

LCD for Pressure Reducing Support Surfaces - Group 2 (L5068)

Contractor Information

Contractor Name

[NHIC](#)

Contractor Number

16003

Contractor Type

DME MAC

LCD Information

LCD ID Number

L5068

LCD Title

Pressure Reducing Support Surfaces - Group 2

Contractor's Determination Number

PRSS2

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CMS National Coverage Policy

CMS Pub. 100-3, (Medicare National Coverage Determinations Manual), Chapter 1, Section 280.1

Primary Geographic Jurisdiction

Connecticut
District of Columbia
Delaware
Massachusetts
Maryland
Maine
New Hampshire
New Jersey
New York - Entire State
Pennsylvania
Rhode Island
Vermont

Oversight Region

Region III

DME Region LCD Covers

Jurisdiction A

Original Determination Effective Date

For services performed on or after 10/01/1993

Original Determination Ending Date**Revision Effective Date**

For services performed on or after 01/01/2009

Revision Ending Date**Indications and Limitations of Coverage and/or Medical Necessity**

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare 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.

A group 2 support surface is covered if the patient meets:

- a) Criterion 1 and 2 and 3, or
- b) Criterion 4, or
- c) Criterion 5 and 6.

1) Multiple stage II pressure ulcers located on the trunk or pelvis (ICD-9 707.02-707.05).

2) Patient has been on a comprehensive ulcer treatment program for at least the past month which has included the use of an appropriate group 1 support surface.

3) The ulcers have worsened or remained the same over the past month.

4) Large or multiple stage III or IV pressure ulcer(s) on the trunk or pelvis (ICD-9 707.02-707.05).

5) Recent myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis (surgery within the past 60 days) (ICD-9 707.02 -707.05).

6) The patient has been on a group 2 or 3 support surface immediately prior to a recent discharge from a hospital or nursing facility (discharge within the past 30 days).

The comprehensive ulcer treatment described in #2 above should generally include:

- i) Education of the patient and caregiver on the prevention and/or management of pressure ulcers.
- ii) Regular assessment by a nurse, physician, or other licensed healthcare practitioner (usually at least weekly for a patient with a stage III or IV ulcer).
- iii) Appropriate turning and positioning.
- iv) Appropriate wound care (for a stage II, III, or IV ulcer).
- v) Appropriate management of moisture/incontinence.
- vi) Nutritional assessment and intervention consistent with the overall plan of care.

If the patient is on a group 2 surface, there should be a care plan established by the physician or home care nurse which includes the above elements. The support surface provided for the patient should be one in which the patient does not "bottom out" (see Appendices section).

When a group 2 surface is covered following a myocutaneous flap or skin graft, coverage generally is limited to 60 days from the date of surgery.

When the stated coverage criteria for a group 2 mattress or bed are not met, a claim will be denied as not medically necessary unless there is clear documentation which justifies the medical necessity for the item in the individual case. A group 2 support surface billed without a KX modifier (see Documentation section) will usually be denied as not medically necessary.

A support surface which does not meet the characteristics specified in the Coding Guidelines section of the Pressure Reducing Support Surfaces – Group 2 Policy Article will usually be denied as not medically necessary. (See Coding Guidelines and Documentation sections concerning billing of E1399.)

Continued use of a group 2 support surface is covered until the ulcer is healed or, if healing does not continue, there is documentation in the medical record to show that: (1) other aspects of the care plan are being modified to promote healing, or (2) the use of the group 2 support surface is medically necessary for wound management.

Appropriate use of the KX modifier (see Documentation section) is the responsibility of the supplier. The supplier should maintain adequate communication on an ongoing basis with the clinician providing the wound care in order to accurately determine that use of the KX modifier still reflects the clinical conditions which meet the criteria for coverage of a group 2 support surface, and that adequate documentation exists in the medical record reflecting these conditions. Such documentation should not be submitted with a claim but should be available upon request.

In cases where a group 2 product is inappropriate, a group 1 or 3 support surface could be covered if coverage criteria for that group are met.

Coverage Topic

Durable Medical Equipment

Coding Information

CPT/HCPSC Codes

The appearance of a code in this section does not necessarily indicate coverage.

HCPSC MODIFIER:

EY – No physician or other health care provider order for this item or service

KX - Specific required documentation on file.

E0193 POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)

E0277 POWERED PRESSURE-REDUCING AIR MATTRESS

E0371 NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH

E0372 POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH

E0373 NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS

E1399 DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS

ICD-9 Codes that Support Medical Necessity

The presence of an ICD-9 code listed in this section is not sufficient by itself to assure coverage. Refer to the section on Indications and Limitations of Coverage and/or Medical Necessity for other coverage criteria and payment information.

[707.02 - 707.05](#) PRESSURE ULCER, UPPER BACK - PRESSURE ULCER, BUTTOCK

Diagnoses that Support Medical Necessity

Refer to previous section

ICD-9 Codes that DO NOT Support Medical Necessity

All ICD-9 codes that are not specified in the previous section.

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

All diagnoses that are not specified in the previous section.

General Information

Documentation Requirements

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider." It is expected that the patient's medical records will reflect the need for the care provided. The patient's medical records include 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 upon request.

An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available upon request. Items delivered before a signed written order has been received by the supplier must be submitted with an EY modifier added to each affected HCPSC

code.

The supplier must obtain information concerning which, if any, of criteria 1-6 listed in the Coverage and Payment Rules section of this policy the patient meets in a signed and dated statement from the treating physician. A suggested form for collecting this information is attached. Questions pertaining to medical necessity on any form used to obtain this information may not be completed by the supplier or anyone in a financial relationship with the supplier. This statement must be supported by information in the patient's medical record and available upon request. Do not submit this form unless specifically requested.

Suppliers must add a KX modifier to a code only if all of the criteria in the "Indications and Limitations of Coverage and/or Medical Necessity" section of this policy have been met.

When code E1399 is billed, the claim must include the manufacturer and the model name/number.

Refer to the Supplier Manual for more information on documentation requirements.

Appendices

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

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.

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 are 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.

Bottoming out is the finding that an outstretched hand can readily palpate the bony prominence (coccyx or lateral trochanter) when it is placed palm up beneath the undersurface of the mattress or overlay and in an area under the bony prominence. This bottoming out criterion should be tested with the patient in the supine position with their head flat, in the supine position with their head slightly elevated (no more than 30 degrees), and in the side lying position.

Utilization Guidelines

Refer to Indications and Limitations of Coverage and/or Medical Necessity.

Sources of Information and Basis for Decision

National Pressure Ulcer Advisory Panel (NPUAP) Revised Staging Definitions for Pressure Ulcers

accessed at [NPUAP](#) on August 28, 2008.

Advisory Committee Meeting Notes

Start Date of Comment Period

04/30/1993

End Date of Comment Period

06/14/1993

Start Date of Notice Period

08/01/1993

Revision History Number

009

Revision History Explanation

Revision Effective Date: 01/01/2009

APPENDICES:

Revised: Definitions of pressure ulcer stages.

SOURCES OF INFORMATION AND BASIS FOR DECISION:

Added: Reference to NPUAP guidelines for pressure ulcer staging.

08/10/2008 - This policy was updated by the ICD-9 2008-2009 Annual Update

03/01/2008- In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) LCD L5068 from DME PSC TriCenturion (77011) LCD L5068.

Revision Effective Date: 07/01/2007

INDICATIONS AND LIMITATIONS OF COVERAGE:

Removed DMERC references

DOCUMENTATION REQUIREMENTS:

Removed DMERC references

06/01/2007 - In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

03/01/2006 - In accordance with Section 911 of the Medicare Modernization Act of 2003, this policy was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision Effective Date: 10/01/2005

LMRP converted to LCD and Policy Article

INDICATIONS AND LIMITATIONS OF COVERAGE:

Added ICD-9 codes 707.02-707.05

ICD-9 CODES THAT SUPPORT MEDICAL NECESSITY:

Added ICD-9 codes 707.02-707.05

Revision effective date: 04/01/2003

HCPCS CODES AND MODIFIERS:

Added: EY modifier

INDICATIONS AND LIMITATIONS OF COVERAGE:

Adds standard language concerning coverage of items without a written order prior to delivery

DOCUMENTATION REQUIREMENTS:

Adds standard language concerning use of EY modifier for items without a written order prior to delivery

The revision dates listed below are the dates the revisions were published and not necessarily the effective dates for the revisions.

07/01/2002 - Staging of pressure ulcers revised under Definition section. Changed ZX modifier to KX, including all references in policy.

03/01/1998 – HCPCS codes K0413, K0414, and K0454 crosswalked to E0371, E0372 and E0373.

06/01/1997 - In the Pressure Reducing Support Surfaces - Group 2 policy, the narrative for code K0413 has been revised and a new code has been added.

K0413 - Non-powered, advanced pressure- reducing overlay for mattress, standard mattress length and width

K0454 - Non-powered, advanced pressure- reducing mattress

The revision and addition are valid for dates of service on or after 9/1/97. Both codes are in the capped rental payment category.

The ZX modifier should be used for billing these codes only when the criteria for its use (as specified in the Documentation section of the Group 2 Support Surfaces policy) are met.

04/01/1996 – Two new codes have been established for Group 2 support surfaces:

K0413 – Non-powered adjustable zone pressure-reducing air mattress overlay

K0414 – Powered air overlay for mattress

Both codes are valid for dates of service on or after April 1, 1996. Both codes are in the capped rental category.

10/01/1995 - Alternating Pressure Pads and Mattresses policy was separated into three policies – Pressure Reducing Support Surfaces, Group 1, Group 2, and Group 3. Added HCPCS codes for Group 2 – E0193 and E1399. Revised entire policy for information specific to Group 2 support surfaces and added Statement of Ordering Physician-Group 2 Support Surfaces form.

12/01/1993 – Clerical corrections as follows: CMN for Group 2 corrected to 01 from 01.00; and HAO corrected to HAO in Documentation section.

This LCD was converted from an LMRP on 8/8/2005

Reason for Change

Last Reviewed On Date

Related Documents**Article(s)**

[A35350 - Pressure Reducing Support Surfaces - Group 2 - Policy Article - Effective January 2009](#)

LCD Attachments

[Statement of Ordering Physician](#) (104,322 bytes)

Article for Pressure Reducing Support Surfaces - Group 2 - Policy Article - Effective January 2009 (A35350)

Contractor Information

Contractor Name

[NHIC](#)

Contractor Number

16003

Contractor Type

DME MAC

Article Information

Article ID Number

A35350

Article Type

Article

Key Article

Yes

Article Title

Pressure Reducing Support Surfaces - Group 2 - Policy Article - Effective January 2009

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[Primary Geographic Jurisdiction](#)

Connecticut
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Massachusetts
Maryland
Maine
New Hampshire
New Jersey
New York - Entire State
Pennsylvania
Rhode Island
Vermont

DME Region Article Covers

Jurisdiction A

Original Article Effective Date

10/01/2005

Article Revision Effective Date

01/01/2009

Article Text

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES

For an item addressed in this policy to be covered by Medicare, a written signed and dated order must be received by the supplier prior to delivery of the item. If the supplier delivers the item prior to receipt of a written order, it will be denied as noncovered. If the written order is not obtained prior to delivery, payment will not be made for that item even if a written order is subsequently obtained. If a similar item is subsequently provided by an unrelated supplier who has obtained a written order prior to delivery, it will be eligible for coverage.

CODING GUIDELINES

Code E0277 describes a powered pressure reducing mattress (alternating pressure, low air loss, or powered flotation without low air loss) which is characterized by all of the following:

1. An air pump or blower which provides either sequential inflation and deflation of the air cells or a low interface pressure throughout the mattress, and
2. Inflated cell height of the air cells through which air is being circulated is 5 inches or greater, and
3. Height of the air chambers, proximity of the air chambers to one another, frequency of air cycling (for alternating pressure mattresses), and air pressure provide adequate patient lift, reduce pressure and prevent bottoming out, and
4. A surface designed to reduce friction and shear, and
5. Can be placed directly on a hospital bed frame.

Code E0193 describes a semi-electric or total electric hospital bed with a fully integrated powered pressure reducing mattress which has all the characteristics defined above.

Code E0371 describes an advanced nonpowered pressure-reducing mattress overlay which is characterized by all of the following:

1. Height and design of individual cells which provide significantly more pressure reduction than a group 1 overlay and prevent bottoming out, and
2. Total height of 3 inches or greater, and
3. A surface designed to reduce friction and shear, and
4. Documented evidence to substantiate that the product is effective for the treatment of conditions described by the coverage criteria for group 2 support surfaces.

Code E0372 describes a powered pressure reducing mattress overlay (low air loss, powered flotation without low air loss, or alternating pressure) which is characterized by all of the following:

1. An air pump or blower which provides either sequential inflation and deflation of the air cells or a low interface pressure throughout the overlay, and
2. Inflated cell height of the air cells through which air is being circulated is 3.5 inches or

greater, and

3. Height of the air chambers, proximity of the air chambers to one another, frequency of air cycling (for alternating pressure overlays), and air pressure to provide adequate patient lift, reduce pressure and prevent bottoming out, and
4. A surface designed to reduce friction and shear.

Code E0373 describes an advanced nonpowered pressure reducing mattress which is characterized by all of the following:

1. Height and design of individual cells which provide significantly more pressure reduction than a group 1 mattress and prevent bottoming out, and
2. Total height of 5 inches or greater, and
3. A surface designed to reduce friction and shear, and
4. Documented evidence to substantiate that the product is effective for the treatment of conditions described by the coverage criteria for group 2 support surfaces, and
5. Can be placed directly on a hospital bed frame.

The only products that may be coded and billed using code E0371 or E0373 are those products for which a written coding determination specifying the use of these codes has been made by the PDAC.

Group 2 support surfaces which do not meet the characteristics specified in the Definition section should be coded using code E1399.

Either alternating pressure mattresses or low air loss mattresses are coded using code E0277.

Products containing multiple components are categorized according to the clinically predominant component (usually the topmost layer of a multi-layer product). For example, a product with 3" powered air cells on top of a 3" foam base would be coded as a powered overlay (code E0180 or E0181) not as a powered mattress (E0277).

Suppliers should contact the Pricing, Data Analysis and Coding (PDAC) contractor for guidance on the correct coding of these items.

Coverage Topic

Durable Medical Equipment

Coding Information

No Coding Information has been entered in this section of the article.

Other Information

Other Comments

3/1/2008- In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) Article A35350 from DME PSC TriCenturion (77011) Article A35350.

Revision History Explanation

Revision Effective Date: 01/01/2009

CODING GUIDELINES:

Revised: Changed SADMERC to PDAC.

03/01/2008- In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) Article A35350 from DME PSC TriCenturion (77011) Article A35350.

06/01/2007 - In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

03/01/2006 - In accordance with Section 911 of the Medicare Modernization Act of 2003, this article was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision Effective Date: 10/01/2005

LMRP converted to LCD and Policy Article.

Related Documents

LCD(s)

[L5068 - Pressure Reducing Support Surfaces - Group 2](#)