

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.
- Bed ridden as a result of severely limited mobility.
- All other measures have failed.

Dakota Health & Human Services Be Legendary.	PRESSURE REDUCING SUPPORT SURFACES Service Authorization Required - Yes CMN Required: No
DURABLE MEDICAL EQUIPMENT MANUAL	COVERAGE AND LIMITATION CRITERIA AND POLICY
EFFECTIVE: March 2007	REVISED: December 20

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- Medical documentation needs to accompany the service authorization as well as the CMN to support the request.
- · Limited to four months rental.

Documentation Requirements:

- A prescription from prescribing physician/practitioner.
- Physician/practitioner exam within 90 days of the service authorization start date that supports the need.

Non-covered:

• Foam overlay or mattress, which does not have a waterproof cover, is not considered DME.

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.