



Guidelines for Medical Necessity Determination for Support Surfaces

These Guidelines for Medical Necessity Determination (Guidelines) identify the clinical information MassHealth needs to determine medical necessity for support surfaces that require prior authorization. These Guidelines are based on generally accepted standards of practice, review of the medical literature, and federal and state policies and laws applicable to Medicaid programs.

Providers should consult MassHealth regulations at 130 CMR 409.000 and 450.000 and Subchapter 6 of the *Durable Medical Equipment Manual* for information about coverage, limitations, service conditions, and other prior-authorization requirements. Providers serving members enrolled in a MassHealth-contracted managed care organization (MCO) should refer to the MCO's medical policies for covered services.

MassHealth reviews requests for prior authorization on the basis of medical necessity. If MassHealth approves the request, payment is still subject to all general conditions of MassHealth, including member eligibility, other insurance, and program restrictions.

Section I. General Information

Members who have evidence of pressure ulcers are primary candidates for use of support surfaces. Pressure ulcers are defined as any lesion caused by unrelieved pressure resulting in damage of underlying tissues located over bony prominences. Pressure ulcers are staged to classify the degree of tissue damage in four stages. The definition of each stage is provided under Section II.A of these Guidelines.

A support surface is defined as a mattress, mattress replacement, overlay, or seat cushion designed for management of tissue loads, microclimate, or other therapeutic functions. These products may include:

- nonpowered surfaces that include air, foam, gel, or water mattresses and overlays;
- powered surfaces and advanced nonpowered surfaces that include dynamic air overlays, low-air-loss overlays, and whole bed systems;
- high-air-loss systems, such as air-fluidized beds; and
- seating cushions.

MassHealth considers approval for coverage of support surfaces on an individual, case-by-case basis, in accordance with 130 CMR 450.204.

Section II: Clinical Guidelines

A. Clinical Coverage

MassHealth bases its determination of medical necessity for support surfaces on a combination of clinical data and the presence of indicators that would affect the relative risks and benefits of the product. These criteria include, but are not limited to, the following.

1. The member presents clinical signs/symptoms of one or more pressure ulcers as follows:
 - a. **Stage 1** – an observable pressure-related alteration of intact skin whose indicators, as compared with the adjacent or opposite area of the body, may include one or more changes in the following: skin temperature, tissue consistency, and 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 tones.
 - b. **Stage 2** – 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 3** – full-thickness skin loss involving damage to, or necrosis of, subcutaneous tissue that may extend down to, but not through, underlying fascia. The ulcer presents clinically as a deep crater with or without undermining of the adjacent tissue.
 - d. **Stage 4** – full-thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures, such as a tendon or joint capsule. Undermining and sinus tracts may also be associated with Stage 4 ulcers.
2. A comprehensive medical history and physical examination have been conducted to determine factors contributing to pressure ulcers.
3. The risk factors for developing pressure ulcers have been identified and documented. Such risk factors include, but are not limited to, the following:
 - a. impaired mobility due to neurologic disease or injury, fractures, pain, restraints, or being bedridden or chairbound for at least 18 hours a day;
 - b. complete immobility defined as the member being unable to make changes in body position without assistance;
 - c. limited mobility defined as the member being unable to independently make changes in body position sufficiently to alleviate pressure;
 - d. medical conditions that alter sensation or response to discomfort due to degenerative neurologic disease, cerebrovascular disease, central nervous system injury, depression, or drugs that adversely affect alertness;
 - e. involuntary weight loss or gain (greater than five percent in 30 days or greater than 10 percent in the previous 180 days) that results from protein-calorie undernutrition or edema;
 - f. incontinence that includes loss of bowel control and/or bladder control; and
 - g. comorbid conditions that affect independent functioning or alter healing processes such as peripheral vascular disease, vasculitis and other collagen vascular disorders, diabetes mellitus, end-stage disease, congestive heart failure, immune deficiency states, malignancies, malnutrition and dehydration, drugs that affect the healing of skin, depression and psychosis, and contractures at major joints.
4. A plan of care has been developed and implemented to manage pressure ulcers where the desired outcome is improvement in size, depth, and tissue status. Conservative treatment must include:
 - a. frequent turning and positioning to reduce pressure and prevent wound formation;
 - b. appropriate management of moisture or incontinence;
 - c. nutritional assessment and intervention consistent with the overall care plan to promote wound healing;
 - d. general protocols for wound debridement of tissue on stages 2 through 4 ulcers;
 - e. weekly documented assessment by a physician, nurse, or licensed practitioner;
 - f. education of wound-care staff, home caregivers, and the member on the prevention and management of pressure ulcers; and
 - g. documentation of the care plan in the member's medical record.

B. Noncoverage

MassHealth does not consider support surfaces to be medically necessary under certain circumstances. Examples of such circumstances include, but are not limited to, the following.

1. No medical history has been taken and/or there is no documentation that justifies the need for support surfaces.
2. A medical history and physical examination have been performed and other alternatives have been identified to minimize risk for pressure ulcers.
3. Support surfaces are used in place of a wound-care treatment plan.
4. Support surfaces are used for treating anatomical structural problems, neurological problems, pain management, morbid obesity, or comorbid conditions where no pressure ulcers are present.
5. One or more ulcers are present, but the member has the ability to independently make changes in body position.
6. Conservative treatment has failed and all other alternative equipment have not been considered and ruled out by the physician before placing the member on an air-fluidized bed.
7. Air-fluidized beds are used as palliative care or for treating coexisting pulmonary disease.

Section III: Submitting Clinical Documentation

Certain support surfaces require prior authorization. Requests for prior authorization must be accompanied by clinical documentation that supports the medical necessity of this product.

- A.** Documentation from the most recent medical evaluation must include all of the following:
 1. the primary diagnosis name and ICD-CM code specific to the wound condition for which the support surface is requested;
 2. the secondary diagnosis name and ICD-CM code specific to the comorbid condition;
 3. a wound description that includes the location, length, width, and depth, amount of drainage, color, and photographs. Photographs should be taken under adequate lighting with a measuring device (for example, a ruler or tape measure) alongside the area to ensure that the size of the wound can be adequately determined;
 4. a comprehensive medical history and physical examination;
 5. the risk factors for developing pressure ulcers/wounds (using Braden or Norton scales);
 6. the laboratory indicators relevant to the medical condition;
 7. a wound-care plan and treatment outcomes; and
 8. the type and estimated duration of need for support surface(s).
- B.** Clinical information may be submitted on the MassHealth Medical Necessity Review Form for Support Surfaces and accompanied by the Prior Authorization Request form. These forms must be completed by the prescribing physician or clinical staff involved in the member's care. A written prescription signed by a licensed physician or nurse practitioner must also accompany the forms per 130 CMR 409.407(B) and [Durable Medical Equipment Bulletin 13](#). For instructions on the electronic submission of a request for prior authorization, go to the MassHealth Automated Prior Authorization System at www.masshealth-apas.com.
- C.** A new or updated Prior Authorization Request for support surfaces must be submitted and approved to continue the use of support surfaces before the expiration of the current prior authorization.



Select References

Agency for Healthcare Policy and Research. U.S. Department of Health and Human Services. Clinical Practice Guidelines Number 15. Treatment of Pressure Ulcers. Public Health Service. AHCPR Publication No. 95-0652. Rockville, Md; 1994.

Baranoski S, Ayello EA. *Wound Care Essentials Practice Principles*. Philadelphia, Pa: Lipponcott Williams & Wilkins; 2004.

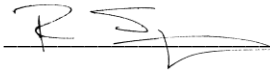
Brienza DM, Geyer MJ. Using support surfaces to manage tissue integrity. *Advances in Skin & Wound Care*. April 2005; 18(3): 151-157.

Maklebust J. Choosing the right support surface. *Advances in Skin & Wound Care*. April 2005; 18(3): 158-161.

These Guidelines are based on review of the medical literature and current practice in the diagnosis and treatment of pressure ulcers. MassHealth reserves the right to review and update the contents of these Guidelines and cited references as new clinical evidence and medical technology emerge.

This document was prepared for medical professionals to assist them in submitting documentation supporting the medical necessity of proposed treatment. Some language used in this communication may be unfamiliar to other readers; in this case, contact your health-care provider for guidance or explanation.

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Approved by:  , Medical Director