

PRESSURE REDUCING SUPPORT SURFACES-GROUP 1

Revision Effective Date	For services performed on or after 07/01/2005
Revision Ending Date	
Indications and Limitations of Coverage and/or Medical Necessity	<p>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.</p> <p>These items require a written order prior to delivery. Refer to the Policy Article for additional information on orders.</p> <p>A group 1 mattress overlay or mattress (E0180-E0189, E0196-E0199, and A4640) is covered if the patient meets:</p> <ul style="list-style-type: none"> a) Criterion 1, or b) Criteria 2 or 3 and at least one of criteria 4-7. <ul style="list-style-type: none"> 1) Completely immobile - i.e., patient cannot make changes in body position without assistance. 2) Limited mobility - i.e., patient cannot independently make changes in body position significant enough to alleviate pressure. 3) Any stage pressure ulcer on the trunk or pelvis. 4) Impaired nutritional status. 5) Fecal or urinary incontinence. 6) Altered sensory perception. 7) Compromised circulatory status. <p>When the coverage criteria for a group 1 overlay or mattress 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 1 support surface billed without a KX modifier (see Documentation section) will usually be denied as not medically necessary.</p> <p>The support surface provided for the patient should be one in which the patient does not "bottom out". Bottoming out is the finding that an outstretched hand, placed palm up between the undersurface of the overlay or mattress 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 sidelying position.</p> <p>A support surface which does not meet the characteristics specified in</p>