

**August 29, 2007**

# **Montana Medicaid Notice**

## **Durable Medical Equipment Providers**

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### **Criteria for Group 2 Support Surface**

**Effective January 1, 2007**

Rentals will be reviewed on a monthly basis for clients.

In the event that Prior Authorization staff receives additional medical information directly from the care provider, that information will be included in the cover letter to the DME vendor along with a copy of the authorization.

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

For the items addressed in this medical policy, the criteria for “reasonable and necessary” are defined by the following indications and limitations of coverage and/or medical necessity.

A group 2 support surface is covered if the patient meets:

- Criterion 1 and 2 and 3, or
  - Criterion 4, or
  - Criterion 5 and 6.
1. Multiple stage II pressure ulcers located on the trunk or pelvis (ICD-9 707.02 - 707.05).
  2. Patient has been on a comprehensive pressure ulcer treatment program for at least the past month which has included the use of an appropriate group 1 support surface.
  3. The pressure ulcers have worsened or remained the same over the past month.
  4. Large or multiple stage III or IV pressure ulcer(s) on the trunk or pelvis (ICD-9 707.02 - 707.05).
  5. Recent myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis (surgery within the past 60 days) (ICD-9 707.02 - 707.05).
  6. The patient 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).

The comprehensive pressure ulcer treatment described in #2 above should generally include:

- Education of the patient and caregiver on the prevention and/or management of pressure ulcers.
- Regular assessment by a nurse, physician, or other licensed healthcare practitioner (usually at least weekly for a patient with a stage III or IV ulcer).
- Appropriate turning and positioning.
- Appropriate wound care (for a stage II, III, or IV ulcer).
- Appropriate management of moisture/incontinence.
- Nutritional assessment and intervention consistent with the overall plan of care.

If the patient 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 patient should be one in which the patient does not “bottom out.”

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, ***an authorization will not be issued*** unless there is clear documentation which justifies the medical necessity for the item in the individual case.

Continued use of a group 2 support surface ***is determined on a case by case basis***. It 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 medically necessary for wound management.

### **Purchase Criteria**

A group 2 support surface will be considered for purchase if the following criteria are met:

- Has met the above Indications and Limitations of Coverage and/or Medical Necessity for rental and is necessary for wound management for more than 6 months or
- Has met the above indications of Coverage and/or Medical Necessity for rental and the ulcer (s) have healed. However, the client has a history of previous decubitus ulcers and is at significant risk for recurrent breakdown if the surface is removed.

The purchase of a group 2 support surface will be reviewed on a case by case basis.

It must be determined that:

- The client is compliant with the use of the surface and
- Other factors have been addressed that are/may be contributing to the recurrent breakdown such as infection, nutrition, incontinence management, repositioning etc.

## **Contact Information**

For Medicare criteria visit the CMS website: <http://www.noridianmedicare.com>

For claims questions or additional information, contact Fran O'Hara, DME Program Officer, at (406) 444-5296 or Provider Relations:

**Provider Relations toll-free in- and out-of-state: 1-800-624-3958**

**Helena: (406) 442-1837**

Visit the Provider Information website:

**<http://www.mtmedicaid.org>**