



Pressure Reducing Support Surfaces – Group 2 and Group 3 Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Pressure Reducing Support Surfaces – Group 2 and Group 3		
MNG #: 093	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA) <input checked="" type="checkbox"/> CCA One Care (FIDE SNP) (MA)	Prior Authorization Needed? <input checked="" type="checkbox"/> Yes (always required) <input type="checkbox"/> Yes (only in certain situations. See this MNG for details) <input type="checkbox"/> No
Benefit Type: <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	Original Approval Date: 11/04/2021	Effective Date: 02/06/2022; 06/13/2024; 03/13/2025; 03/12/2026
Last Revised Date: 05/30/2022; 06/13/2024; 03/13/2025; 03/12/2026	Next Annual Review Date: 05/30/2022; 06/13/2024; 03/13/2025; 03/12/2027	Retire Date:

OVERVIEW:

Pressure reducing support surfaces are durable medical equipment (DME) that is used primarily for the care of pressure ulcers, and is designed for management of tissue loads, microclimate, or other therapeutic functions. Patients usually have impairments in mobility and/or sensation and are unable to effectively relieve pressure independently.

Pressure reducing support are either powered or nonpowered. There are three categories of pressure reducing support surfaces, grouped as follows:

- Group 1 - Mattresses, pressure pads and mattress overlays (foam, air, water, or gel)
- Group 2 - Powered air flotation beds, powered pressure reducing air mattresses, and non-powered advanced pressure reducing mattresses
- Group 3 - Complete bed systems, known as air-fluidized beds, which use the circulation of filtered air through silicone beads.

DEFINITIONS:

Complete immobility - Inability to make changes in body position without assistance.

Durable Medical Equipment (DME): Equipment which:

- Is used primarily and customarily to serve a medical purpose; and
- Is generally not useful in the absence of disability, illness or injury; and
- Can withstand repeated use over an extended period; and
- Is appropriate for use in a member’s home or setting in which normal life activities take place, other than a hospital, nursing facility, ICF/IID, or any setting in which payment is or could be made under Medicaid inpatient services that includes room and board, except as allowed pursuant to 130 CMR 409.415 and 409.419(C).



Home - A dwelling owned or rented by the member, a relative's or other person's home in which the member resides, a rest home, assisted living, or another type of group residence or community setting in which normal life activities take place.

Impaired mobility - Inability to independently make changes in body position due to neurologic disease or injury, fractures, pain, restraints, or being bedridden or chairbound for at least 18 hours a day

Limited mobility – Inability to independently make changes in body position sufficiently to alleviate pressure

Pressure Ulcer – A lesion caused by unrelieved pressure resulting in damage of underlying tissue:

- Stage 1: Observable, pressure-related alteration of intact skin with non-blanchable redness of a localized area usually over a bony prominence; may include changes in skin temperature, tissue consistency and/or sensation. Darkly pigmented skin may not have a visible blanching; in dark skin tones only, it may appear with persistent blue or purple hues.
- Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough or bruising. May also present as an intact or open/ruptured blister.
- Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible, but bone, tendon, or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.
- Stage 4: Full thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.

Support Surface - Beds, mattresses, or overlays used to reduce or relieve pressure, prevent the worsening of pressure ulcers, or promote wound healing.

DECISION GUIDELINES:

CCA follows applicable Medicare Pressure Reducing Surfaces Local Coverage Determinations (LCDs) L33642 and L33692, Local Coverage Articles (LCAs) A52490 and 52468 to review prior authorization requests for medical necessity. Refer to LCDs and related Policy Articles for Coverage Indications, Limitations, and Documentation requirements for initial Group 2 or Group 3 Pressure Reducing Support Surfaces requests, and requests for replacement of Group 2 or Group 3 Pressure Reducing Support Surfaces.

Clinical Coverage Criteria:

- A standard written order (SWO)/prescription from the treating practitioner; and
- A face-to-face encounter that occurred within six months of the start of services of DME (consistent with 42 CFR 440.70), related to the primary reason the member requires DME must be documented, indicating the practitioner who conducted the encounter and the date of the encounter, in the member's record either on the plan of care or in other medical notes sufficient to make the link between the member's health conditions, the DME ordered; and
- Medical Record information (including continued need/use if applicable); and
- Member or care giver is willing and able to maintain the support surface; and

- Member or care giver understands and agrees with the treatment plan, including the support surface and repositioning schedule if appropriate; and
- Home Assessment: On site evaluation by DME supplier to verify that the member can adequately use the device in the home.

A pressure reducing support surface is indicated if the member needs to decrease/relieve pressure over body parts to prevent tissue damage or to alleviate pain. These surfaces are usually used with beds, but can also be used with sitting surfaces.

1. GROUP 2 (E0193, E0277, E0373) support surface is provided when the member:
 - a. Is partially or completely immobile; and
 - b. Has a stage II pressure ulcer located on the trunk or pelvis; and
 - c. Has been on a comprehensive pressure ulcer treatment program, which has included the use of an appropriate group 1 support surface (see reference) for at least one month, and has ulcers which have worsened or remained the same over the past month;OR
 - d. Has large or multiple stage III or IV pressure ulcers on the trunk or pelvis; or
 - e. Had a recent myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis within the past 60 days; or
 - f. Has a history or serious risk of pressure ulcers due to, for instance, any of the following:
 - Altered sensory perception
 - Moisture, e.g., fecal or urinary incontinence
 - Compromised circulatory status
 - Mobility impairment
 - Impaired nutritional status
2. GROUP 3 (E0194) support surface is provided when the member:
 - a. Is completely immobile (bedridden or chair-bound); and
 - b. Has a stage III or stage IV pressure ulcer; and
 - c. Is under close supervision of the medical team; and
 - d. Has had at least one month of conservative treatment administered (including the use of a group 2 support surface); and
 - e. Would require institutionalization in the absence of an air-fluidized bed; and
 - f. Has a caregiver available and willing to assist with care; and
 - g. Has had all other alternative equipment considered and ruled out.
 - h. Has had a Home Assessment: Group 3 support surface on site evaluation by DME supplier to verify that the home can accommodate the Group 3 air fluidized system

LIMITATIONS/EXCLUSIONS:

Pressure reducing support surfaces E0193, E0194, E0277, or E0373 are not provided to members:

- With one or more pressure ulcers, but who are independently able to make changes in body position; or
- For whom other alternatives have been identified to minimize risk for pressure ulcers; or
- That have equipment that serves the same purpose and is able to meet their need; or
 - Are able to use less costly equipment to meet their need; or



- Are not reasonably expected to obtain a meaningful contribution to the treatment of their illness or injury from its use.

Additionally, E0194 is not provided if used as palliative care for treating coexisting pulmonary disease.

The following HCPCS Codes require prior authorization.

When applicable, a list(s) of codes requiring prior authorization is provided. This list is for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment.

CPT/HCPCS CODE	CODE DESCRIPTION
E0193	Powered air flotation bed (low air loss therapy)
E0194	Air fluidized bed
E0277	Powered pressure-reducing air mattress
E0373	Non-powered advanced pressure reducing mattress

Disclaimer

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses evidence based InterQual® criteria, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists. Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis by considering the individual member's health care needs. If at any time an applicable CMS LCD or NCD or state-specific MNG is more expansive than the criteria set forth herein, the NCD, LCD, or state-specific MNG criteria shall supersede these criteria.

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider's agreement with the Plan (including complying with Plan's Provider Manual specifications).

This Medical Necessity Guideline is not a rigid rule. As with all of CCA's criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity [supporting literature (full text preferred) should be attached to the request], or describing the member's unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member's unique clinical circumstances will generally be required.

REFERENCES:

1. CCA SCO and OneCare

Commonwealth Care Alliance Massachusetts Code-specific list of durable medical equipment (DME) and other services requiring prior authorization (PA) for Commonwealth Care Alliance Senior Care Options and One Care programs. <https://www.commonwealthcarealliance.org/ma/providers/forms-and-referrals/>

MassHealth

MassHealth DME and OXY Payment and Coverage, Accessed March 10, 2026 [MassHealth Payment and Coverage Guideline Tools | Mass.gov](#)

MassHealth Guidelines for Medical Necessity Determination for Support Surfaces, Revised 11/2014. Accessed March 10, 2026 : <https://www.mass.gov/doc/support-surfaces/download>

Commonwealth of Massachusetts MassHealth Provider Manual Series Durable Medical Equipment Manual, 130 CMR 409.000 Accessed March 10, 2026: [Durable Medical Equipment Manual for MassHealth Providers | Mass.gov](#)

Code of Federal Regulations Title 42/Chapter IV/Subchapter C/Part 440/Subpart A § 440.70

Home health services. Accessed March 10, 2026: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-440/subpart-A/section-440.70>

2. CMS Medicare

Centers for Medicare & Medicaid Services, Required Prior Authorization List Accessed March 10, 2026: https://www.cms.gov/research-statistics-data-and-systems/monitoring-programs/medicare-ffs-compliance-programs/dmepos/downloads/dmepos_pa_required-prior-authorization-list.pdf

Centers for Medicare & Medicaid Services Local Coverage Determination (LCD) L3380 Pressure Reducing Support Surfaces – Group 1. Accessed March 10, 2026: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33830>

Centers for Medicare & Medicaid Services Local Coverage Article (LCA) A52489 Pressure Reducing Support Surfaces – Group 1 – Policy Article. Accessed March 10, 2026: <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52489&ver=24>

Centers for Medicare & Medicaid Services Local Coverage Determination (LCD) L33642 Pressure Reducing Support Surfaces - Group 2. Accessed March 10, 2026: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33642>

Centers for Medicare & Medicaid Services Local Coverage Article (LCA) A52490 Pressure Reducing Support Surfaces - Group 2 - Policy Article. Accessed March 10, 2026: <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52490&ver=27>



Centers for Medicare & Medicaid Services Local Coverage Determination (LCD) L33692 Pressure Reducing Support Surfaces – Group 3. Accessed March 10, 2026: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33692>

Centers for Medicare & Medicaid Services Local Coverage Article (LCA) A52468 Pressure Reducing Support Surfaces – Group 3 – Policy Article. Accessed March 10, 2026: <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=52468&ver=22>

Noridian Medicare DME Jurisdiction A, Use Prior Authorization Look Up Tool for Required Pressure Reducing Support Surfaces (PRSS) Codes. Accessed March 10, 2026: [Prior Authorization for Pressure Reducing Support Surfaces - JD DME - Noridian](#)


Centers for Medicare & Medicaid Services National Coverage Determination (NCD) 280.8 Air-Fluidized Bed. Accessed March 10, 2026: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=228&ncdver=1&DocID=280.8&SearchType=Advanced&bc=EAAAAAgAAAAA&>

REVISION LOG:

REVISION DATE	DESCRIPTION
03/12/2026	Annual Review. Updated references and formatting.
03/13/2025	Template update; removed Documentation Requirements – placed face-to-face encounter, written order/prescription from the treating practitioner, and “Home Assessment” language in Clinical Criteria; removed MAPD product language.
06/25/2024	Utilization Management Committee approval
06/13/2024	Annual Review. Approved with no changes.
12/31/2023	Utilization Management Committee approval
05/30/2022	Annual Review. Template changed to include PA requirements and benefit type.



APPROVALS:

Jeffrey Sedlack	Senior Medical Director Utilization Review and Medical Policy
CCA Clinical Lead	Title
	3/12/2026
Signature	Date
CCA Senior Operational Lead	Title
Signature	Date
CCA CMO or Designee	Title