



Health & Human Services

## PRESSURE REDUCING SUPPORT SURFACES

Service Authorization Required - **Yes**

DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICY

EFFECTIVE: March 2007

REVISED: December 2025

## PRESSURE REDUCING SUPPORT SURFACES

### Indications and limitations of coverage and medical appropriateness:

Coverage allowed if the following conditions are present:

- Completely immobile, **and**
- The member cannot independently make changes in body position, **and**
- Pressure ulcer on the trunk or pelvis, **and/or**
- Impaired nutritional status, **and/or**
- Altered sensory perception, **and/or**
- Compromised circulatory status, **and/or**
- Incontinence of bowel or bladder.

### Powered Pressure Reducing Mattress (E0277):

- Mattress overlay has failed, or
- Ulcers have worsened or remained the same over the past month, or
- Multiple stage II ulcers on the trunk or pelvis.

### Air Fluidized Bed (E0194): *as an exception only.*

- Without the bed, the member would require institutionalization.
- Stage III or IV ulcer.
- Bedridden as a result of severely limited mobility.
- All other measures have failed.



Health & Human Services

## PRESSURE REDUCING SUPPORT SURFACES

Service Authorization Required - Yes

### DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICY

EFFECTIVE: March 2007

REVISED: December 2025

### PRESSURE REDUCING SUPPORT SURFACES

Date Revised	Revisions
July 2017	Reviewed and reformatted. Added appropriate HCPC for clarification.
June 29, 2021	Reviewed and revised. Added "reviewed: to header section and replaced 60 with 90 in documentation section.
November 23, 2022	Reviewed and reformatted. Header logo updated with new logo.
November 17, 2023	Reviewed and reformatted. Removed CMN required removed. Documentation Required section bullet three CMN deleted.
December 23, 2025	Reviewed and reformatted. Removed "CMN" verbiage from the header section.