

Corporate Medical Policy

Pressure Reducing Support Surfaces

File Name: pressure_reducing_support_services
Origination: 7/2006
Last CAP Review: 9/2011
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Last Review: 9/2011

Description of Procedure or Service

A pressure ulcer, also referred to as decubitus ulcer, pressure sore or bedsore, is a localized area of tissue necrosis that develops when a 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 ulcers used in this policy is as follows:

- Stage I - observable pressure related alteration of intact skin whose indicators as compared to the adjacent or opposite area on the body may include changes in skin temperature, tissue consistency and/or sensation. The ulcer appears as a defined area of persistent redness in lightly pigmented skin, whereas in darker skin tones, the ulcer may appear with persistent red, blue or purple hues.
- Stage II - partial thickness skin loss involving epidermis, dermis, or both. The ulcer is superficial and presents clinically as an abrasion, blister or shallow crater.
- Stage III - full thickness skin loss involving damage to, or necrosis of, subcutaneous tissues that may extend down to, but not through, underlying fascia. The ulcer presents clinically as a deep crater with or without undermining of adjacent tissue.
- Stage IV - full thickness skin loss with extensive destruction, tissue necrosis or damage to muscle, bone, or supporting structures (e.g., tendon, joint capsule). Undermining and sinus tracts also may be associated with Stage IV pressure ulcers.

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. Generally, the higher the risk, the higher the group number. **This policy addresses only Group 2 support surfaces.**

Air Fluidized Beds are addressed separately in BCBSNC Corporate Medical Policy “Air Fluidized Beds.” See also BCBSNC corporate medical policy “Durable Medical Equipment (DME).”

*****Note: This Medical Policy is complex and technical. For questions concerning the technical**

Pressure Reducing Support Surfaces

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

Pressure Reducing Support Surfaces are considered medically necessary when **ONE** of the following three criteria is met:

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

When Pressure Reducing Support Surfaces are not covered

Pressure Reducing Support Surfaces

When the criteria noted above are not met.

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: 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

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. Retrieved May 30, 2006 from <http://www.cms.hhs.gov/coverage/download/8b3-q4.pdf>

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. Retrieved May 30, 2006 from <http://www.nice.org.uk/page.aspx?o=CG007NICEguideline>

Cullum N, McInnes E, Bell-Syer SEM, Legood R. Support surfaces for pressure ulcer prevention. *The Cochrane 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 from [http://www.palmettogba.com/palmetto/providers.nsf/\(Docs\)/85256D580043E75485257178004CA9B5?OpenDocument](http://www.palmettogba.com/palmetto/providers.nsf/(Docs)/85256D580043E75485257178004CA9B5?OpenDocument)

Specialty Matched Consultant Advisory Panel 12/2010

Specialty Matched Consultant Advisory Panel 9/2011

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. Speciality Matched Consultant Advisory Panel review 8/21/06. Effective date 10/2/06.

Pressure Reducing Support Surfaces

- 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)
- 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)

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.