

Pressure Reducing Support Surfaces – Group III

For any item to be covered by The Health Plan, it must:

1. Be eligible for a defined Medicare or The Health Plan benefit category
2. Be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member
3. Meet all other applicable Medicare and/or The Health Plan statutory and regulatory requirements

For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity. *Please refer to individual product lines certificates of coverage for possible exclusions of benefit.*

For an item to be covered by The Health Plan, the supplier must receive a written, signed, and dated order before a claim is submitted to The Health Plan. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not reasonable and necessary.

Suppliers are to follow The Health Plan requirements for precertification as applicable.

Group III support surfaces, air fluidized bed require precertification and physician face-to-face.

National Coverage Determination Policy	CMS Publication 100-3 Medicare National Coverage Determinations Manual, Chapter 1, Section 280.8
Local Coverage Determination Policy	Jurisdiction B-C
Effective Date	For service performed on or after 10/31/13
Revision/Review Effective Date	01/19, 11/18, 06/06/018, 07/01/17, 09/01/16
The Health Plan	Plans will follow Coverage Determination posted on the CGS website unless otherwise indicated in sections of this policy, contractual agreements, or benefit plan documents.

DESCRIPTION

As defined by the National Pressure Ulcer Advisory panel, “A support surface is a specialized device for pressure redistribution, designed for the management of tissue loads, micro-climate, and/or other therapeutic functions, (i.e., any mattresses, integrated bed systems, mattress replacement, overlay or seat cushion, or seat cushion overlay).(1)

An air-fluidized bed has within the mattress, small ceramic spheres that are constantly blown by a temperature-controlled airflow to distribute the patient’s weight evenly, keeping pressure off bony prominences.

COVERAGE GUIDELINES

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

1. The member has a Stage III (full thickness tissue loss) or Stage IV (deep tissue destruction) pressure ulcer.
2. The member is bedridden or chair bound, as a result of severely limited mobility.
3. In the absence of an air-fluidized bed, the member would require institutionalization.
4. The air-fluidized bed is ordered in writing by the member's attending physician based upon a comprehensive assessment and evaluation of the member 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 member with particular attention to relief of pressure over bony prominences (usually every two hours); and
 - b. Use of a Group II 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.
 - g. Education of the member 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.

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 member is using an air fluidized bed (after the first 30-day course of conservative treatment) will not cause the air-fluidized bed to be denied.

6. 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.
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.

The continued medical necessity of an air-fluidized bed 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 medically necessary for wound management.

NONCOVERAGE STATEMENT

Providers are reminded that Group III air-fluidized beds are not covered in the home setting for members with surgical grafts or flaps. Coverage for these members can be found in the policy for Group II support surfaces. Coverage for Group III support surfaces is limited to bed ridden or chair-bound member with Stage III or Stage IV pressure ulcers, which without the use of a group III bed, would have to be placed in a facility.

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

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

1. The member has coexisting pulmonary disease (the lack of firm back support makes coughing ineffective and dry air inhalation thickens pulmonary secretions);
2. 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;
3. The caregiver is unwilling or unable to provide the type of care required by the member on an air-fluidized bed;
4. Structural support is inadequate to support the weight of the air-fluidized bed system (it generally weighs 1600 lbs. or more);
5. Electrical system is insufficient for the anticipated increase in energy consumption; or
6. Other known contraindications exist.

REPAIR, REPLACEMENT AND REASONABLE USEFUL LIFETIME

Replacements and repairs require precertification. See Replacement and Repair policy.

Repairs are not separately payable during rental period.

Replacements are not covered due to neglect or misuse.

Please refer to The Health Plan DME POS Authorization and Compensation Guide for RUL expectations of items listed in this policy.

CODING INFORMATION

CPT/HCPCS codes: The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS

EY	NO PHYSICIAN OR OTHER LICENSED HEALTH CARE PROVIDER ORDER FOR THIS ITEM OR SERVICE
GA	WAIVER OF LIABILITY STATEMENT ISSUED AS REQUIRED BY PAYOR POLICY, INDIVIDUAL CASE.
GZ	ITEM OR SERVICE EXPECTED TO BE DENIED AS NOT REASONABLE AND NECESSARY
KX	REQUIREMENTS SPECIFIED IN THE MEDICAL POLICY HAVE BEEN MET

HCPSC CODES

E0194	AIR-FLUIDIZED BED
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For a Listing of ICD-10 Codes That Support Medical Necessity Go To:

<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33692&ContrID=140>

The presence of an ICD-10 code listed in the link above is not sufficient by itself to assure coverage. Refer to coverage and billing guidelines for other coverage criteria and payment information.

DOCUMENTATION REQUIREMENTS

For the purposes of this policy, it is expected that the medical record will support the need for the care provided. It is generally understood that the medical record includes the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports.

This documentation must be available with precertification.

Medicare has made changes to its requirements for dispensing orders, detailed written orders, and proof of delivery. The Health Plan will require the following:

1. Physician detailed written order. Order must include the following:
 - a. Member's name
 - b. Date
 - c. Description of item. The medical record must contain the information that supports the request for each item, and must be submitted with the precertification, if the item requires precertification, or with the claim, if no precertification was required
 - d. Order must include diagnosis code
 - e. Physician signature with date. Date stamps are not appropriate
 - f. Quantity of items required and duration: A new order is required if there is an increase in the quantity of the supply used per month and/or the type of supply used

The supplier is to contact The Health Plan in this instance to update referral

2. There must be documentation in the supplier's records to support the medical necessity of that item. This information must be available upon request usually with precertification per The Health Plan policy.
3. Proof of delivery to be kept on file by the provider of the item.

Note: If templates or forms are submitted, (e.g. a Medicare Certificate of Medical Necessity, and/or a provider created form), and all of the required information is not included, The Health Plan reserves the right to request the medical record, that may include, but not limited to, the physician office notes, hospital and nursing facility records, home health records.

Note: Template provider forms, prescriptions, and attestation letters are not considered part of the medical record, even if signed by the ordering physician.

On a monthly basis, the treating physician must document the need for the equipment with a written statement specifying:

1. The size of the ulcer;
2. If the ulcer is not healing, what other aspects of the care plan are being modified to promote healing;
3. Continued use of the bed is medically necessary for wound management.

This monthly physician statement must be submitted with ongoing requests for the item.

PRESSURE SUPPORT SURFACE PROVIDED TO MEMBER WHILE IN PART A COVERED STAY

Reimbursement for pressure support devices provided to a member while the member is covered in a Part A facility (hospital or inpatient acute rehabilitation or long-term acute care facility), will be included in the facility reimbursement, if the device is intended for use while the member is in the facility for inpatient treatment or rehabilitation. In order for it to be billed separately, it must be given two days or less before discharge from a Part A covered stay and it must meet the above guidelines and be medically necessary for home use

Reimbursement for a pressure support surface provided while a member is in a SNF receiving Part A services will be reimbursed according to individual facility contracts. In order for it to be billed separately, it must be given two days or less before discharge from a Part A covered stay and it must meet the above guidelines and be medically necessary for home use.

EQUIPMENT RETAINED FROM A PRIOR PAYOR:

The Health Plan will not pay in excess of the contracted purchase price for any item in this policy. If the provider is seeking payment from The Health Plan, the item must be precerted and The Health Plan will pay the remaining rental months up to purchase price- if member meets guidelines above.

KX, GA, and GZ MODIFIERS

Suppliers may submit a claim with a KX modifier only if all the criteria for that item are met.

If the coverage criteria are not met, the GA or GZ modifier must be used. When there is an expectation of a medical denial, suppliers must enter the GA modifier on the claim line if they have obtained a

properly executed Advance Beneficiary Notice (ABN) or the GZ modifier if they have not obtained a valid ABN.

ADVANCED BENEFICIARY NOTICE

The Health Plan expects providers to follow the Medicare policy on ABN across all Medicare, Medicaid, and Commercial plans.

NOTE: Providers may be held financially responsible if they furnish the above items without notifying the member, verbally and in writing, that the specific service being provided is not covered. This must be done prior to the dispensing of the device. The provider must submit the waiver or ABN to The Health Plan with the claim showing the member agreed to pay for the device. Generalized statements on waivers or ABN are not acceptable.

PRICING, DATA ANALYSIS, AND CODING (PDAC)

The Health Plan has implemented use of Medicare’s PDAC contractor for review of authorizations. Suppliers should contact the PDAC contractor for guidance on the correct coding of these items. dmepdac.com/

The only products that may be coded and billed using code E0194 are those products for which a written coding determination specifying the use of these codes has been made by the PDAC.

MEDICARE DEFINITIONS AND DESCRIPTION

An air-fluidized bed (E0194) is a device employing the circulation of filtered air through silicone coated ceramic beads creating the characteristics of fluid.

Suspected Deep Tissue Injury - Purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer, or cooler as compared to adjacent tissue.

The staging of pressure ulcers used in this policy is as follows:

Stage I	Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its color may differ from the surrounding area.
Stage II	Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister.
Stage III	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 IV	Full thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often include undermining and tunneling.

Unstageable - Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green, or brown) and/or eschar (tan, brown, or black) in the wound bed.

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INTERNET LINKS AND SOURCES

NATIONAL ULCER ADVISORY PANAL SUPPORT SURFACES STANDARD INITIATIVES TERMS AND DEFINITIONS VERSION 1/29/07 <http://npuap.org>

National Government Services website. Medical Policy Center. Durable Medical Equipment. Local Coverage Determination Pressure Reducing Support Surfaces - Group III. LCD L27010 and Article A47128. Jurisdiction B. Last accessed 11/1/18. Retrieved from <http://ngsmedicare.com>

CGS Medicare: A Celerian Group Company. Local Coverage Determination Policy. Pressure Reducing Support Surfaces Group III. LCD LL11565 and Article A 37055. Jurisdiction C. Last accessed 11/1/18. Retrieved from cgsmedicare.com/jc/coverage/lcdinfo.html

West Virginia Medicaid Internet Provider Manual. Chapter 506. Covered Services, Limitations, and Exclusions for DME Medical Supplies. Last accessed 11/1/18. Retrieved from dhhr.wv.gov/bms/Pages/default.aspx

Face-to-Face Examination and Prescription Requirements Prior to the Delivery of Certain DME Items Specified in the Affordable Care Act DME MAC Joint Publication. Posted February 20, 2014. Last accessed 11/1/18. Retrieved from www.cms.gov › ... › Medical Review and Education

Department Health and Human Services Med Learn Matters Medicare Policy Regarding Pressure Reducing Support Surfaces. SE1014. Updated 8/27/12. Last accessed 11/1/18. Retrieved from cms.gov/MLN MattersArticles/downloads/SE1014.pdf

The Pricing, Data Analysis, and Coding Contractor. Noridian. Internet website. Last accessed 11/1/18. Retrieved from <https://www.dmepdac.com/dmecsapp/>

The Health Plan Provider Procedural Manual. Payment Voucher, Section 14, Page 11