



PROVIDER COMPLIANCE TIPS FOR PRESSURE REDUCING SUPPORT SURFACES



PROVIDER TYPES AFFECTED

Durable Medical Equipment (DME) Suppliers; Physicians and Non-Physician Practitioners (NPPs) who write prescriptions for Pressure Reducing Support Surfaces

BACKGROUND

The Medicare Fee-For-Service improper payment rate for pressure reducing support surfaces for the 2018 reporting period was 75.2 percent, representing a projected improper payment amount of more than \$18.8 million.¹

Pressure reducing support surfaces are a type of DME used for the care of pressure sores, also known as pressure ulcers. Support surfaces are coded under one of 16 different HCPCS codes. A major distinction between support surfaces is that some are powered by electricity and others are not. They are categorized into the following three groups:²

- **Group 1** 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).²
- **Group 2** 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.²
- **Group 3** support surfaces are complete bed systems, known as air-fluidized beds, which use the circulation of filtered air through silicone beads.²

REASONS FOR DENIAL

For the 2018 reporting period, 81.4 percent of improper payments for support surfaces were due to insufficient documentation errors. Additional types of errors included other (17.6 percent) and no documentation (1 percent).¹

TO PREVENT DENIALS

A Group 1 mattress overlay or mattress (E0181-E0189, E0196-E0199, and A4640) is covered if health care professionals meet one of the following three criteria:³

1. The beneficiary is completely immobile (that is, the beneficiary cannot make changes in body position without assistance)
2. The beneficiary has limited mobility (that is, the beneficiary cannot independently make changes in body position significant enough to alleviate pressure and at least one of conditions A-D below)
3. The beneficiary has any stage pressure ulcer on the trunk or pelvis and at least one of conditions A-D below
 - Conditions for criteria 2 and 3 (In each case, the medical record must document the severity of the condition sufficiently to demonstrate the medical necessity for a pressure reducing support surface.):³

¹ [2018 Medicare Fee-for-Service Supplemental Improper Payment Data](#)

² [MLN Matters® Special Edition Number 1014 \(SE1014\) Medicare Policy Regarding Pressure Reducing Support Services](#)

³ [Local Coverage Determination \(LCD\): Pressure Reducing Support Surfaces- Group 1 \(L33830\)](#)

- A. Impaired nutritional status
- B. Fecal or urinary incontinence
- C. Altered sensory perception
- D. Compromised circulatory status

Note: For additional coverage criteria for Group 1 support surfaces, refer to Local Coverage Determination (LCD): Pressure Reducing Support Surfaces - Group 1 (L33830).

A group 2 support surface is covered if the beneficiary meets at least one of the following three Criteria (1, 2, or 3):⁴

1. The beneficiary has multiple stage II pressure ulcers located on the trunk or pelvis (described by the diagnosis codes listed in the table below) which have failed to improve over the past month, during which time the beneficiary has been on a comprehensive ulcer treatment program, including each of the following:⁴
 - A. Use of an appropriate group 1 support surface
 - B. Regular assessment by a nurse, physician, or other licensed health care practitioner
 - C. Appropriate turning and positioning
 - D. Appropriate wound care
 - E. Appropriate management of moisture/incontinence
 - F. Nutritional assessment and intervention consistent with the overall plan of care
2. The beneficiary has large or multiple stage III or IV pressure ulcer(s) on the trunk or pelvis (described by the diagnosis codes listed in the table below)
3. The beneficiary had a myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis within the past 60 days (described by the diagnosis codes listed in the table below) 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

Note: For additional coverage criteria for Group 2 support surfaces, refer to Local Coverage Determination (LCD): Pressure Reducing Support Surfaces - Group 2 (L33642).

An air-fluidized bed is covered only if all of the following criteria are met:⁵

1. The beneficiary 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 beneficiary is bedridden or chair bound as a result of severely limited mobility.
3. In the absence of an air-fluidized bed, the beneficiary would require institutionalization.

⁴ [Local Coverage Determination \(LCD\): Pressure Reducing Support Surfaces- Group 2 \(L33642\)](#)

⁵ [Local Coverage Determination \(LCD\): Pressure Reducing Support Surfaces- Group 3 \(L33692\)](#)

4. The beneficiary's attending physician orders the air-fluidized bed in writing based upon a comprehensive assessment and evaluation of the beneficiary 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 documentation verifies the necessary conservative treatment was rendered.

Note: For additional coverage criteria for Group 3 support surfaces, refer to Local Coverage Determination (LCD): Pressure Reducing Support Surfaces - Group 3 (L33692) and National Coverage Determination (NCD) for Air-Fluidized Bed (280.8)

RESOURCES

FOR MORE INFORMATION ABOUT...	RESOURCE
2018 Medicare Fee-for-Service Supplemental Improper Payment Data	https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/CERT/Downloads/2018MedicareFFSSupplementalImproper-PaymentData.pdf
MLN Matters® Special Edition Number 1014 (SE1014) Medicare Policy Regarding Pressure Reducing Support Services	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1014.pdf
Local Coverage Determination (LCD): Pressure Reducing Support Surfaces - Group 1 (L33830)	https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33830&ver=14&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNC-D%7cMEDCAC%7cTA%7cMCD&Article-Type=SAD%7cEd&PolicyType=Both&s=All&Keyword=support+surfaces&KeywordLookup=Title&KeywordSearchType=Exact&kq=true&bc=IAAA-CAAAAA&
Local Coverage Determination (LCD): Pressure Reducing Support Surfaces - Group 2 (L33642)	https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33642&ver=14&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNC-D%7cMEDCAC%7cTA%7cMCD&Article-Type=SAD%7cEd&PolicyType=Both&s=All&Keyword=support+surfaces&KeywordLookup=Title&KeywordSearchType=Exact&kq=true&bc=IAAA-CAAAAA&

FOR MORE INFORMATION ABOUT...	RESOURCE
Local Coverage Determination (LCD): Pressure Reducing Support Surfaces - Group 3 (L33692)	https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33692&ver=10&-SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNC-D%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Both&s=All&KeyWord=support+surfaces&KeyWordLookUp=Title&KeyWordSearchType=Exact&kq=true&bc=IAAAA-CAAAAA&

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