

**Policy terminated because coverage is provided under
NCHC Durable Medical Equipment and Supplies**

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1.0 Description of the Procedure, Product, or Service

A pressure ulcer, also referred to as decubitus ulcer, pressure sore or bedsore, is a localized area of tissue necrosis that develops when a soft tissue is compressed between a bony prominence and an external surface. Excessive prolonged pressure causes capillary collapse and obstructs the passage of nutrients to body tissues. Pressure relieving support surfaces are designed to prevent or promote the healing of pressure ulcers by reducing or eliminating tissue interface pressure. Most of these devices reduce interface pressure by conforming to the contours of the body so that pressure is distributed over a larger surface area rather than concentrated on a more circumscribed location.

The staging of pressure ulcers used in this policy is as follows:

- a. Stage I - observable pressure related alteration of intact skin whose indicators as compared to the adjacent or opposite area on the body may include changes in skin temperature, tissue consistency and/or sensation. The ulcer appears as a defined area of persistent redness in lightly pigmented skin, whereas in darker skin tones, the ulcer may appear with persistent red, blue or purple hues.
- b. Stage II - partial thickness skin loss involving epidermis, dermis, or both. The ulcer is superficial and presents clinically as an abrasion, blister or shallow crater.
- c. Stage III - full thickness skin loss involving damage to, or necrosis of, subcutaneous tissues 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.
- d. Stage IV - full thickness skin loss with extensive destruction, tissue necrosis or damage to muscle, bone, or supporting structures (e.g., tendon, joint capsule). Undermining and sinus tracts also may be associated with Stage IV pressure ulcers.

The Centers for Medicare & Medicaid Services (CMS) recognizes three classes of pressure-relieving surfaces.

- a. Group 1 devices are designed to be placed on top of standard hospital or home mattresses and include pressure pads, certain mattresses and mattress overlays (foam, air, water, or gel).
- b. Group 2 pressure-reducing support surfaces include powered air flotation beds (low-air-loss therapy), powered pressure-reducing air mattresses (alternating air mattresses), and non-powered advanced pressure reducing mattresses, which can be placed directly over a hospital bed frame.
- c. Group 3 devices are limited to air-fluidized beds. Generally, the higher the risk, the higher the group number.

This policy addresses only Group 2 support surfaces.

2.0 Eligible Recipients

2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

Note: Most children will be able to get all the services they need under the core (basic) plan of NC Health Choice. A child who qualifies as having special needs may be able to receive additional services not covered by the core plan.

3.0 When the Procedure, Product, or Service Is Covered

3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

3.2 Specific Criteria

Pressure reducing support surfaces are covered under the NC Health Choice Program when they are determined to be medically necessary when ONE of the following three criteria is met:

- a. Large or multiple Stage III or IV pressure ulcers are present on the trunk or pelvis.
- b. A myocutaneous flap or skin graft has been performed recently within the past 60 days for a pressure ulcer on the trunk or pelvis **AND** the recipient has been on a Group 2 or 3 support surface immediately prior to a recent discharge from a hospital or nursing facility (discharge within the past 30 days).
- c. Multiple Stage II pressure ulcers are located on the trunk or pelvis that have worsened or remained the same over the past month despite the use of an appropriate Group 1 support surface **AND** a comprehensive ulcer treatment program that includes:
 1. education of the recipient and caregiver on the prevention and/or management of pressure ulcers;
 2. regular assessment by a nurse, physician or other licensed health care practitioner (i.e., usually at least weekly for a recipient with a Stage III or IV ulcer);
 3. appropriate turning and positioning;

4. appropriate wound care for a Stage II, III or IV ulcer;
5. appropriate management of moisture/incontinence;
6. nutritional assessment and intervention consistent with the overall plan of care.

3.3 Policy Guidelines

Continued use of a pressure reducing support surface (Group 2 support surface) is covered until the ulcer is healed or, if healing does not continue, there is documentation in the medical record to show that: other aspects of the care plan are being modified to promote healing, or the use of the Group 2 support surface is medically necessary for wound management.

4.0 When the Procedure, Product, or Service Is Not Covered

4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

4.2 Specific Criteria

Pressure reducing support surfaces are not covered when the criteria in **Subsection 3.2** are not met.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

Prior approval is required for pressure reducing support surfaces.

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

7.0 Additional Requirements

7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

Date	Section Revised	Change
July 1, 2010		Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 "NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY."
<u>October 31, 2011</u>	<u>Throughout</u>	<u>Policy Termination. Coverage for this policy is provided by NCHC policy 2011.09, Medical Equipment and Supplies.</u>

Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

C. Procedure Code(s)

HCPCS Codes
E0371
E0372
E0373

D. Modifiers

Providers are required to follow applicable modifier guidelines.

E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

F. Place of Service

Inpatient Hospital, Nursing Facility and Home

G. Co-payments

Co-payment(s) may apply to covered prescription drugs and services.

H. Reimbursement

Providers must bill their usual and customary charges.