This section contains information about Durable Medical Equipment (DME) in the therapeutic anti-decubitus mattresses and bed products group.

Per California Code of Regulations, Title 22, Section 51321(g): Authorization for durable medical equipment (DME) shall be limited to the lowest cost item that meets the patient’s medical needs.

Pursuant to Welfare and Institutions Code (W&I Code), Section 14105.395, the provisions contained herein have the force and effect of regulations and shall prevail over any inconsistent provisions in CCR sections relating to DME.

The “date of delivery” to the recipient is the “date of service.” This means that when the recipient takes receipt of the DME item, that date is considered the “date of service.” Charges for shipping and handling are not reimbursable.

Along with this section, providers should refer to additional DME information as follows:

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<th>Topic</th>
<th>Provider Manual Section</th>
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<tbody>
<tr>
<td>General policy information</td>
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<td>Frequency limits for DME purchases</td>
<td>Durable Medical Equipment (DME): Billing Codes: Frequency Limits</td>
</tr>
</tbody>
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**Therapeutic Anti-Decubitus Mattresses and Bed Products**

The therapeutic anti-decubitus mattresses and bed products group includes the following items:

- Replacement Pads
- Pressure Sore Products

Refer to the *Durable Medical Equipment (DME): Billing Codes and Reimbursement Rates* section in this manual for other items and codes reimbursable by Medi-Cal.

**Introduction**

Therapeutic anti-decubitus support mattresses and bed products are covered for recipients with severe pressure sores (decubitus ulcers) or a documented history of recurrent pressure sores, pursuant to the *California Code of Regulations*, Title 22, Sections 51321 and 51521, except that the provisions contained herein shall prevail over any inconsistent provision relating to Anti-Decubitus Care Support Surfaces, including provisions contained in the *Manual of Criteria for Medi-Cal Authorization*.

**Alternating Pressure Pads**

HCPCS codes A4640 (replacement pad for use with medically necessary alternating pressure pad owned by patient) and E0182 (pump for alternating pressure pad, for replacement only) are for use only with patient-owned equipment. Documentation of "patient-owned equipment" in the *Additional Claim Information* field (Box 19) of the claim or on an attachment to the claim is required.

HCPCS code E0182 must be billed with modifier NU (purchase only). Labor for replacement is not separately reimbursable.
Product Prices

The prices listed for these items apply equally to all manufacturer products within each class of anti-decubitus mattress and bed product listed. Refer to “Decubitus Care Equipment” in the Durable Medical Equipment (DME): Billing Codes and Reimbursement Rates section in this manual.

Note: Prices listed for rental are for daily or monthly rental, as specified.

Medicare/Medi-Cal Crossover Claims

For reimbursement information about Medicare/Medi-Cal crossover claims for powered air flotation beds/air-fluidized beds (HCPCS codes E0193 and E0194), powered pressure-reducing air mattress (HCPCS code E0277), powered air overlays (HCPCS code E0372), or nonpowered advanced pressure-reducing overlays or mattresses (HCPCS codes E0371 and E0373), see “Crossover Claims Inquiry Forms (CIFs)” in the Medicare/Medi-Cal Crossover Claims: CMS-1500 or Medicare/Medi-Cal Crossover Claims: Pharmacy Services section, as appropriate.

“From-Through” Billing

Use the “from-through” (block-billing) method when billing for more than one day of service for anti-decubitus support beds. Medi-Cal will only reimburse for one day if multiple-day billing is not in the “from-through” format. For more information about “from-through” billing, refer to the CMS-1500 Special Billing Instructions section in this manual. A single day of service should be line-item billed with a “1” entered in the Days or Units field (Box 24G) of the claim.
Repair of Equipment


Definitions

The following definitions shall apply to all support surface products:

- “Air Fluidized Bed” means a class of support surface that uses a high rate of airflow to fluidize fine particulate material (such as silicone coated ceramic beads) to produce a support medium that has characteristics similar to a liquid.

- “Alternating Air Pressure Mattress or Overlay” means a mattress or overlay with interconnecting air cells that cyclically inflate and deflate to produce alternating high and low pressure intervals. Cells with larger depth and diameter produce greater pressure reduction over the body.

- “Bottoming Out” means that an outstretched hand, placed palm up between the undersurface of the support surface and the patient’s bony prominence (coccyx or lateral trochanter), can readily palpate 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.

- “Chronic Wound Patient” means a patient who has been authorized for the same level of support surface for four consecutive months or longer.

- “Dynamic Surface” means a surface designed to change its support characteristics in a cyclic fashion.
• “Flowcharts” means the visual tools, developed by the Department and published in this provider manual, which identify the most appropriate support surface, based upon medical necessity that will be authorized for individual patients.

• “Initial TAR” (Treatment Authorization Request) or “Initial Request” means the beginning of the dispensing period for the authorized level of support surface; OR the beginning of service after a gap in service of 30 days or more (such as when the patient is hospitalized).

• “Low Air Loss Bed” means a series of interconnected woven fabric air pillows that allow some air to escape through the support surface. The pillows can be variably inflated to adjust the level of pressure relief.

• “Mattress Replacement System” means a mattress with pressure reducing features that can be placed on an existing bed frame. The mattress must be at least 8 inches thick.

• “Max Surface Allowed” means the level of support surface that will be authorized when a patient meets the medical necessity criteria as described on the flowchart. If the TAR requests the “max surface allowed” procedure code, or a lesser-cost product than indicated on the flowchart, the TAR will be approved. If the TAR requests a higher cost product than allowed on the flowchart, the TAR will be stepped down to that indicated by “max surface allowed.”

• “Overlay” means a nonpowered pressure reducing support surface placed on top of a standard hospital mattress.

• “Pressure Reducing Surface” means a surface that provides either sequential inflation and deflation of the air cells or a low interface pressure throughout the surface.
• For chronic wound patients “Reauthorization TAR” or “Reauthorization Request” means the 2nd through 4th consecutive month for the same level of support surface that was previously authorized; or the first step down request immediately (within 30 days) following a previously authorized anti-decubitus care product usage period.

• “Stage I Pressure Sore” means a current status of non-blanchable erythema of intact skin, the heralding lesion of skin ulceration. In individuals with darker skin, discoloration of the skin, warmth, edema, induration or hardness may also be indicators.

• “Stage II Pressure Sore” means a current status of a partial thickness loss involving epidermis, dermis, or both. The ulcer is superficial and presents clinically as an abrasion, blister or shallow crater.

• “Stage III Pressure Sore” means a current status of full thickness skin loss involving damage to or necrosis of subcutaneous tissue 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 Pressure Sore” means a current status of full thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures. Undermining and sinus tracts may also be associated with this stage.

• “Static Surface” means a surface designed to provide support that remains constant, that is, does not cycle in time.

• “Step Down” means the next lower cost support surface than was previously authorized.

• “Step Up” means the next higher cost support surface than was previously authorized.

• “Trunk of the Body” means the bottom of the neck down to and including the groin/buttocks area, excluding the limbs.

• “Turning Surfaces” means the surfaces of the body onto which the patient may be turned. Patients are presumed to have three turning surfaces on which to lie, i.e. supine, right side and left side, unless documented otherwise. Conditions other than pressure sore(s) may preclude the patient from lying on one or more of the otherwise available turning surfaces. The way in which any condition(s) limit(s) a turning surface must be specifically detailed on the TAR.
Guidelines for Selecting Specialty Beds and Surfaces

Flowcharts A through D on the following pages are intended to assist the provider in selecting and providing documentation for authorization of the appropriate support surface for each individual patient.

Support surfaces shall be authorized only when the appropriate flowchart(s) is submitted with the TAR.

**Note:** The signature information is being requested only for field office follow-up should additional information be required or the information on the form is unclear.

Pressure sores cannot be adequately staged when covered with eschar or necrotic tissue. Staging should be done after the eschar has sloughed off or the wound has been debrided.

- “Unable to Determine (UTD)” pressure sores must be documented as being either Stage III or Stage IV or at some point between Stage III and Stage IV. “UTD” alone will not be accepted as adequate documentation of wound stage.

- Authorization of support surfaces for a UTD pressure sore(s) will assume a Stage III pressure sore(s) if documentation does not specify a stage.

Authorization of the next higher cost support surface from the highest cost surface (max surface) allowed, as specified on the appropriate flowchart, shall be granted only when one of the following is documented on the TAR:

- The patient has demonstrated clinical deterioration on the max surface allowed within the previous authorization period prior to TAR submission, as demonstrated by a worsening of the pressure wound(s).

- The patient compresses the max surface allowed such that the caregiver’s hand, when placed palm up between the undersurface of the support surface and the patient’s bony prominence, can readily palpate the patient’s bony prominence (coccyx or trochanter) through the support surface.
### Group I Pressure Sore Products

Group I pressure sore products are reimbursable by Medi-Cal and consist of static overlays (HCPCS codes E0185, E0197, E0198 and E0199), static mattresses (E0184, E0186, E0187 and E0196) and alternating pressure pad with pump (code E0181).

All of the preceding codes except E0181 are included in the per diem reimbursement rate and are not separately reimbursable for recipients residing in Long Term Care facilities.

### Group II Pressure Sore Products

Group II pressure sore products are reimbursable by Medi-Cal and consist of powered air overlays (E0372), powered pressure-reducing air mattresses (E0277), non-powered, advanced pressure-reducing overlays (E0371), non-powered, advanced pressure-reducing mattresses (E0373) and powered air flotation beds (E0193).

### Group III Pressure Sore Products

Group III pressure sore products are reimbursable by Medi-Cal and consist of air fluidized beds (HCPCS code E0194).

### Coding Guidelines

While the Medi-Cal program recognizes that most support surfaces have previously been coded by the Statistical Analysis Durable Medical Equipment Regional Center (SADMERC), to assure that procedure codes being billed to the Medi-Cal program are consistent with published Medicare guidelines, the provider must either:

- Include a copy of their coding classification determination from SADMERC with the TAR, or
- Demonstrate that the coding of the requested product is consistent with Medicare guidelines.

The products that have been coded by SADMERC may be found on their Web site.
Group I Support Surfaces

The following guidelines shall be used when determining the correct coding of a Group I support surface when the product is not listed on the SADMERC Web site as previously coded.

A4640 Powered pressure-reducing mattress overlay system (alternating pressure or low air loss), replacement pad for patient-owned equipment; characterized by an air pump or blower that provides either sequential inflation and deflation of air cells (alternating pressure) or a low interface pressure throughout the overlay (low air loss), and inflated cell height of the air cells through which air is being circulated to 2.5 inches or greater.

E0181 Powered pressure-reducing mattress overlay system (alternating pressure or low air loss), heavy duty; characterized by an air pump or blower that provides either sequential inflation and deflation of air cells (alternating pressure) or a low interface pressure throughout the overlay (low air loss), and inflated cell height of the air cells through which air is being circulated to 2.5 inches or greater.

E0184 Foam, non-powered pressure-reducing mattress designed to be placed directly on a hospital bed frame; characterized by a foam height of 5 inches or greater; foam with a density that provides adequate pressure reduction, and a durable, waterproof cover.

E0185 Gel/gel-like, non-powered pressure-reducing mattress overlay designed to be placed on top of a standard hospital or home mattress; must have a height of 2 inches or greater.

E0186 Air, non-powered pressure-reducing mattress designed to be placed directly on a hospital bed frame; characterized by an air height of 5 inches or greater, and a durable, waterproof cover.

E0187 Water, non-powered pressure-reducing mattress designed to be placed directly on a hospital bed frame; characterized by a water height of 5 inches or greater, and a durable, waterproof cover.
E0196  Gel/gel-like non-powered pressure-reducing mattress designed to be placed directly on a hospital bed frame; characterized by a gel height of 5 inches or greater; and a durable, waterproof cover.

E0197  Air, non-powered pressure-reducing mattress overlay designed to be placed on top of a standard hospital or home mattress; characterized by interconnected air cells having a cell height of 3 inches or greater that are inflated with an air pump.

E0198  Water, non-powered pressure-reducing mattress overlay designed to be placed on top of a standard hospital or home mattress; characterized by a filled height of 3 inches or greater.

E0199  Foam, non-powered pressure-reducing mattress overlay designed to be placed on top of a standard hospital or home mattress; characterized by a base thickness of 2 inches or greater and peak height of 3 inches or greater if eggcrate; or an overall height of 3 inches or greater if non-eggcrate.

Group II Support Surfaces

The following guidelines shall be used when determining the correct coding of a Group II support surface when the product is not listed on the SADMERC Web site as previously coded.

E0277  Powered, pressure-reducing mattress (alternating pressure, low air loss, or powered flotation without low air loss) designed to be placed directly on a hospital bed frame; characterized by an air pump or blower that provides either sequential inflation and deflation of air cells (alternating pressure) or a low interface pressure throughout the mattress (low air loss); inflated cell height of the air cells through which air is being circulated to 5 inches or greater, and a surface designed to reduce friction and shear.

E0193  Semi-electric or total electric hospital bed with a fully integrated, powered, pressure-reducing mattress that has all the characteristics of E0277 described above.

E0371  Advanced, non-powered, pressure-reducing mattress overlay; characterized by the provision of significantly more pressure reduction than Group I overlays to prevent bottoming out, a total height of 3 inches or greater, and a surface designed to reduce friction and shear.
E0372  Powered, pressure-reducing mattress overlay (alternating pressure, low air loss, or powered flotation without low air loss); characterized by an air pump or blower that provides either sequential inflation and deflation of air cells (alternating pressure) or a low interface pressure throughout the overlay (low air loss); inflated cell height of the air cells through which air is being circulated to 3.5 inches or greater, and a surface designed to reduce friction and shear.

E0373  Advanced, non-powered, pressure-reducing mattress, designed to be placed directly on a hospital bed frame; characterized by the provision of significantly more pressure reduction than Group I mattresses to prevent bottoming out, a total height of 5 inches or greater, and a surface designed to reduce friction and shear.

Note: Products containing multiple components are categorized according to the clinically predominant component (usually the topmost layer of a multi-layered product).

Group III Support Surfaces

The following guideline shall be used when determining the correct coding of a Group III support surface when the product is not listed on the SADMERC Web site as previously coded.

E0194  An air fluidized bed employing the circulation of filtered air through silicone coated ceramic beads creating the characteristics of fluid.
Medical Necessity

Group I Support Surfaces  

Documentation of medical necessity for Group I products must be submitted with the TAR and must meet the guidelines as outlined in Flowchart D on a following page.

Documentation of medical necessity for the authorization of Group I support surfaces must demonstrate at least one of the following patient conditions:

- Current Stage I or Stage II pressure sore(s) on the trunk of the body; or
- History of Stage III or Stage IV pressure sore(s) on the trunk of the body; or
- Patient is bed bound and requires the support surface for pressure sore prevention.
- Documentation for E0181 (powered pressure-reducing mattress overlay system, heavy duty) must demonstrate a patient weight of 250 pounds or more unless the provider documents another reason(s) that the patient requires this item.
Group II Support Surfaces

Documentation of medical necessity for Group II products must be submitted with the TAR and must meet the guidelines as outlined in Flowchart A, B or C on a following page.

Documentation of medical necessity for the authorization of Group II support surfaces must demonstrate one or more of the following patient condition(s) under the specific procedure code being requested (note: ** means the size indicated or the equivalent of total body surface area):

For E0371, E0372 and E0373:

- The patient has at least one large Stage III or Stage IV pressure sore (greater than 2 x 2 cm.)** on the trunk of the body, with only two turning surfaces on which to lie.

For E0277:

- The patient has at least one large Stage III or Stage IV pressure sore (greater than 3 x 3 cm.)** on the trunk of the body, and at least one other wound (at least Stage II) on the trunk of the body, with only two turning surfaces on which to lie; or

- The patient has more than two Stage III or Stage IV pressure sores on the trunk of the body and only two turning surfaces on which to lie; or

- The patient has a Stage III or Stage IV pressure sore (less than or equal to 2 x 2 cm)** on the trunk of the body and only one or no turning surfaces on which to lie.

For E0193:

- The patient has at least one Stage III or Stage IV pressure sore on the trunk of the body (greater than 2 x 2 cm.)** with only one or no turning surfaces upon which to lie.
For chronic wound patients, step down to a lower cost support surface will be considered when:

- The patient refuses to utilize the authorized surface when in bed, or refuses to comply with other needed aspects of the treatment plan; or
- The patient has been on the same level of support surface for six or more months without documented improvement in wound status.

**Group III Support Surfaces**

Documentation of medical necessity for Group III products must be submitted with the TAR and must meet the guidelines as outlined in Flowchart A, B or C on a following page.

Documentation of medical necessity for the authorization of Group III support surfaces must demonstrate that the patient is within 60 days post myocutaneous flap or skin graft surgery.

**Authorization**

HCPCS code E0199 does not require authorization. All other support surface procedure codes previously listed require authorization. A Treatment Authorization Request (TAR) is required for any DME when the cumulative purchase price within the calendar month is in excess of $100; when the repair or maintenance cumulative cost within the calendar month exceeds $250; or when the cumulative cost of rental within a group exceeds $50 within a 15-month period. A TAR is required for unlisted code E1399.
Initial TARs

TAR documentation requirements for initial TARs include all of the following:

For Group I support surfaces (regardless of place of service):

- A written prescription signed by a physician (or electronic equivalent).
- Diagnosis of the patient.
- Documentation of bed-bound status and wound history.
- Whether wound(s) are present or not.

Only if wounds are present at the time of TAR submission:

- Number of wounds.
- The stage and size of each wound, including undermining.
- Description of each wound, including amount and color of exudate.
- Location of each wound.
- Relevant wound history, including any prior pressure sore(s).
- Relevant history of patient’s use of pressure sore equipment.
For Group II support surfaces (regardless of place of service):

- All of the above.
- The number of turning surfaces affected, including why other co-morbidities may preclude the patient from lying on one or more turning surfaces.
- Nutritional status, including a nutritional assessment completed in consultation with the primary physician or nurse practitioner as needed, that includes the patient history, a physical examination, and laboratory data, as indicated below. If the assessment indicates the presence of a nutritional deficit that may impair wound healing, there must be a documented treatment plan that has been developed and implemented to improve the patient's nutritional status.
- Nursing care, including turning, positioning, medication administration, and current treatments. The date of the initial patient assessment, co-morbidities and sensorium must also be included. There must be documentation that appropriate nursing care is occurring.
- Wound care, (for example: irrigation, packing, dressing, etc.). There must be documentation that appropriate wound care is occurring.
- Surgery (for example: suitability for, time since operative intervention, etc.).
Laboratory results performed within 30 days of placing the patient on the support surface, including Hemoglobin and Hematocrit; Serum Transferrin or Total Iron Binding Capacity (TIBC); Serum Albumin or Prealbumin; and Urinalysis, as indicated by the patient’s medical condition, or when requested by the Medi-Cal consultant.

**Note:** Laboratory tests should rule out underlying anemia, protein deficiency and urinary tract infection. While laboratory values alone will not preclude the authorization of support surfaces, if any laboratory results are abnormal, the provider must submit a physician treatment plan to correct the problem that resulted in abnormal laboratory result(s) with the TAR.

For Group III support surfaces (regardless of place of service):

- All of the above.
- Documentation that the patient is within 60 days post myocutaneous flap or skin graft surgery.

### Reauthorization TARs

TAR documentation requirements for reauthorization TARs include all of the following:

- Updated treatment and care plans, as indicated.
- Reevaluation of the healing status of the pressure sore(s), including updating of size, number and location of wounds and turning surfaces affected.
- Repeat laboratory studies, if previously submitted results were abnormal.
- Documentation of patient compliance with the treatment plan and the patient’s use of the authorized surface when in bed.

TAR documentation requirements for reauthorization TARs for chronic wound patients include all of the following:

- Same as above for reauthorization TARs.
- The updated care plan must address any significant problems with wound healing.
- Physician evaluation of possible alternative medical treatment to improve wound healing.
All TARs | In addition to the documentation requirements specified above, all initial and reauthorization TARs for support surfaces must be accompanied by the appropriate flowchart(s), based upon the patient’s medical condition and the specific support surface needed to meet the patient’s medical need(s).

- The provider must indicate (circle or highlight) the appropriate answer to all questions on the flowchart(s), based upon the documentation in the patient’s medical record.

- If the appropriate flowchart(s) is not submitted with the TAR or the information provided on the flowchart(s) and TAR is not sufficient to determine medical necessity for the requested support surface, the TAR shall be deferred for the required information. If the TAR has been previously deferred and the required information has not been submitted by the provider, the medical consultant shall deny the TAR.

- For unlisted procedure codes, the provider must submit the most appropriate flowchart(s), based upon the documentation in the patient’s medical record. The flowchart(s) must be completed to the extent possible, along with justification for the requested unlisted procedure code.

Duration of Authorization | Authorization for pressure sore equipment may be granted in increments of up to 60 days, as medically necessary.

Support Surface Authorization | The Medi-Cal field office will adjudicate the TAR based upon submitted documentation. It is to the provider’s advantage to ensure that all supporting documentation is submitted with the TAR.
Unlisted Equipment

Coverage
Medi-Cal covers unlisted DME items for patients who meet the established criteria.

Criteria/Authorization
As medically necessary, unlisted equipment may be authorized by the Medi-Cal consultant based upon documentation submitted with the TAR for the specific item.

Documentation Requirements
TARs submitted for unlisted equipment require all of the following information:

- Justification that the specific item is medically necessary; and
- Item description; and,
- Manufacturer’s suggested retail price (MSRP) (copy of catalog page).

If the unlisted DME item is for a child (20 years of age or younger), and the child has a CCS-eligible condition, a CCS denial must accompany the TAR in addition to the above requirement.

Billing

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1399</td>
<td>Durable medical equipment, miscellaneous</td>
</tr>
</tbody>
</table>

For information about billing for unlisted equipment, refer to the Durable Medical Equipment (DME): Bill for DME section in this manual.
Unlisted Supplies, Accessories and Service Components

Coverage  Medi-Cal covers miscellaneous supplies, accessories and service components only for patient-owned equipment.

Criteria/Authorization  As medically necessary, miscellaneous supplies, accessories and/or service components may be authorized by the Medi-Cal consultant based upon the documentation submitted with the TAR for the specific item.

Documentation Requirements  Documentation that the patient has a medical need for the specific item, and that the patient owns the equipment for which the miscellaneous supply, accessory or service component is being requested, must be submitted with the TAR.

If miscellaneous supplies, accessories, and/or service components are for a child (20 years of age or younger), and the child has a CCS-eligible condition, a CCS denial must accompany the TAR.

Billing  

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A9900</td>
<td>Miscellaneous DME supply, accessory, and/or service component or another HCPCS code</td>
</tr>
</tbody>
</table>

For information about billing for unlisted miscellaneous supplies, accessories and service components, refer to the Durable Medical Equipment (DME): Bill for DME section in this manual.
GUIDELINES FOR SELECTING SPECIALTY BEDS AND SURFACES

Flowchart A. Anti-Decubitus Care (ADC) – Group II and III Products

**Initial Request**

- Request is for Group II or III product?
  - Yes: Go to Flowchart B or C
  - No: Defer for additional documentation

- Request meets "initial TAR" definition; or has been directed to use this flowchart from another flowchart?
  - Yes: Go to Flowchart B or C
  - No: Defer for additional documentation

- Nutrition, nursing care and wound care components are adequate and in place for treating patient; and lab results are current?
  - Yes: Go to Flowchart B or C
  - No: Defer for additional documentation

- Has patient been on any Group II product immediately (within previous 30 day) prior to this request?
  - Yes: At least one Stage III/IV wound or within 60 days post flap or skin graft surgery?
    - Yes: Go to Flowchart B or C
    - No: Defer for additional documentation
  - No: Has patient been on any Group II product immediately (within previous 30 day) prior to this request?
    - Yes: Only one or no turning surface available?
      - Yes: Max surface allowed is E0193
      - No: Defer for additional documentation
    - No: Defer for additional documentation

- Wound (Stage III or IV) on the trunk > 2x2cm?**
  - Yes: No
  - No: Wound (Stage III or IV) on the trunk > 3x3 cm?**
    - Yes: Max surface allowed is E0194
    - No: Defer for additional documentation

- More than 2 Stage III/IV wounds on the trunk?
  - Yes: Only two turning surfaces available?
    - Yes: Max surface allowed is E0277
    - No: Defer for additional documentation
  - No: Wound (Stage III/IV) on the trunk > 2x2 cm?**
    - Yes: Only two turning surfaces available?
      - Yes: Max surface allowed is E0371/2/3
      - No: Defer for additional documentation
    - No: Wound (Stage III/IV) on the trunk > 3x3 cm?**
      - Yes: Only two turning surfaces available?
        - Yes: Max surface allowed is E0371/2/3
        - No: Defer for additional documentation
      - No: Wound (Stage III/IV) on the trunk (at least Stage III)
        - Yes: Only two turning surfaces available?
          - Yes: Max surface allowed is E0371/2/3
          - No: Defer for additional documentation
        - No: Max surface allowed is E0277

- Wounds isolated without bearing weight?
  - Yes: Max surface allowed is E0194
  - No: No

- Wound (Stage III or IV) on the trunk > 2x2 cm?**
  - Yes: Wound (Stage III or IV) on the trunk > 3x3 cm?**
    - Yes: Max surface allowed is E0277
    - No: Defer for additional documentation
  - No: Wound (Stage III or IV) on the trunk > 3x3 cm?**
    - Yes: Max surface allowed is E0371/2/3
    - No: Defer for additional documentation

- Only 2 turning surfaces available?
  - Yes: Max surface allowed is E0194
  - No: Max surface allowed is E0196/E0185 (if patient in a NF, max surface is E0180/81)

- Wound (Stage III/IV) on the trunk > 2x2 cm?**
  - Yes: Only 2 turning surfaces available?
    - Yes: Max surface allowed is E0194
    - No: Max surface allowed is E0196/E0185 (if patient in a NF, max surface is E0180/81)
  - No: Max surface allowed is E0196/E0185 (if patient in a NF, max surface is E0180/81)

- Wound (Stage III/IV) on the trunk > 3x3 cm?**
  - Yes: Only 2 turning surfaces available?
    - Yes: Max surface allowed is E0194
    - No: Max surface allowed is E0196/E0185 (if patient in a NF, max surface is E0180/81)
  - No: Max surface allowed is E0196/E0185 (if patient in a NF, max surface is E0180/81)

- Only one or no turning surface available?
  - Yes: Max surface allowed is E0194
  - No: Defer for additional documentation

- Wounds can be isolated without bearing weight?
  - Yes: Max surface allowed is E0194
  - No: No

- Within 60 days post flap or skin graft surgery?
  - Yes: Max surface allowed is E0194
  - No: Defer for additional documentation

* Defined as: (a) the beginning of the dispensing period for the authorized level of support surface; or (b) the beginning of service after a gap in service of 30 days or more.

** Or equivalent total wound surface area.

Note: If the documentation demonstrates that the max surface allowed immediately (within previous 30 days) prior to the current request has failed, or that the patient has demonstrated bottoming out on that surface, then the next higher cost surface may be considered for authorization.

Person completing this form: Signature ____________________________
Title ____________________________ Date: ____________

October 2019
GUIDELINES FOR SELECTING SPECIALTY BEDS AND SURFACES

Flowchart B. Anti-Decubitus Care (ADC) – Group II and III Products
Reauthorization Request

Go to Flowchart D

Request is for Group II or III product?

Yes

Go to Flowchart A or C

Request meets "reauthorization TAR" definition*; or has been directed to use this flowchart from another flowchart?

Yes

Defer for additional documentation

Yes

Nutrition, nursing care and wound care components are adequate and in place for treating patient; and lab results are current?

No

Yes

Documentation submitted provides sufficient info regarding wound size, location, stage, # of turning surfaces available?

No

Yes

Patient has been on authorized Group II or III product and wound(s) (Stage III/IV) has/have improved or this is the first request for a step-up product?

No

Go to Flowchart C

Yes

Go to "Initial" flowchart and begin at A

≥3 months of same level of product has previously been authorized?

No

≤3 months of same level of product has previously been authorized?

Yes

Yes

Yes

Patient is compliant with therapy?

No

Go to Flowchart C

Yes

Reauthorize same surface or down code to lower cost surface

Consider 30 day renewal if E0193 or 94 is in use; consider step up if other surface in use

* Defined as:
(a) 2\textsuperscript{nd} – 4\textsuperscript{th} consecutive month authorization for the same level of support surface that was previously authorized; or
(b) 1\textsuperscript{st} step down request immediately (within 30 days) following a previously authorized ADC product usage period.

Person completing this form: Signature ___________________ Title ______________ Date: _______
GUIDELINES FOR SELECTING SPECIALTY BEDS AND SURFACES

Flowchart C. Anti-Decubitus Care (ADC) – Group II and III Products
Authorization Requests for Patients with Chronic Wounds

Request is for Group II or III product?

No

Go to Flowchart D

Yes

Request meets “chronic wounds patient” definition*; or has been directed to use this flowchart from another flowchart?

No

Go to Flowchart A or B

(New level of surface, or previously authorized for < 4 months)

Yes

Documentation submitted is sufficient for wound size, location, stage, # of wounds and # of turning surfaces available?

No

Defer for additional documentation

Yes

Patient has shown little or no clinical improvement to date?

No

Go to “Initial” flowchart and begin at A

Yes

(updated care plan has been developed/implemented?)

No

Consider one more month reauthorization

Yes

Nutrition, nursing care and wound care components are adequate and in place for treating patient; and lab results are current?

No

Consider step down to lower cost product

Yes

Patient is compliant with therapy?

No

Less than 6 months on same level of surface?

Yes

Consider one more month reauthorization and request that provider obtain MD eval re: how to improve wound healing for additional services.

No

Go to “Initial” flowchart and begin at A

* Defined as:
A patient who has been authorized for the same level of support surface for 4 consecutive months or longer.

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GUIDELINES FOR SELECTING SPECIALTY BEDS AND SURFACES

Flowchart D. Anti-Decubitus Care (ADC) – Group I or Preventative Products

Go to Flowchart A, B or C

Request is for Group I ADC surface?

Yes

Does the patient reside in NF?

Yes (Lives in home setting)

Is medical necessity for requested product documented (e.g., current Stage I/II ulcer on trunk, history of Stage III/IV wound on trunk or bedbound patient)?

No

Is the request for a product that causes the cumulative cost of DME to be < $100?

No

Max surface allowed is lowest cost surface not tried and failed

Yes

Is failure of a lower cost surfaces(s) documented (e.g., tried and failed, bottomed out)?

No

For mattress/APP with pump request, failed static overlay

Yes

Max surface allowed is requested product

Surface included in NF rate, not separately reimbursable in most cases

Defer for additional documentation

No TAR required; bill directly

Person completing this form: Signature __________________ Title __________________ Date: ______