

# PROVIDER COMPLIANCE TIPS FOR PRESSURE REDUCING SUPPORT SURFACES



## UPDATES

- Replaced the earlier year's data with 2019
- Updated Background
- Updated reasons for denials

## INTRODUCTION

This publication is meant to educate providers on coverage and proper billing for pressure reducing support surfaces.

## PROVIDER TYPES AFFECTED

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

## BACKGROUND

The Medicare Fee-for-Service (FFS) improper payment rate for support surfaces for the 2019 reporting period was 45.0%, representing a projected improper payment amount of \$4,488,412.

Pressure reducing support surfaces are a type of DME used for the care of pressure sores, also known as pressure ulcers. Support surfaces are 1 of 16 different Healthcare Common Procedure Coding System (HCPCS) codes. A major distinction between them is electricity powers some. Medicare categorizes support surfaces into the following 3 groups:

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

## REASONS FOR DENIALS

For the 2019 reporting period, 88.5% of improper payments for support surfaces were due to insufficient documentation errors and 11.5% were categorized as “other.”

## TO PREVENT DENIALS

Medicare covers a Group 1 mattress overlay or mattress (E0181-E0182, and E0184-E0189, E0196-E0199, and A4640) if 1 of the following 3 criteria are met:

1. The beneficiary is completely immobile - The beneficiary can't change their body position without help, or
2. The beneficiary has limited mobility - The beneficiary can't independently change their body position enough to alleviate pressure and at least 1 of conditions A-D below, or
3. The beneficiary has any stage pressure ulcer on the trunk or pelvis and at least 1 of conditions A-D below
  - Conditions for criteria 2 and 3 (in each case, the medical record must show that the beneficiary's condition is medically necessary for a pressure reducing support surface):
    - A. Impaired nutritional status
    - B. Fecal or urinary incontinence
    - C. Altered sensory perception
    - D. Compromised circulatory status

NOTE: For more coverage criteria for Group 1 support surfaces, please see: [Local Coverage Determination \(LCD\): Pressure Reducing Support Surfaces- Group 1 \(L33830\)](#) and the Policy Article.

Medicare covers a Group 2 support surface if the beneficiary meets at least 1 of the following 3 Criteria (1, 2 or 3):

1. The beneficiary has multiple stage II pressure ulcers located on the trunk or pelvis that have not improved over the past month. During this time, the beneficiary has been on a comprehensive ulcer treatment program that includes each of the following:
  - a) Properly using a Group 1 support surface, and
  - b) Regular assessment by a nurse, physician, or other licensed health care practitioner, and
  - c) Proper turning and positioning, and
  - d) Proper wound care, and
  - e) Proper management of moisture and or incontinence, and
  - 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 as described by the diagnosis codes listed in the table given in the relevant LCD(s),
3. The beneficiary had a myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis within the past 60 days as described by the diagnosis codes listed in the table given in the relevant LCD(s), and has been on a Group 2 or 3 support surface given at once before discharge from a hospital or nursing facility within the past 30 days

NOTE: For more coverage criteria for Group 2 support surfaces, please see [Local Coverage Determination \(LCD\): Pressure Reducing Support Surfaces- Group 2 \(L33642\)](#) and the Policy Article.

Group 3 items discussed in [\(L33692\)](#), the “reasonable and necessary” criteria, based on Social Security Act § 1862(a)(1)(A) provisions, are defined by the following coverage indications, limitations and or medical necessity.

Medicare only covers an air-fluidized bed if all of the following criteria are met:

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 has severe limited mobility and is bedridden or chair bound.
3. If the beneficiary doesn't have an air-fluidized bed, they would require institutionalization.
4. The beneficiary's attending physician provides a written order for an air-fluidized bed based upon a comprehensive assessment and evaluation of the beneficiary after completion of a course of conservative treatment designed to optimize conditions that promote healing. Generally, the beneficiary must complete the evaluation within 1 month before wound initiation of therapy with the air-fluidized bed.
5. The duration of conservative treatment must have been at least 1 month without progressive wound healing. This timeframe may include some period in an institution as long as documentation verifies the necessary conservative treatment (as specified in the LCD) was rendered.
6. A trained adult caregiver is available to assist the beneficiary 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. On a monthly basis, a treating practitioner directs the home treatment regimen, reevaluates, and recertifies the need for the air-fluidized bed.
8. All other alternative equipment has been considered and ruled out.

**NOTE:** For more coverage criteria for Group 3 support surfaces, please see [Local Coverage Determination \(LCD\): Pressure Reducing Support Surfaces- Group 3 \(L33692\)](#) and [National Coverage Determination \(NCD\) for Air-Fluidized Bed \(280.8\)](#).

## RESOURCES

- [2019 Medicare Fee-for-Service \(FFS\) Supplemental Improper Payment Data](#)
- [Local Coverage Determination \(LCD\): Pressure Reducing Support Surfaces- Group 1 \(L33830\)](#)
- [Local Coverage Determination \(LCD\): Pressure Reducing Support Surfaces- Group 2 \(L33642\)](#)
- [Local Coverage Determination \(LCD\): Pressure Reducing Support Surfaces- Group 3 \(L33692\)](#)
- [National Coverage Determination \(NCD\) for Air-Fluidized Bed \(280.8\)](#)

Please [Contact your MAC](#) for any updates or changes to the Policy Article (PA) and the LCD regarding policy and general documentation requirements.

Beneficiaries may visit [Medicare.gov](#) or contact Medicare at 800-MEDICARE or 800-633-4227 for specific questions about their billing, claims, medical records, or expenses.

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