MEDICAL POLICY

POLICY TITLE	HOSPITAL BEDS, ACCESSORIES, AND PRESSURE-REDUCING SUPPORT SURFACES
POLICY NUMBER	MP-6.001

Effective Date:	10/1/2022

I. POLICY

Fixed-height hospital bed may be considered **medically necessary** when ONE or more of the following criteria are met:

- The patient has a medical condition, which requires positioning of the body and support to alleviate pain, provide good body alignment, prevent contractures or avoid respiratory infections that is not feasible in an ordinary bed;
- The patient requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspirations.
- The patient requires traction equipment, which cannot be attached to an ordinary bed.

Variable-height hospital bed may be considered **medically necessary** when a patient meets one or more criterion for a fixed height hospital bed and at least **ONE** of the following criteria:

- The patient has severe arthritis or other injuries to the lower extremities (e.g., fractured hip), or other severely debilitating disease or conditions, and the variable height feature assists the patient to ambulate or transfer by enabling the patient to place feet on the floor when sitting on the edge of the bed.
- The patient with any condition that would be aggravated by the strain of “jumping” up or down;
- The patient is able to transfer from bed to wheelchair, with or without help. This would include conditions including, though not limited to, spinal cord injuries, multiple limb amputations, or sequelae of stroke (CVA); or
- An adult caregiver is able and willing to provide daily assistance with activities of daily living (ADLs) while the patient is in bed (e.g., repositioning, dietary needs, fluid balance, skin care, continence management of altered mental status).

    - Caregiver training may be medically necessary to ensure safe body mechanics in the care and transfer of the patient (i.e., adjustment of bed height for tasks, use of bed rails, etc.), measures to prevent pressure injuries, use of safe repositioning techniques and supportive devices, appropriate daily skin care, and provision of nutrition to support skin integrity and wound healing.

Semi-electric hospital bed may be considered **medically necessary** when the patient meets one or more of a fixed-height hospital bed criteria above and **BOTH** of the following:

- Requires frequent changes in body position and/or has an immediate need for a change in body position (i.e., no delay can be tolerated); and
- Able to operate the controls to make the adjustments. Exceptions to this requirement can be made in cases of spinal cord injury or brain injury.

Total electric bed is considered a convenience feature and therefore **not medically necessary**.

Heavy-duty extra wide hospital bed may be considered **medically necessary** if the patient meets one of the criteria for a fixed height hospital bed and the patient's weight is more than 350 pounds, but does not exceed 600 pounds.

Extra heavy-duty hospital bed may be considered **medically necessary** if the patient meets the criteria for a fixed-height hospital bed and the patient's weight exceeds 600 pounds.

Kinetic (Oscillating) beds and **hospital grade beds** (including pediatric hospital grade beds) are considered institutional equipment and inappropriate for home use and therefore **not medically necessary**.

Power or Manual Lounge Beds (i.e., Adjust A Bed, Craftmatic Bed, or Electra-Rest bed) are considered convenience items, as they are not hospital beds nor primarily medical in nature and therefore **not medically necessary**.

Pediatric hospital crib/bed, including a pediatric hospital bed with 360° side enclosures, may be considered **medically necessary** when the individual meets all of the medical necessity criteria for ONE of the hospital beds specified above.

Canopy enclosure as an accessory to a hospital bed may be **medically necessary** when the following are met.

- Criteria for a hospital bed listed above is met.
- A medical condition that requires a safety enclosure.
- Less restrictive options are unsuccessful.

The following beds or accessories are considered safety/convenience items and **not medically necessary:**

- Safety bed systems (e.g., KayserBetten Secure Sleep Systems, SleepSafe Bed, Hannah Safety Bed, Dream Series, Safety Sleeper™))
- Safety accessories such as enclosures/canopies for a bed other than a hospital bed (e.g., Vail® Enclosed Bed Systems, Posey Bed Canopy beds)

- Bed Rocker and rocking beds

Hospital beds of any type will be considered **not medically necessary** if the patient does not meet the above criteria.

***Note:** To prevent pressure injury in a patient the caregiver must provide frequent changes in positioning at least every two hours, use of supportive devices, daily skin care, and nutritious diet.

Hospital bed Accessories:

- **Bed boards** are considered a convenience item and therefore **not medically necessary**.
- **Bed cradle** may be considered **medically necessary** to prevent contact with bed coverings.
- **Trapeze equipment** may be considered **medically necessary** if the patient requires the device to do any one of the following:
  - Sit up due to respiratory conditions.
  - Change body position for other medical reasons.
  - To get in or out of bed.
- **Heavy-duty trapeze equipment** may be considered **medically necessary** if the patient meets both of the following:
  - The patient meets the criteria above for regular trapeze.
  - The patient weight is greater than 250 pounds.
- **Trapeze bars** attached to a bed are **not medically necessary** when used on an ordinary bed.
- **Side Rails or safety enclosures** may be considered **medically necessary** when required for the patient's condition and are an integral part of, or an accessory to, a hospital bed.
- **Support Surfaces:** Alternating Pressure Pads and Mattresses, Water and Pressure Pads and Mattresses, Gel flotation Pads or Mattresses and Lamb's Wool Pads, etc. may be considered **medically necessary** if the patient has or is highly susceptible to decubitus injuries and the patient's physician has specified that he/she will be supervising its use in connection with the course of treatment.
- **Over bed table** are considered a convenience item and therefore **not medically necessary**.

PRESSURE-REDUCING SUPPORT SURFACES:

Pressure Reducing Support Surfaces may be considered **medically necessary** and, therefore, covered for patients who are at high risk for developing, or have developed, pressure ulcers.

Mattress overlay or mattress (Group 1) may be considered **medically necessary** when the patient meets one or more of the following:

- The patient is completely immobile (i.e., cannot make changes in body position without assistance).
- The patient experiences any ONE of the following:
  - Altered sensory perception
  - Compromised circulatory status
  - Impaired nutritional status; and/or
  - Incontinence (urinary or fecal), along with ONE of the following:
    - Limited mobility (i.e., cannot independently make changes in body position significantly enough to alleviate pressure)
    - A pressure ulcer (any stage) on the trunk or pelvis

Other uses, not mentioned above, for pressure-reducing support surfaces (Group 1) are considered **not medically necessary** because the available published peer-reviewed literature does not support their use in the treatment of illness or injury.

Support surface (Group 2) may be considered **medically necessary** when the patient meets one or more of the following:

- The patient has multiple stage II pressure ulcers on their trunk or pelvis and all of the following:
  - The patient has been on a comprehensive ulcer treatment program. This program should generally include the following components:
    - Education of the patient and caregiver on the prevention and/or management of pressure ulcers.
    - Regular assessment by a licensed health care professional (usually at least weekly for an individual with a stage III or IV ulcer).
    - Appropriate turning and positioning.
    - Appropriate wound care (for a stage II, III, or IV ulcer).
    - Appropriate management of moisture/incontinence.
    - Nutritional assessment and intervention consistent with the overall plan of care.
  - Placed on an appropriate Group I support surface, for a duration of four weeks.
  - The ulcer is not healing or has worsened over the four weeks.
- The patient has large or multiple stage III or IV ulcer(s) on their trunk or pelvis.
- The patient received a myocutaneous flap or skin graft within the past 60-days to treat a pressure ulcer on their trunk or pelvis and was on a Group 2 or 3-support surface within the past 30-days prior to discharge from a hospital or nursing facility.
  - Coverage is limited to 60-days from the date of surgery.

Low-air-loss bed may be considered **medically necessary** when the patient meets the criteria for a Group 2, support surface, and bottoms out on an advanced non-powered mattress, a powered air overlay, and a powered mattress.

Powered mattress may be considered **medically necessary** when the patient meets the criteria for a Group 2, support surface, and bottoms out on a powered air overlay and advanced non-powered mattress.

Advanced non-powered mattress may be considered **medically necessary** when the patient meets the criteria for a Group 2, support surface, and bottoms out on an advanced non-powered overlay and powered air overlay.

Powered air overlay may be considered **medically necessary** when the patient meets the criteria for a Group 2, support surface, and bottoms out on an advanced non-powered overlay.

Advanced non-powered overlay may be considered **medically necessary** when the patient meets the criteria for a Group 2, support surface.

Continued use of a Group 2, support surface, may be considered **medically necessary** when the patient meets one of the following criteria:

- Until the ulcer is healed.
- If healing does not continue, the treating licensed health care provider documents that the continued use of a Group 2, support surface, may be **medically necessary** for wound management, or other aspects of the care plan are adjusted to promote wound healing.

Other uses for a Group 2, pressure-reducing support surface, are considered **not medically necessary** because the available published peer-reviewed literature does not support their use in the diagnosis or treatment of illness or injury.

Air-fluidized bed (Group 3) may be considered **medically necessary** when used in the treatment of pressure injuries and extensive burns for non-ambulatory bedridden patients when **ALL** of the following are met:

- The patient is bedridden or chair bound because of severely limited mobility.
- The patient has failed Group 2 support surfaces (i.e., after more than four weeks, the ulcers are worsening or not healing).
- The patient has exhausted the following conservative treatment without improvement.
  - Frequent repositioning of the patient to relieve pressure over bony prominences (usually every two hours).
  - Use of a group 2, support surface, to reduce pressure and shear forces on healing ulcers and to prevent new ulcer formation.
  - Any necessary treatment to resolve an existing wound infection.
  - Optimization of nutritional status to promote wound healing.
  - Debridement by any means (including wet-to-dry gauze dressings), if needed, to remove devitalized tissue from the wound bed.
    - Wet-to-dry dressings when used for debridement do not require an occlusive dressing. Use of wet-to-dry dressings for wound debridement, begun during the

period of conservative treatment and which continue beyond 30-days, will not preclude coverage of an air-fluidized bed. Should additional debridement again become necessary while a patient is using an air-fluidized bed (after the first 30-day course of conservative treatment), that will not cause the air-fluidized bed to be denied.

- Maintenance of a clean, moist bed of granulating tissue with appropriate moist dressings protected by an occlusive covering, while the wound heals
  - An occlusive barrier is required, when necessary, to maintain a moist wound-healing environment that may otherwise be compromised by the drying action of airflow generated by air-fluidized therapy. If moist dressings are NOT required because of the wound characteristics (e.g., heavily exudative wound, etc.), the occlusive barrier is not required as a condition for reimbursement.
- Additionally, conservative treatment may include the following components:
  - Education of the patient and caregiver on the prevention and management of pressure ulcers.
  - Assessment by a licensed health care professional at least weekly.
  - Appropriate management of moisture/incontinence.
- A healthcare professional--directed home treatment regimen that includes a monthly re-evaluation of the need for an air-fluidized bed.
- The patient would require institutionalization in the absence of an air-fluidized bed.
- The patient's home environment can accommodate the equipment.
- A trained adult caregiver is able and willing to provide the type of care the patient requires with the use of an air-fluidized bed (e.g., assistance with activities of daily living, repositioning, dietary needs, fluid balance, skin care, prescribed treatments, recognition and management of altered mental status) and in use/management of the air-fluidized bed and its problems such as leakage.
- The patient has no contraindications related to the use of an air-fluidized bed (e.g., coexisting pulmonary disease [the lack of firm back support makes coughing ineffective, and dry air inhalation thickens pulmonary secretions]).

Other uses for an air-fluidized bed are considered **not medically necessary** because the available published peer-reviewed literature does not support their use in the treatment of illness or injury.

- The individual has co-existing pulmonary disease (the lack of firm back support makes coughing ineffective and dry air inhalation thickens pulmonary secretions).
- The individual requires treatment with wet soaks or moist wound dressings that are not protected with an impervious covering such as plastic wrap or occlusive material.
- The caregiver is unwilling or unable to provide the type of care required by the member on air-fluidizing **bed**.
- The structural support is inadequate to support the weight of the air-fluidized **bed** system (approximately 1600 lbs. or more).
- The electrical system is insufficient for the anticipated increase in energy consumption

POLICY TITLE	HOSPITAL BEDS, ACCESSORIES, AND PRESSURE-REDUCING SUPPORT SURFACES
POLICY NUMBER	MP-6.001

Cross-reference:

MP 1.094 Skin Contact Monochromatic Infrared Energy for the Treatment of Cutaneous Ulcers, Diabetic Neuropathy, and Other Miscellaneous Musculoskeletal Conditions
MP 6.026 Durable Medical Equipment (DME) and Supplies
MP 8.001 Physical Medicine and Specialized Physical Medicine Treatments (Outpatient)
MP 8.004 Occupational Therapy (Outpatient)

II. PRODUCT VARIATIONS

TOP

This policy is only applicable to certain programs and products administered by Capital Blue Cross and subject to benefit variations as discussed in Section VI. Please see additional information below.

FEP PPO - Refer to FEP Medical Policy Manual. The FEP Medical Policy manual can be found at https://www.fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies

III. DESCRIPTION/BACKGROUND

TOP

Durable Medical Equipment (DME), also referred to as Home Medical Equipment (HME), is any equipment, which provides therapeutic benefits to a patient with a specific illness, injury, or medical condition. Hospital beds (manual or electric) and other specialized beds, such as active (dynamic) beds, may be considered durable medical equipment.

Active (dynamic) beds include air-fluidized (e.g. Clinitron, FluidAir), low-air-loss beds (e.g. Flexicair, KinAir), or rotating (oscillating) beds. A low-air-loss mattress consists of air sacs through which warmed air passes. An air-fluidized mattress contains silicone-coated beads that liquefy when air is pumped through them. An active bed is one potential component of a comprehensive pressure injury prevention protocol.

A kinetic (oscillating) bed is a programmable bed that turns on its longitudinal axis, intermittently or continuously. Kinetic bed therapy has been proposed for those with acute respiratory conditions, but published literature indicates that it offers no advantage in pressure injury prevention.

In addition to beds, various overlay support surfaces (dynamic and static) are utilized as part of a treatment program for the prevention of pressure injuries. Dynamic overlays include systems with alternating surfaces powered by a pump. Static support surfaces include air, fluid or gel filled overlays, foam mattresses, and sheepskin.

On March 22, 2005, the U.S. Food and Drug Administration (FDA) and the U.S. Department of Justice initiated seizures of all finished Vail 500, 1000, and 2000 Enclosed Bed Systems on the ground that use of these systems poses a public health risk because patients can become entrapped and suffocate, resulting in severe neurological damage or death.

A number of scales have been proposed for assessing risk for pressure injury development. The Braden scale is used across many settings and subpopulations, and has been determined to be valid and reliable. The Braden scale risk levels have been adapted to pediatrics in the form of the Braden Q scale. The lower the Braden scale score, the higher the level of risk for developing pressure injuries.

IV. DEFINITIONS

TOP

BASIC ACTIVITIES OF DAILY LIVING (BADL) include are skills required to manage one's basic physical needs including personal hygiene or grooming, dressing, toileting, transferring or ambulating, and eating.

FIXED HEIGHT HOSPITAL BED is one with manual head and leg elevation adjustments but no height adjustment.

PRESSURE INJURY is a type of wound that forms as a result of prolonged pressure against areas of the skin. This is commonly seen over the bony prominences, such as sacrum and heels, in bedridden and/or wheelchair confined individuals. Pressure injuries are classified into the following stages (and an unstageable category), to signify the degree of skin damage:

- **Stage 1 Pressure Injury: 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 2 Pressure Injury: Partial-thickness skin loss with exposed dermis**
  The wound bed is viable, pink or red, moist, and may 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 (MARSI), or traumatic wounds (skin tears, burns, abrasions).
- **Stage 3 Pressure Injury: 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 4 Pressure Injury: 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, and intact without erythema or fluctuance) on the heel or ischemic limb should not be softened or removed.
- **Deep Tissue Pressure Injury (DTPI): 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). Do not use DTPI to describe vascular, traumatic, neuropathic, or dermatologic conditions.
- **Medical Device Related Pressure Injury: This describes an etiology**
  Medical device-related pressure injuries result from the use of devices designed and applied for diagnostic or therapeutic purposes. The resultant pressure injury generally conforms to the pattern or shape of the device. The injury should be staged using the staging system.
- **Mucosal Membrane Pressure Injury:** Mucosal membrane pressure injury is found on mucous membranes with a history of a medical device in use at the location of the injury. Due to the anatomy of the tissue, these ulcers cannot be staged.

SEMI-ELECTRIC BED is one with manual height adjustment and with electric head and leg elevation adjustments.

TOTAL ELECTRIC BED is one with electric height adjustment and with electric head and leg elevation adjustments.

VARIABLE HEIGHT HOSPITAL BED is one with manual height adjustment and with manual head and leg elevation adjustments.

V. BENEFIT VARIATIONS

TOP

The existence of this medical policy does not mean that this service is a covered benefit under the member's health benefit plan. Benefit determinations should be based in all cases on the applicable health benefit plan language. Medical policies do not constitute a description of benefits. A member's health benefit plan governs which services are covered, which are excluded, which are subject to benefit limits and which require preauthorization. There are different benefit plan designs in each product administered by Capital Blue Cross. Members and providers should consult the member's health benefit plan for information or contact Capital Blue Cross for benefit information.

VI. DISCLAIMER

TOP

Capital Blue Cross's medical policies are developed to assist in administering a member's benefits, do not constitute medical, advice, and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. If a provider or a member has a question concerning the application of this medical policy to a specific member's plan of benefits, please contact Capital Blue Cross' Provider Services or Member Services. Capital Blue Cross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VII. CODING INFORMATION

TOP

Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

Kinetic (Oscillating) and hospital grade beds (including pediatric hospital grade beds) are considered institutional equipment and inappropriate for home use:

Procedure Codes							
E0270	E0300						

Over-Bed Table and Bed Boards are considered convenience items and not medically necessary: therefore, they are not covered.

Procedure Codes							
E0273	E0274	E0315					

POLICY TITLE	HOSPITAL BEDS, ACCESSORIES, AND PRESSURE-REDUCING SUPPORT SURFACES
POLICY NUMBER	MP-6.001

Total Electric Hospital Beds (adult and pediatric), which include a height adjustment feature are considered convenience items and not medically necessary:

Procedure Codes							
E0265	E0266	E0296	E0297				

Pediatric safety beds, manufactured as a unit (e.g. KayserBetten Sleep Systems, SleepSafe Beds, and Dream Series Beds), are considered convenience items and not medically necessary:

Procedure Codes							
E1399							

Power or Manual Lounge Beds (i.e., Craftmatic®, AdjustaBed, Electra-Rest bed) are considered convenience items and not medically necessary:

Procedure Codes							
E1399							

Bed Rocker or Rocking Bed is considered a safety/convenience item and not medically necessary:

Procedure Codes							
E0462							

An air-fluidized or low-air-loss bed may be considered medically necessary in the treatment of pressure injuries and extensive burns for non-ambulatory bedridden patients when ALL the criteria are met:

Procedure Codes							
E0193	E0194						

Fully enclosed pediatric crib or hospital bed with 360° side enclosures is coveEred when medically necessary:

Procedure Codes							
E0328	E0329						

Covered when Medically Necessary Hospital Beds:

Procedure Codes							
E0250	E0251	E0255	E0256	E0260	E0261	E0290	E0291
E0292	E0293	E0294	E0295	E0301	E0302	E0303	E0304

Covered when Medically Necessary Mattresses, Support Surfaces, and Supplies:

Procedure Codes							
A4640	E0181	E0182	E0184	E0185	E0186	E0187	E0188
E0189	E0196	E0197	E0198	E0199	E0271	E0272	E0277

Procedure Codes							
E0371	E0372	E0373	E0183				

Covered when Medically Necessary Hospital Bed Accessories:

Procedure Codes							
E0280	E0305	E0310	E0316	E0910	E0911	E0912	E0940

Specific diagnosis codes do not apply, unless indicated above in the policy statement

VIII. REFERENCES

TOP

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IX. POLICY HISTORY

TOP

MP 6.001	**CAC 1/27/04**
	CAC 8/31/04
	CAC 8/30/05
	CAC 9/27/05
	CAC 3/27/07
	CAC 3/25/08
	CAC 3/31/09 Consensus review
	CAC 5/25/10 Consensus review
	CAC 4/26/11 Consensus review
	CAC 10/30/12 Consensus review. References updated; no changes to policy statements. Codes reviewed.
	CAC 11/26/13 Consensus review. References updated. No change to policy statements. Codes reviewed no changes.
	CAC 11/25/14 Consensus review. References updated. No changes to the policy statements.
	11/2/15 Administrative update. LCD numbers changed from L5049, L11578, L11579, and L50691 to L33820, L33830, L33642, and L33692 due to Novitas update to ICD-10.
	CAC 3/29/16 Minor review. Added statements regarding pediatric hospital beds. References updated. Coding reviewed/updated. Changed DME Medicare carrier from NHIC to Noridian for 7/8/16.
	1/1/17 Admin update: Product variation section reformatted.
	CAC 5/23/17 Consensus review. Changed the word "ulcer" to "injury" per the National Pressure Ulcer Advisory Panel (NPUAP) who redefined the definition of pressure injuries during the NPUAP 2016 Staging Consensus Conference that was held April 8-9, 2016. No change to intent of policy statements. References updated. Changed definition of pressure injury stages to match NPUAP. Coding Reviewed.
	1/1/18 Admin Update: Medicare variations removed from Commercial Policies.
	2/14/18 Consensus review. No change to policy statements. References reviewed.

POLICY TITLE	HOSPITAL BEDS, ACCESSORIES, AND PRESSURE-REDUCING SUPPORT SURFACES
POLICY NUMBER	MP-6.001

	4/2/18 Minor review. Added bed rocker, rocking beds, bed boards, over bed tables, and hospital grade beds (including pediatric hospital grade beds) as not medically necessary. Coding reviewed.
	3/5/19 Consensus review. No change to policy statements**.**
	3/25/2020 Major review. Title changed to "Hospital Beds, Accessories, and Pressure-Reducing Support." Added criteria to fixed-height hospital bed, semi-electric hospital bed, and heavy-duty trapeze equipment. Section and criteria added for pressure-reducing support surfaces. Definitions revised. Literature updated/revised.
	6/4/2021 Consensus review. No change in policy statement. References and coding reviewed.
	3/2/2022 Consensus review. Updated FEP, definitions, coding table format, and references. No changes to CPT coding.
	9/12/2022 Admin Update: New Code E0183 added as Covered Conditionally effective 10/1/2022.

Top