (usually every 2 hours); and
    b. Use of a Group 2 support surface to reduce pressure and shear forces on healing ulcers and to prevent new ulcer formation; and
    c. Necessary treatment to resolve any wound infection; and
    d. Optimization of nutrition status to promote wound healing; and
    e. Debridement by any means, including wet-to-dry gauze dressings, to remove devitalized tissue from the wound bed; and
    f. Maintenance of a clean, moist bed of granulation tissue with appropriate moist dressings protected by an occlusive covering, while the wound heals.

    In addition, conservative treatment should generally include:
    g. Education of the patient and caregiver on the prevention and management of pressure ulcers; and
    h. Assessment by a physician, nurse, or other licensed healthcare practitioner at least weekly, and
    i. Appropriate management of moisture/incontinence.

An occlusive barrier is required, when necessary, to maintain a moist wound-healing environment that may otherwise be compromised by the drying action of airflow generated by air-fluidized therapy. If moist dressings are NOT required because of the wound characteristics (e.g. heavily exudative wound, etc.), the occlusive barrier is not required as a condition for reimbursement.

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. Should additional debridement again become necessary while a patient is using an air-fluidized bed (after the first 30-day course of conservative treatment) that will not cause the air-fluidized bed to be denied.

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6. A trained adult caregiver is available to assist the patient 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.

7. A physician directs the home treatment regimen, and reevaluates and recertifies the need for the air-fluidized bed on a monthly basis.

8. All other alternative equipment has been considered and ruled out.

An air-fluidized bed will be denied as not reasonable and necessary under any of the following circumstances:

1. The patient has coexisting pulmonary disease (the lack of firm back support makes coughing ineffective and dry air inhalation thickens pulmonary secretions);

2. The patient 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;

3. The caregiver is unwilling or unable to provide the type of care required by the patient on an air-fluidized bed;
4. Structural support is inadequate to support the weight of the air-fluidized bed system (it generally weighs 1600 pounds or more);

5. Electrical system is insufficient for the anticipated increase in energy consumption; or

6. Other known contraindications exist.

Payment is not included for the caregiver or for architectural adjustments such as electrical or structural improvement.

The continued coverage of an air-fluidized bed as reasonable and necessary must be documented by the treating physician every month. Continued use of an air fluidized bed is covered until the ulcer is healed or, if healing does not continue, there is documentation to show that: (1) other aspects of the care plan are being modified to promote healing, or (2) the use of the bed is reasonable and necessary for wound management.

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, KPWA will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background

Pressure relieving support surfaces are designed to prevent or promote the healing of pressure ulcers by reducing or eliminating tissue interface pressure. Most of these devices reduce interface pressure by conforming to the contours of the body so that pressure is distributed over a larger surface area rather than concentrated on a more circumscribed location. This clinical policy is consistent with Medicare DME MAC guidelines.

Date Created	Date Reviewed	Date Last Revised
10/28/2015	11/03/2015[MPC], 10/04/2016[MPC], 08/01/2017[MPC], 06/05/2018[MPC]	10/11/2018

[MPC] Medical Policy Committee

Revision History	Description
7/10/2018	Added criteria for Group 3 mattresses
10/11/2018	Removed Group 3 effective date information

Codes

CPT: E0193, E0194, E0277, E0371, E0372, E0373

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