



Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Mattress – HCPC Coded Pressure Reducing Support Surfaces		
MNG #: 093	☒ SCO ☒ One Care ☒ MAPD-MA Medicare Preferred ☒ MAPD-MA Medicare Value ☒ MAPD-RI Medicare Preferred ☒ MAPD-RI Medicare Value ☒ DSNP-RI Medicare Maximus	Prior Authorization Needed? ☒ Yes ☐ No
Clinical: ☒	Operational: ☐	Informational: ☐
Medicare Benefit: ☒ Yes ☐ No	Approval Date: 11/04/2021;	Effective Date: 2/06/2022;
Last Revised Date: 11/04/2022;	Next Annual Review Date:	Retire Date:

OVERVIEW:

Pressure reducing support surfaces are durable medical equipment (DME) that are used primarily for the care of pressure ulcers. Pressure ulcers are lesions caused by unrelieved pressure resulting in damage of underlying tissue. A support surface is defined as a mattress, mattress replacement, overlay, or seat cushion designed for management of tissue loads, microclimate, or other therapeutic functions. These products are either powered or nonpowered and may be categorized as follows:

- **Group 1 (E0181, E0182, E0184, E0185, E0186, E0187, E0188, E0189, E0196, E0197, E0198, E0199)** Support surfaces are generally designed to either replace a standard hospital or home mattress or as an overlay placed on top of a standard hospital or home mattress. Products in this category include mattresses, pressure pads and mattress overlays (foam, air, water, or gel).
- **Group 2 (E0193, E0277, E0371, E0372, E0373)** Support surfaces are generally designed to either replace a standard hospital or home mattress or as an overlay placed on top of a standard hospital or home mattress. Products in this category include powered air flotation beds, powered pressure reducing air mattresses, and non-powered advanced pressure reducing mattresses.
- **Group 3 (E0194)** Support surfaces are complete bed systems, known as air-fluidized beds, which use the circulation of filtered air through silicone beads.

DECISION GUIDELINES:

Clinical Eligibility:

Pressure reducing support surfaces are provided to members who require pressure redistribution due to an existing pressure ulcer, history of pressure ulcer, high risk of pressure ulcer or to alleviate pain. Members usually have impairments in mobility and/or sensation and are unable to effectively relieve pressure independently.



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Determination of need:

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.

- **GROUP 1 (E0181, E0182, E0184, E0185, E0186, E0187, E0188, E0189, E0196, E0197, E0198, E0199)** - A group 1 support surface is provided when the member is partially or completely immobile, has any stage pressure ulcer, impaired nutritional status, incontinence, altered sensory perception, compromised circulatory status, or experiences pain and/or numbness from present surface.
- **GROUP 2 (E0193, E0277, E0371, E0372, E0373)** - A group 2 support surface is provided when the member is partially or completely immobile, has a stage II pressure ulcer located on the trunk or pelvis, has been on a comprehensive pressure ulcer treatment program (which has included the use of an appropriate group 1 support surface for at least one month) and has ulcers which have worsened or remained the same over the past month. It is also provided if the member has large or multiple stage III or IV pressure ulcers on the trunk or pelvis, had a recent myocutaneous flap or skin graft, or has a history or serious risk of pressure ulcers.
- **GROUP 3 (E0194)** – A group 3 support surface is provided to members who are completely immobile (bedridden or chair-bound), have altered sensory perception, have a stage III or stage IV pressure ulcer, is under close supervision of medical team, at least one month of conservative treatment has been administered (including the use of a group 2 support surface), a caregiver is available and willing to assist with care and all other alternative equipment has been considered and ruled out.

LIMITATIONS/EXCLUSIONS:

Pressure reducing support surfaces are not provided to members who:

- Are mobile without sensory impairment
- Already have equipment that serves the same purpose and is able to meet their need
- Are able to use less costly equipment to meet their need
- Are not reasonably expected to obtain a meaningful contribution to the treatment of their illness or injury from its use

KEY CARE PLANNING CONSIDERATIONS:

- Member or care giver are able to maintain the support surface
- If powered there is an adequate power source available in the area it is to be used
- Member or care giver understand and agree with the treatment plan including the support surface and repositioning schedule if appropriate



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The Following HCPCS codes are covered when medically necessary, **without prior authorization**:

Code	Description
E0181	Powered pressure reducing mattress overlay/pad, alternating with pump, includes heavy duty
E0182	Pump for alternating pressure pad, for replacement only
E0184	Dry pressure mattress
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width
E0186	Air pressure mattress
E0187	Water pressure mattress
E0196	Gel pressure mattress
E0197	Air pressure pad for mattress, standard mattress length and width
E0198	Water pressure pad for mattress, standard mattress length and width
E0199	Dry pressure pad for mattress, standard mattress length and width
E0371	Non-powered advanced pressure reducing overlay for mattress, standard mattress length and width
E0372	Powered air overlay for mattress, standard mattress length and width

The following HCPCS Codes **require a prior authorization**.

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

Documentation Requirements:

- Group 1 & 3: Require a Standard Written Order (SWO) and face to face examination notes, that are within (6) months prior to the written order.
- Group 2: Require a Standard Written Order and Medical Record Information.



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REGULATORY NOTES:

According to Mass Health a service is “medically necessary” if:

1. It is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; and
2. There is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly to the Mass Health agency. Services that are less costly to the Mass Health agency include, but are not limited to, health care reasonably known by the provider, or identified by the Mass Health agency pursuant to a prior-authorization request, to be available to the member through sources described in 130 CMR 450.317(C), 503.007, or 517.007.

Medically necessary services must be of a quality that meets professionally recognized standards of health care and must be substantiated by records including evidence of such medical necessity and quality.

RELATED REFERENCES:

This DST guide is not a rigid rule. CCA has the mission to address all of our complicated members’ health needs. Care partners can identify members with Behavioral Health and HOPE (*) challenges who may benefit from extending these guidelines to support our at-risk members’ unique health challenges. CCA encourages our clinicians to clearly document our members’ unique health contexts when requesting care which does not meet this formal DST’s conditions and recommendations.

*High Opiate Patient Engagement = members with high doses of opiates whom we hope to help by treating their pain alternatively and reducing their exposure to dangerous opiates.

Medicare Local Coverage Determination (LCD): Pressure Reducing Support Surfaces - Group 1 (L33830)

Medicare Local Coverage Determination (LCD): Pressure Reducing Support Surfaces – Group 2 (L33642)

Medicare Local Coverage Determination (LCD): Pressure Reducing Support Surfaces – Group 3 (L33692)

Mass Health Guidelines for Medical Necessity Determination for Support Surfaces; Mass Health; 130 CMR 450.204:

Medical Necessity; 130CMR 428.402 Definitions; 130CMR 409.402: Definitions; 130CMR 409.414 Non-covered services

ATTACHMENTS:

EXHIBIT A	
EXHIBIT B	



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REVISION LOG:

REVISION DATE	DESCRIPTION

APPROVALS:

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