

# Local Coverage Determination (LCD): Pressure Reducing Support Surfaces - Group 2 (L33642)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
CGS Administrators, LLC	DME MAC	17013 - DME MAC	J-B	Illinois Indiana Kentucky Michigan Minnesota Ohio Wisconsin
CGS Administrators, LLC	DME MAC	18003 - DME MAC	J-C	Alabama Arkansas Colorado Florida Georgia Louisiana Mississippi North Carolina New Mexico Oklahoma Puerto Rico South Carolina Tennessee Texas Virginia Virgin Islands West Virginia
Noridian Healthcare Solutions, LLC	DME MAC	16013 - DME MAC	J-A	Connecticut District of Columbia Delaware Massachusetts Maryland Maine New Hampshire New Jersey New York - Entire State Pennsylvania Rhode Island Vermont

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	DME MAC	19003 - DME MAC	J-D	Alaska American Samoa Arizona California - Entire State Guam Hawaii Iowa Idaho Kansas Missouri - Entire State Montana North Dakota Nebraska Nevada Oregon South Dakota Utah Washington Wyoming Northern Mariana Islands

## LCD Information

### Document Information

**LCD ID**

L33642

**Original ICD-9 LCD ID**

[L11579](#)

[L11564](#)

[L27009](#)

[L5068](#)

**LCD Title**

Pressure Reducing Support Surfaces - Group 2

**Proposed LCD in Comment Period**

N/A

**Source Proposed LCD**

N/A

**Original Effective Date**

For services performed on or after 10/01/2015

**Revision Effective Date**

For services performed on or after 01/01/2019

**Revision Ending Date**

N/A

**Retirement Date**

N/A

**Notice Period Start Date**

N/A

**Notice Period End Date**

N/A

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## **CMS National Coverage Policy**

CMS Pub. 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Section 280.1

### **Coverage Guidance**

#### **Coverage Indications, Limitations, and/or Medical Necessity**

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.

The purpose of a Local Coverage Determination (LCD) is to provide information regarding “reasonable and necessary” criteria based on Social Security Act § 1862(a)(1)(A) provisions.

In addition to the "reasonable and necessary" criteria contained in this LCD there are other payment rules, which are discussed in the following documents, that must also be met prior to Medicare reimbursement:

- The LCD-related Standard Documentation Requirements Article, located at the bottom of this policy under the Related Local Coverage Documents section.
- The LCD-related Policy Article, located at the bottom of this policy under the Related Local Coverage Documents section.
- Refer to the Supplier Manual for additional information on documentation requirements.
- Refer to the DME MAC web sites for additional bulletin articles and other publications related to this LCD.

For the items addressed in this LCD, the "reasonable and necessary" criteria, based on Social Security Act § 1862(a)(1)(A) provisions, are defined by the following coverage indications, limitations and/or medical necessity.

A group 2 support surface is covered if the beneficiary meets at least one of the following three Criteria (1, 2 or 3):

1. The beneficiary has multiple stage II pressure ulcers located on the trunk or pelvis (refer to the "**ICD-10 Codes that are Covered**" section in the LCD-related Policy Article for applicable diagnoses) which have failed to improve over the past month, during which time the beneficiary has been on a comprehensive ulcer treatment program including each of the following:
  - a. Use of an appropriate group 1 support surface, and
  - b. Regular assessment by a nurse, physician, or other licensed healthcare practitioner, and
  - c. Appropriate turning and positioning, and
  - d. Appropriate wound care, and
  - e. Appropriate management of moisture/incontinence, and
  - f. Nutritional assessment and intervention consistent with the overall plan of care
2. The beneficiary has large or multiple stage III or IV pressure ulcer(s) on the trunk or pelvis (refer to the "**ICD-10 Codes that are Covered**" section in the LCD-related Policy Article for applicable diagnoses),
3. The beneficiary had a myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis within the past 60 days (refer to the "**ICD-10 Codes that are Covered**" section in the LCD-related Policy Article for applicable diagnoses), and has been on a group 2 or 3 support surface immediately prior to discharge from a hospital or nursing facility within the past 30 days

If the beneficiary is on a group 2 surface, there should be a care plan established by the physician or home care nurse which includes the above elements. The support surface provided for the beneficiary should be one in which the beneficiary does not "bottom out" (see Appendices section).

When a group 2 surface is covered following a myocutaneous flap or skin graft, coverage generally is limited to 60 days from the date of surgery.

When the stated coverage criteria for a group 2 mattress or bed are not met, a claim will be denied as not reasonable and necessary.

A support surface which does not meet the characteristics specified in the Coding Guidelines section of the Pressure Reducing Support Surfaces – Group 2 Policy Article will be denied as not reasonable and necessary. (See Policy Article sections concerning billing of E1399.)

Continued use of a 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: (1) other aspects of the care plan are being modified to

promote healing, or (2) the use of the group 2 support surface is reasonable and necessary for wound management.

Appropriate use of the KX modifier (see Modifier section in the related Policy Article) is the responsibility of the supplier. The supplier should maintain adequate communication on an ongoing basis with the clinician providing the wound care in order to accurately determine that use of the KX modifier still reflects the clinical conditions which meet the criteria for coverage of a group 2 support surface, and that adequate documentation exists in the medical record reflecting these conditions. Such documentation should not be submitted with a claim but should be available upon request.

## GENERAL

A Detailed Written Order (DWO) must be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving a completed DWO, the claim shall be denied as not reasonable and necessary.

An item/service is correctly coded when it meets all the coding guidelines listed in CMS HCPCS guidelines, LCDs, LCD-related Policy Articles, or DME MAC articles. Claims that do not meet coding guidelines shall be denied as not reasonable and necessary/incorrectly coded.

Proof of delivery (POD) is a Supplier Standard and DMEPOS suppliers are required to maintain POD documentation in their files. Proof of delivery documentation must be made available to the Medicare contractor upon request. All services that do not have appropriate proof of delivery from the supplier shall be denied as not reasonable and necessary.

## Summary of Evidence

NA

## Analysis of Evidence (Rationale for Determination)

NA

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# Coding Information

### Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

**Revenue Codes:**

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

**CPT/HCPCS Codes**

**Group 1 Paragraph:**

The appearance of a code in this section does not necessarily indicate coverage.

**HCPCS MODIFIERS:**

- EY – No physician or other licensed health care provider order for this item or service
- GA – Waiver of liability statement issued, as required by payer policy, individual case
- GZ – Item or service expected to be denied as not reasonable and necessary
- KX - Requirements specified in the medical policy have been met

**HCPCS CODES:**

**Group 1 Codes:**

CODE	DESCRIPTION
E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS
E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH
E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH
E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS

**ICD-10 Codes that Support Medical Necessity**

N/A

**ICD-10 Codes that DO NOT Support Medical Necessity**

N/A

### **Additional ICD-10 Information**

N/A

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# **General Information**

### **Associated Information**

### **DOCUMENTATION REQUIREMENTS**

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider." It is expected that the beneficiary's medical records will reflect the need for the care provided. The beneficiary's medical records include the treating practitioner's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available upon request.

### **GENERAL DOCUMENTATION REQUIREMENTS**

In order to justify payment for DMEPOS items, suppliers must meet the following requirements:

- Prescription (orders)
- Medical Record Information (including continued need/use if applicable)
- Correct Coding
- Proof of Delivery

Refer to the LCD-related Standard Documentation Requirements article, located at the bottom of this policy under the Related Local Coverage Documents section for additional information regarding these requirements.

Refer to the Supplier Manual for additional information on documentation requirements.

Refer to the DME MAC web sites for additional bulletin articles and other publications related to this LCD.

### **POLICY SPECIFIC DOCUMENTATION REQUIREMENTS**

Items covered in this LCD have additional policy-specific requirements that must be met prior to Medicare reimbursement.

Refer to the LCD-related Policy article, located at the bottom of this policy under the Related Local Coverage Documents section for additional information.

### **Miscellaneous**

### **Appendices**

The staging of pressure ulcers used in this policy is as follows (National Pressure Ulcer Advisory Panel, 2016 Revision):

**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**

Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist, and may also 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, intact without erythema or fluctuance) on the heel or ischemic limb should not be softened or removed.

**Deep Tissue Pressure Injury: 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.

Bottoming out is the finding that an outstretched hand can readily palpate the bony prominence (coccyx or lateral trochanter) when it is placed palm up beneath the undersurface of the mattress or overlay and in an area under the bony prominence. This bottoming out criterion should be tested with the beneficiary 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 side lying position.

## Utilization Guidelines

Refer to Coverage Indications, Limitations and/or Medical Necessity

## Sources of Information

N/A

## Bibliography

NA

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# Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
01/01/2019	R5	<p><b>Revision Effective Date: 01/01/2019</b></p> <p>COVERAGE INDICATIONS, LIMITATIONS, AND/OR MEDICAL NECESSITY:</p> <p>Removed: Statement to refer to diagnosis code section below</p> <p>Added: Refer to Covered ICD-10 Codes in the LCD-related Policy Article</p> <p>ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:</p> <p>Moved: All diagnosis codes to the LCD-related Policy Article diagnosis code section per CMS instruction</p> <p>ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:</p> <p>Moved: Statement about noncovered diagnosis codes moved to LCD-related Policy Article noncovered diagnosis code section per CMS instruction</p>	<ul style="list-style-type: none"><li>Other (ICD-10 code relocation per CMS instruction)</li></ul>
05/25/2017	R4	<p><b>Revision Effective Date: 05/25/2017</b></p> <p>COVERAGE INDICATIONS, INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:</p> <p>Removed: Standard Documentation Language</p> <p>Added: New reference language and directions to Standard Documentation Requirements</p> <p>Added: General Requirements</p> <p>DOCUMENTATION REQUIREMENTS:</p> <p>Removed: Standard Documentation Language</p> <p>Added: General Documentation Requirements</p> <p>Added: New reference language and directions to Standard Documentation Requirements</p> <p>POLICY SPECIFIC DOCUMENTATION</p>	<ul style="list-style-type: none"><li>Provider Education/Guidance</li></ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<p>REQUIREMENTS:  Removed: Standard Documentation Language  Added: Direction to Standard Documentation Requirements  Removed: Supplier Manual reference from Miscellaneous section  Removed: PIM reference under Appendices section  Revised: Pressure ulcer staging criteria per NPUAP 2016 Staging Consensus Conference</p> <p>RELATED LOCAL COVERAGE DOCUMENTS:  Added: LCD-related Standard Documentation Requirements article</p>	
07/01/2016	R3	<p><b>Revision Effective Date: 01/01/2016</b>  COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:  Removed: WOPD instructions added erroneously</p> <p>DOCUMENTATION REQUIREMENTS:  Revised: Standard Documentation language to add Dispensing orders, New order, and Correct coding requirements; revised Detailed written orders, WOPD, Proof of delivery (Effective 04/28/16)</p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> </ul>
07/01/2016	R2	<p>Effective July 1, 2016 oversight for DME MAC LCDs is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the LCDs.</p>	<ul style="list-style-type: none"> <li>• Change in Assigned States or Affiliated Contract Numbers</li> </ul>
10/01/2015	R1	<p><b>Revision Effective Date: 10/01/2015</b>  COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:  Revised: Standard Documentation Language to add covered prior to a beneficiary's Medicare eligibility  Removed: ICD-9 references</p> <p>DOCUMENTATION REQUIREMENTS:  Revised: Standard Documentation Language to add who can enter date of delivery date on the POD  Added: Instructions for Equipment Retained from a Prior Payer  Added: Repair and Replacement section  Removed: Sources of Information and Basis for Decision, inadvertently not removed for prior update</p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Typographical Error</li> </ul>

# Associated Documents

## Attachments

N/A

## Related Local Coverage Documents

Article(s)

A52490 - Pressure Reducing Support Surfaces - Group 2 - Policy Article

A55426 - Standard Documentation Requirements for All Claims Submitted to DME MACs

## Related National Coverage Documents

N/A

## Public Version(s)

Updated on 02/22/2019 with effective dates 01/01/2019 - N/A

Updated on 05/18/2017 with effective dates 05/25/2017 - 12/31/2018

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

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# Keywords

N/A

**END OF LOCAL COVERAGE DETERMINATION**

Per the Code of Federal Regulations, 42 C.F.R § 426. 325, only those portions of the currently effective Local Coverage Determination (LCD) that are based on section 1862(a)(1)(A) of the Social Security Act, may be challenged through an acceptable complaint as described in 42 C.F.R § 426.400. Also, per 42 C.F.R § 426.325 items that are not reviewable, and therefore cannot be challenged, include the Policy Article. Please note the distinction of the documents when reviewing the materials.

# Local Coverage Article: Pressure Reducing Support Surfaces - Group 2 - Policy Article (A52490)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
CGS Administrators, LLC	DME MAC	17013 - DME MAC	J-B	Illinois Indiana Kentucky Michigan Minnesota Ohio Wisconsin
CGS Administrators, LLC	DME MAC	18003 - DME MAC	J-C	Alabama Arkansas Colorado Florida Georgia Louisiana Mississippi North Carolina New Mexico Oklahoma Puerto Rico South Carolina Tennessee Texas Virginia Virgin Islands West Virginia
Noridian Healthcare Solutions, LLC	DME MAC	16013 - DME MAC	J-A	Connecticut District of Columbia Delaware Massachusetts Maryland Maine New Hampshire New Jersey New York - Entire State Pennsylvania Rhode Island

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
				Vermont
Noridian Healthcare Solutions, LLC	DME MAC	19003 - DME MAC	J-D	Alaska American Samoa Arizona California - Entire State Guam Hawaii Iowa Idaho Kansas Missouri - Entire State Montana North Dakota Nebraska Nevada Oregon South Dakota Utah Washington Wyoming Northern Mariana Islands

## Article Information

### General Information

**Article ID**

A52490

**Original Article Effective Date**

10/01/2015

**Original ICD-9 Article ID**

[A35422](#)

[A35357](#)

[A47114](#)

[A35350](#)

**Revision Effective Date**

01/01/2019

**Revision Ending Date**

N/A

**Article Title**

Pressure Reducing Support Surfaces - Group 2 - Policy Article

**Retirement Date**

N/A

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## **Article Guidance**

### **Article Text:**

### **NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES**

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. Information provided in this policy article relates to determinations other than those based on Social Security Act Section 1862(a)(1)(A) provisions (i.e. "reasonable and necessary").

Pressure-reducing support surfaces are covered under the Durable Medical Equipment benefit (Social Security Act Section 1861(s)(6)). In order for a beneficiary's DME to be eligible for reimbursement, the reasonable and necessary (R&N) requirements set out in the related Local Coverage Determination must be met. In addition, there are specific statutory payment policy requirements, discussed below, that also must be met.

## **POLICY SPECIFIC DOCUMENTATION REQUIREMENTS**

In addition to policy specific documentation requirements, there are general documentation requirements that are applicable to all DMEPOS policies. These general requirements are located in the DOCUMENTATION REQUIREMENTS section of the LCD.

Refer to the LCD-related Standard Documentation Requirements article, located at the bottom of this Policy Article under the Related Local Coverage Documents section for additional information regarding GENERAL DOCUMENTATION REQUIREMENTS and the POLICY SPECIFIC DOCUMENTATION REQUIREMENTS discussed below.

## **MODIFIERS**

### **KX, GA, AND GZ MODIFIERS**

Suppliers must add a KX modifier to a code only if all of the criteria in the Coverage Indications, Limitations and/or Medical Necessity section of the related LCD have been met and evidence of such is maintained in the supplier's files. This information must be available upon request.

If all of the criteria in the Coverage Indications, Limitations and/or Medical Necessity section have not been met, the GA or GZ modifier must be added to the code. When there is an expectation of a denial as not reasonable and necessary, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier if they have not obtained a valid ABN.

Claim lines billed without a KX, GA, or GZ modifier will be rejected as missing information.

When code E1399 is billed, the claim must include the manufacturer and the model name/number.

## **CODING GUIDELINES**

Heavy duty and bariatric devices are included in the codes for pressure reducing support surfaces: E0193, E0277, E0371, E0372 and E0373.

Code E0277 describes a powered pressure reducing mattress (alternating pressure, low air loss, or powered flotation without low air loss) which is characterized by all of the following:

1. An air pump or blower which provides either sequential inflation and deflation of the air cells or a low interface pressure throughout the mattress, and
2. Inflated cell height of the air cells through which air is being circulated is 5 inches or greater, and
3. Height of the air chambers, proximity of the air chambers to one another, frequency of air cycling (for alternating pressure mattresses), and air pressure provide adequate beneficiary lift, reduce pressure and prevent bottoming out, and
4. A surface designed to reduce friction and shear, and
5. Can be placed directly on a hospital bed frame.

Code E0193 describes a semi-electric or total electric hospital bed with a fully integrated powered pressure reducing mattress which has all the characteristics defined above.

Code E0371 describes an advanced nonpowered pressure-reducing mattress overlay which is characterized by all of the following:

1. Height and design of individual cells which provide significantly more pressure reduction than a group 1 overlay and prevent bottoming out, and
2. Total height of 3 inches or greater, and
3. A surface designed to reduce friction and shear, and
4. Documented evidence to substantiate that the product is effective for the treatment of conditions described by the coverage criteria for group 2 support surfaces.

Code E0372 describes a powered pressure reducing mattress overlay (low air loss, powered flotation without low air loss, or alternating pressure) which is characterized by all of the following:

1. An air pump or blower which provides either sequential inflation and deflation of the air cells or a low interface pressure throughout the overlay, and
2. Inflated cell height of the air cells through which air is being circulated is 3.5 inches or greater, and
3. Height of the air chambers, proximity of the air chambers to one another, frequency of air cycling (for alternating pressure overlays), and air pressure to provide adequate beneficiary lift, reduce pressure and prevent bottoming out, and
4. A surface designed to reduce friction and shear.

Code E0373 describes an advanced nonpowered pressure reducing mattress which is characterized by all of the following:

1. Height and design of individual cells which provide significantly more pressure reduction than a group 1 mattress and prevent bottoming out, and
2. Total height of 5 inches or greater, and
3. A surface designed to reduce friction and shear, and
4. Documented evidence to substantiate that the product is effective for the treatment of conditions described by the coverage criteria for group 2 support surfaces, and
5. Can be placed directly on a hospital bed frame.

The only products that may be coded and billed using code E0371 or E0373 are those products for which a written coding determination specifying the use of these codes has been made by the Pricing, Data Analysis, and Coding (PDAC) contractor.

Group 2 support surfaces are coded based on the characteristics specified in the above definitions. Products which do not meet these definitional characteristics but meet the characteristics for another support surface grouping (i.e., Group 1 support surfaces) will be coded based on the characteristics specified in the Coding Guidelines section of the Group 1 Pressure Reducing Support Surfaces related Policy Article. Products which do not meet the characteristics specified in either the Group 1 or Group 2 Support Surfaces related Policy Article must be coded using code E1399.

Either alternating pressure mattresses or low air loss mattresses are coded using code E0277.

Products containing multiple components are categorized according to the clinically predominant component (usually the topmost layer of a multi-layer product). For example, a product with 3" powered air cells on top of a 3" foam base would be coded as a powered overlay (code E0181) not as a powered mattress (E0277).

Suppliers should contact the PDAC contractor for guidance on the correct coding of these items.

## Coding Information

### Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

### Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

### CPT/HCPCS Codes

N/A

### ICD-10 Codes that are Covered

#### Group 1 Paragraph:

The presence of an ICD-10 code listed in this section is not sufficient by itself to assure coverage. Refer to the LCD section on "**Coverage Indications, Limitations, and/or Medical Necessity**" for other coverage criteria and payment information.

#### Group 1 Codes:

ICD-10 CODE	DESCRIPTION
L89.100	Pressure ulcer of unspecified part of back, unstageable
L89.102	Pressure ulcer of unspecified part of back, stage 2
L89.103	Pressure ulcer of unspecified part of back, stage 3
L89.104	Pressure ulcer of unspecified part of back, stage 4
L89.110	Pressure ulcer of right upper back, unstageable

ICD-10 CODE	DESCRIPTION
L89.112	Pressure ulcer of right upper back, stage 2
L89.113	Pressure ulcer of right upper back, stage 3
L89.114	Pressure ulcer of right upper back, stage 4
L89.120	Pressure ulcer of left upper back, unstageable
L89.122	Pressure ulcer of left upper back, stage 2
L89.123	Pressure ulcer of left upper back, stage 3
L89.124	Pressure ulcer of left upper back, stage 4
L89.130	Pressure ulcer of right lower back, unstageable
L89.132	Pressure ulcer of right lower back, stage 2
L89.133	Pressure ulcer of right lower back, stage 3
L89.134	Pressure ulcer of right lower back, stage 4
L89.140	Pressure ulcer of left lower back, unstageable
L89.142	Pressure ulcer of left lower back, stage 2
L89.143	Pressure ulcer of left lower back, stage 3
L89.144	Pressure ulcer of left lower back, stage 4
L89.150	Pressure ulcer of sacral region, unstageable
L89.152	Pressure ulcer of sacral region, stage 2
L89.153	Pressure ulcer of sacral region, stage 3
L89.154	Pressure ulcer of sacral region, stage 4
L89.200	Pressure ulcer of unspecified hip, unstageable
L89.202	Pressure ulcer of unspecified hip, stage 2
L89.203	Pressure ulcer of unspecified hip, stage 3
L89.204	Pressure ulcer of unspecified hip, stage 4
L89.210	Pressure ulcer of right hip, unstageable
L89.212	Pressure ulcer of right hip, stage 2
L89.213	Pressure ulcer of right hip, stage 3
L89.214	Pressure ulcer of right hip, stage 4
L89.220	Pressure ulcer of left hip, unstageable
L89.222	Pressure ulcer of left hip, stage 2
L89.223	Pressure ulcer of left hip, stage 3
L89.224	Pressure ulcer of left hip, stage 4
L89.300	Pressure ulcer of unspecified buttock, unstageable

ICD-10 CODE	DESCRIPTION
L89.302	Pressure ulcer of unspecified buttock, stage 2
L89.303	Pressure ulcer of unspecified buttock, stage 3
L89.304	Pressure ulcer of unspecified buttock, stage 4
L89.310	Pressure ulcer of right buttock, unstageable
L89.312	Pressure ulcer of right buttock, stage 2
L89.313	Pressure ulcer of right buttock, stage 3
L89.314	Pressure ulcer of right buttock, stage 4
L89.320	Pressure ulcer of left buttock, unstageable
L89.322	Pressure ulcer of left buttock, stage 2
L89.323	Pressure ulcer of left buttock, stage 3
L89.324	Pressure ulcer of left buttock, stage 4
L89.42	Pressure ulcer of contiguous site of back, buttock and hip, stage 2
L89.43	Pressure ulcer of contiguous site of back, buttock and hip, stage 3
L89.44	Pressure ulcer of contiguous site of back, buttock and hip, stage 4
L89.45	Pressure ulcer of contiguous site of back, buttock and hip, unstageable

#### ICD-10 Codes that are Not Covered

N/A

## Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
01/01/2019	R5	<p><b>Revision History Effective Date: 01/01/2019</b></p> <p>ICD-10 CODES THAT ARE COVERED: Added: All diagnosis codes formerly listed in the LCD</p> <p>ICD-10 CODES THAT ARE NOT COVERED: Added: Notation excluding all unlisted diagnosis codes from coverage</p> <p><i>02/28/2019: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.</i></p>
05/25/2017	R4	<p><b>Revision Effective Date: 05/25/2017</b></p> <p>POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:</p>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		Added: Modifier requirements RELATED LOCAL COVERAGE DOCUMENTS: Added: LCD-related Standard Documentation Requirements Language Article
07/01/2016	R3	<b>Revision Effective Date: 07/01/2016</b> Removed: WOPD, this is in the document requirement section
07/01/2016	R2	Effective July 1, 2016 oversight for DME MAC Articles is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the Articles.
10/01/2015	R1	<b>Revision Effective Date: 10/01/2014</b> CODING GUIDELINES: Revised: E1399 Code Guidelines

## Associated Documents

### Related Local Coverage Document(s)

Article(s)

A55426 - Standard Documentation Requirements for All Claims Submitted to DME MACs

LCD(s)

L33642 - Pressure Reducing Support Surfaces - Group 2

### Related National Coverage Document(s)

N/A

### Statutory Requirements URL(s)

N/A

### Rules and Regulations URL(s)

N/A

### CMS Manual Explanations URL(s)

N/A

### Other URL(s)

N/A

### Public Version(s)

Updated on 02/22/2019 with effective dates 01/01/2019 - N/A

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Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

## Keywords

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