

Corporate Medical Policy

Pressure Reducing Support Surfaces

File Name: pressure_reducing_support_surfaces
Origination: 7/2006
Last Review: 9/2023

Description of Procedure or Service

A pressure injury, also referred to as decubitus ulcer, pressure sore or bedsore, is a localized damage to the skin and/or underlying soft tissue is compressed between a bony prominence and an external surface. Excessive prolonged pressure causes capillary collapse and obstructs the passage of nutrients to body tissues. Pressure relieving support surfaces are designed to prevent or promote the healing of pressure ulcers by reducing or eliminating tissue interface pressure. Most of these devices reduce interface pressure by conforming to the contours of the body so that pressure is distributed over a larger surface area rather than concentrated on a more circumscribed location.

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

- **Stage I: Non-blanchable erythema of intact skin** - Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin. Presence of blanchable erythema or changes in sensation, temperature, or firmness may precede visual changes. Color changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury.
- **Stage II: Partial-thickness skin loss with exposed dermis** - Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (IAD), intertriginous dermatitis (ITD), medical adhesive related skin injury (MARS), or traumatic wounds (skin tears, burns, abrasions).
- **Stage III: Full-thickness skin loss** - Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.
- **Stage IV: Full-thickness skin and tissue loss** - Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.
- **Unstageable Pressure Injury: Obscured full-thickness skin and tissue loss** - Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar. If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed. Stable eschar (i.e. dry, adherent, intact without erythema or fluctuance) on the heel or ischemic limb should not be softened or removed.

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- Deep Tissue Pressure Injury: Persistent non-blanchable deep red, maroon or purple discoloration – Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood filled blister. Pain and temperature change often precede skin color changes. Discoloration may appear differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury, or may resolve without tissue loss. If necrotic tissue, subcutaneous tissue, granulation tissue, fascia, muscle or other underlying structures are visible, this indicates a full thickness pressure injury (Unstageable, Stage 3 or Stage 4). DTPI is not to be used to describe vascular, traumatic, neuropathic, or dermatologic conditions.

The Centers for Medicare & Medicaid Services recognizes three classes of pressure-relieving surfaces. **Group 1** devices are designed to be placed on top of standard hospital or home mattresses and include pressure pads, certain mattresses and mattress overlays (foam, air, water, or gel). **Group 2** pressure-reducing support surfaces include powered air flotation beds (low-air-loss therapy), powered pressure-reducing air mattresses (alternating air mattresses), and non-powered advanced pressure reducing mattresses, which can be placed directly over a hospital bed frame. **Group 3** devices are limited to air-fluidized beds. An air fluidized bed is used to treat or prevent bedsores or to treat extensive burns. The bed circulates filtered warm air under pressure, which sets small ceramic beads or silicone in motion under the patient. When the patient is placed in the bed, the body weight is distributed over a large surface area. This simulates a fluid movement and a sensation of floating. Generally, the higher the risk, the higher the group number. **This policy addresses Group 2 and Group 3 support surfaces.**

Related Policies:

Durable Medical Equipment (DME)

****Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.*

Policy

BCBSNC will provide coverage for Pressure Reducing Support Surfaces when they are determined to be medically necessary because the medical criteria and guidelines shown below are met.

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

DME Supplier must meet eligibility and/or credentialing requirements as defined by the Plan in order to be eligible for reimbursement.

When Pressure Reducing Support Surfaces are covered

Group 2 pressure reducing support surfaces are considered medically necessary when **ONE** of the following three criteria is met:

1. Large or multiple Stage III, IV pressure ulcers are present on the trunk or pelvis
2. Following surgery for a myocutaneous flap or skin graft when:

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- a. Myocutaneous flap or skin graft was performed within the past 60 days for a pressure ulcer on the trunk or pelvis; **AND**
 - b. Member required a Group 2 or 3 support surface at the time of discharge from a hospital or nursing facility; **AND**
 - c. Discharge from this facility occurred within the past 30 days.
3. Multiple Stage II pressure ulcers located on the trunk or pelvis have worsened or failed to improve over the past month despite the use of an appropriate Group 1 support surface **AND** treatment in a comprehensive ulcer treatment program that includes **all** of the following:
- a. education of the patient and caregiver on the prevention and/or management of pressure ulcers
 - b. regular assessment by a nurse, physician or other licensed health care practitioner (i.e., usually at least weekly for a patient with a Stage III, IV ulcer)
 - c. appropriate turning and positioning
 - d. appropriate wound care for a Stage II, III, or IV ulcer
 - e. appropriate management of moisture/incontinence
 - f. nutritional assessment and intervention consistent with the overall plan of care

Group 3 pressure reducing support surfaces (air fluidized beds) are medically necessary in the treatment of bedsores (decubitus ulcers) and in the treatment of extensive burns for the non-ambulatory patients when **all of the following conditions met:**

1. The patient is bedridden **OR** unable to fully or partially ambulate/walk (e.g., para- or quadriplegic);
2. The patient has stage 3 (full thickness tissue loss), stage 4 (deep tissue destruction) **pressure injury/ulcer.**
3. The patient has exhausted conservative treatment without improvement, or conservative therapies are not appropriate. In other words, alternative equipment, e.g. gel flotation pads, Dynamic air mattresses, and pressure pads and pumps, have been tried and/or ruled out as effective treatments;
4. The patient would require institutionalization in the absence of an air fluidized bed;
5. The patient has a trained adult caregiver available to assist the patient 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;
6. A physician directs the home treatment regimen and reevaluates and recertifies the need for the air fluidized bed on a monthly basis;
7. A full assessment of the home environment demonstrates its capability to handle such a device. In other words, are the electrical systems and room temperature controls adequate?

When Pressure Reducing Support Surfaces are not covered

When the criteria noted above are not met.

Home use of the air fluidized bed is not considered medically necessary under any of the following circumstances:

1. The patient requires treatment with wet soaks or has moist wound dressings that are not protected with an impervious covering such as plastic wrap;

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2. The caregiver is unable to provide the type of care required by the patient on an air fluidized bed;
3. Structural support is inadequate to support the weight of the air fluidized system (it weighs 1600 pounds or more);
4. The home electrical system and home ventilation and air conditioning are insufficient for the anticipated increase in energy consumption and heat production.

Policy Guidelines

A pressure reducing support surface (Group 2 support surface) is eligible for continued coverage until the ulcer is healed. During this time, there must be documentation in the medical record to show that other aspects of the care plan are being modified to promote healing, or that the use of the Group 2 support surface is medically necessary for wound management.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable service codes: E0183, E0277, E0371, E0372, E0373

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources

BCBSA Medical Policy Reference Manual - 12/95

BCBSNC Matrix Program - Certificate Language - 5/97

Ancillary Network Recontracting/New Contracts 2/98

Medical Policy Advisory Group - 10/99

Specialty Matched Consultant Advisory Panel - 10/2000

Medical Policy Advisory Group - 10/2000

BCBSA Medical Policy Reference Manual, 1.01.01, 4/15/02

ECRI Target Fact Sheet, Air-fluidized beds for decubitus ulcers. Target Report #87, August, 1998

Medicare Coverage Policy ~ NCDs. Air-Fluidized Beds for Pressure Ulcers (#CAG-00017). Decision Memorandum.

Specialty Matched Consultant Advisory Panel - 9/2002BCBSA Medical Policy Reference Manual [Electronic Version]. 1.01.01, 4/29/03.

Specialty Matched Consultant Advisory Panel - 8/2004

Agency for Healthcare Research and Quality (AHRQ) Health Care Technology Assessment. (November 2001). Air-fluidized beds used for treatment of pressure ulcers in the home environment.

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National Institute for Clinical Excellence (NICE) Clinical Guideline 7. (October 2003). Pressure ulcer risk assessment and prevention, including the use of pressure-relieving devices (beds, mattresses and overlays) for the prevention of pressure ulcers in primary and secondary care.

Cullum N, McInnes E, Bell-Syer SEM, Legood R. Support surfaces for pressure ulcer prevention. *The Cochran Database of Systematic Reviews* 2004, Issue 3. Art. No.: CD001735. DOI:10.1002/14651858.CD001735.pub2

Region C DMERC. (March 2006). LCD for Pressure Reducing Support Surfaces-Group 2. Retrieved June 1, 2006

Specialty Matched Consultant Advisory Panel 12/2010
Specialty Matched Consultant Advisory Panel 9/2011

Specialty Matched Consultant Advisory Panel 9/2012

Specialty Matched Consultant Advisory Panel 9/2013

Specialty Matched Consultant Advisory Panel 9/2014

Specialty Matched Consultant Advisory Panel 9/2015

Specialty Matched Consultant Advisory Panel- 9/2014

Specialty Matched Consultant Advisory Panel- 9/2015

Medical Director review 9/2015

The Centers for Medicare and Medicaid - Medicare Coverage Database; Local Coverage Determination LCD L33642 Pressure Reducing Support Surfaces – Group 2; revision effective date 7/01/2016. Retrieved on August 22, 2016 from <https://www.cms.gov/medicare-coverage-database>

The Centers for Medicare and Medicaid - Medicare Coverage Database; Local Coverage Determination LCD L33692 Pressure Reducing Support Surfaces – Group 3; revision effective date 7/01/2016. Retrieved on August 22, 2016 from <https://www.cms.gov/medicare-coverage-database>

The Centers for Medicare and Medicaid - Medicare Coverage Database; National Coverage Determination NCD 280.8 Air-Fluidized Bed; effective date 11/1/2000. Retrieved on August 22, 2016 from <https://www.cms.gov/medicare-coverage-database>

National Institute for Clinical Excellence (NICE) Guidelines [CG179]. (April 2014). Pressure ulcers prevention and management. Retrieved August 22, 2016 from <https://www.nice.org.uk/guidance/CG179/chapter/about-this-guideline#update-information>

NUPAP 2016 Staging Consensus Conference at:
<http://www.npuap.org/national-pressure-ulcer-advisory-panel-npuap-announces-a-change-in-terminology-from-pressure-ulcer-to-pressure-injury-and-updates-the-stages-of-pressure-injury/> April 13, 2016

Specialty Matched Consultant Advisory Panel 9/2016

Medical Director review 9/2016

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The Centers for Medicare and Medicaid - Medicare Coverage Database; Local Coverage Determination LCD L33642 Pressure Reducing Support Surfaces – Group 2; revision effective date 5/25/2017. Retrieved on September 5, 2017 from <https://www.cms.gov/medicare-coverage-database>

The Centers for Medicare and Medicaid - Medicare Coverage Database; Local Coverage Determination LCD L33692 Pressure Reducing Support Surfaces – Group 3; revision effective date 1/01/2017. Retrieved on September from <https://www.cms.gov/medicare-coverage-database>

Specialty Matched Consultant Advisory Panel 9/2017

Medical Director review 9/2017

Specialty Matched Consultant Advisory Panel 9/2018

Medical Director review 9/2018

The Centers for Medicare and Medicaid - Medicare Coverage Database; Local Coverage Determination LCD L33642 Pressure Reducing Support Surfaces – Group 2; revision effective date 5/25/2017. Retrieved on August 10, 2018 from <https://www.cms.gov/medicare-coverage-database>

Specialty Matched Consultant Advisory Panel 9/2019

Medical Director review 9/2019

Specialty Matched Consultant Advisory Panel 9/2020

Medical Director review 9/2020

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Medical Director review 9/2021

Specialty Matched Consultant Advisory Panel 9/2022

Medical Director review 9/2022

Specialty Matched Consultant Advisory Panel 9/2023

Medical Director review 9/2023

Policy Implementation/Update Information

- 7/24/06 Notification of new policy titled "Pressure Reducing Support Surfaces." BCBSNC will provide coverage for Pressure Reducing Support Surfaces when they are determined to be medically necessary because the medical criteria and guidelines outlines in the policy are met. Notification date 7/24/06. Specialty Matched Consultant Advisory Panel review 8/21/06. Effective date 10/2/06.
- 7/28/08 Criteria in the section When Pressure Reducing Support Surfaces Are Covered reformatted into a numbered list. Speciality Matched Consultant Advisory Panel review 6/19/08. No change to policy statement. (adn)
- 6/22/10 Policy Number(s) removed (amw)

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- 3/1/11 Specialty Matched Consultant Advisory Panel review meeting 12/16/2010. Minor wording changes under When Covered section #2 by medical director. No change to policy statement. (lpr)
- 10/11/11 Specialty Matched Consultant Advisory Panel review 9/28/2011. No change in policy statement. (lpr)
- 10/16/12 Specialty Matched Consultant Advisory Panel review 9/21/2012. No change to policy statement. (lpr)
- 10/15/13 Added HCPCS code E0277 to Billing/Coding section. Specialty matched consultant advisory panel review 9/18/2013. (lpr)
- 12/10/13 Added Stage V and VI pressure ulcers to Description and “When Covered” sections. Reference added. Medical director review 10/2013. (lpr).
- 10/14/14 Specialty matched consultant advisory panel review 9/2014. No changes to policy statement. (lpr) (td)
- 11/24/15 Combined previously separate policy titled “Air Fluidized Bed” policy information in this policy. Description section updated. When Covered and When Not Covered sections updated to include Group 3 support surfaces (air fluidized beds) information. References updated to include air fluidized bed policy information. Specialty Matched Consultant Advisory Panel review 9/30/2015. Medical Director review 9/2015. (td)
- 10/25/16 Updated staging for what is now considered pressure injury by the national pressure advisory panel (NPUAP) and NCD 280.8 under the Description section. Minor revisions to “When Covered section for Group 2 and 3 pressure surfaces. References updated. Specialty Matched Consultant Advisory Panel 9/2016. Medical Director review 9/2016. (jd)
- 10/13/17 References updated. Specialty Matched Consultant Advisory Panel 9/2017. Medical Director review 9/2017. (jd)
- 10/12/18 References updated. Specialty Matched Consultant Advisory Panel 9/2018. Medical Director review 9/2018. (jd)
- 10/15/19 The following code was removed from the Billing/Coding section effective 10/1/19, E0194. Specialty Matched Consultant Advisory Panel 9/2019. Medical Director review 9/2019. (jd)
- 10/1/20 Specialty Matched Consultant Advisory Panel 9/2020. Medical Director review 9/2020. (jd)
- 10/1/21 Specialty Matched Consultant Advisory Panel 9/2021. Medical Director review 9/2021. (jd)
- 10/18/22 Added HCPCS code E0183 to Billing/Coding section for effective date 10/1/22. References updated. No change to policy statement. Specialty Matched Consultant Advisory Panel 9/2022. Medical Director review 9/2022. (tm)
- 10/10/23 References updated. Specialty Matched Consultant Advisory Panel 9/2023. Medical Director review 9/2023. (tm)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.

