



News Flash - The revised Guided Pathways to Medicare Resources (1st Quarter 2010) are now available from the Centers for Medicare & Medicaid Services' (CMS) Medicare Learning Network. Guided Pathways leads Medicare Fee-For-Service providers through a variety of resources organized by topic. Quickly explore these three easy-to-navigate online guides to learn important Medicare policy and requirements. Guided Pathways information is available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Guided_Pathways.html on the CMS website.

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Medicare Policy Regarding Pressure Reducing Support Surfaces

Note: This article was updated on August 27, 2012, to reflect current Web addresses. All other information remains the same.

Provider Types Affected

Suppliers and health care providers, such as home health agencies, who bill Durable Medical Equipment Medicare Administrative Contractors (DME MACs) for pressure reducing support surfaces for Medicare beneficiaries, are affected.

Provider Action Needed

The Centers for Medicare & Medicaid Services (CMS) is issuing Special Edition (SE) 1014 to clarify existing support surface medical policies and coverage requirements. This article does not present new policy, but only reinforces existing policy. Be certain that your billing staffs are aware of these policies as outlined in the *Background* section of this article.

Background

In August of 2009, the Department of Health and Human Services (HHS), Office of Inspector General (OIG) issued a report entitled "Inappropriate Payments for

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Pressure Reducing Support Surfaces" (report numbered OEI-02-07-00420), regarding the inappropriate billing for Pressure Reducing Support Surfaces by Durable Medical Equipment Prosthetics Orthotics Supplies (DMEPOS) suppliers. The purpose was to determine the extent of inappropriate Medicare payments for pressure reducing support surfaces and to assess supplier compliance with DME MAC local coverage determinations (LCDs).

Pressure reducing support surfaces are a type of durable medical equipment (DME) used for the care of pressure sores, also known as pressure ulcers. Pressure ulcers are lesions caused by unrelieved pressure resulting in damage of underlying tissue. Support surfaces are coded under one of 16 different Healthcare Common Procedure Coding System (HCPCS) codes. A major distinction between support surfaces is that some are powered by electricity and others are not. They may be categorized into the following three groups:

- **Group 1** support surfaces are generally designed to either replace a standard hospital or home mattress or as an overlay placed on top of a standard hospital or home mattress. Products in this category include mattresses, pressure pads and mattress overlays (foam, air, water, or gel).
- **Group 2** support surfaces are generally designed to either replace a standard hospital or home mattress or as an overlay placed on top of a standard hospital or home mattress. Products in this category include powered air flotation beds, powered pressure reducing air mattresses, and non-powered advanced pressure reducing mattresses.
- **Group 3** support surfaces are complete bed systems, known as air-fluidized beds, which use the circulation of filtered air through silicone beads.

Although LCDs are published by the four DME MAC contractors, inappropriate payments are still being made, and other problems continue to adversely affect Medicare reimbursement for this equipment. Therefore, CMS is taking additional steps listed here to reduce the extent of inappropriate support surface payments.

Required Documentation in Patient's Medical Record

- For any DMEPOS item to be covered by Medicare, the patient's **medical record must contain sufficient documentation** of the patient's medical condition to substantiate the necessity for the type and quantity of items ordered and for the frequency of use or replacement (if applicable). The information should include the patient's diagnosis and other pertinent information including, but not limited to, duration of the patient's condition, clinical course (worsening or improvement), prognosis, nature and extent of

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functional limitations, other therapeutic interventions and results, past experience with related items, etc.

- Suppliers should note that neither physicians' orders, nor supplier-prepared statements, nor physician attestations by themselves provide sufficient documentation of medical necessity, even though they may be signed by the treating physician or supplier. **There must be information in the patient's medical record that supports the medical necessity for the item and substantiates the answers on the CMN** (if applicable) or DIF (if applicable) or information on a supplier prepared statement or physician attestation (if applicable). (See Medicare's Program Integrity Manual (PIM), Chapter 3 (<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/pim83c03.pdf>), Section 3.4.1.1, for additional instructions, regarding review of documentation during pre- and post-payment)
- The patient's medical record is not limited to the physician's office records. It may include hospital, nursing home, or home health agency (HHA) records and records from other health care professionals.
- The documentation in the patient's medical record does not have to be routinely sent to the supplier or to the DME MACs, DME Program Safeguard Contractors (PSCs), or Zone Program Integrity Contractors (ZPICs). However, the DME MACs, DME PSCs, or ZPICs may request this information in selected cases.

Required Supplier's Documentation

- Before submitting a support surface claim to the DME MAC the supplier must have on file a dispensing order, the detailed written order, information from the treating physician concerning the patient's diagnosis, and any information required for the use of specific modifiers or attestation statements as defined in certain DME MAC policies. The supplier should also obtain as much documentation from the patient's medical record as they determine they need to assure themselves that coverage criteria for an item have been met. **If the information in the patient's medical record does not adequately support the medical necessity for the item, then on assigned claims the supplier is liable for the dollar amount involved unless a properly executed advance beneficiary notice (ABN) of possible denial has been obtained.**
- Documentation must be maintained in the supplier's files for seven (7) years.
- Suppliers are required to maintain proof of delivery documentation in their files. The three proof of delivery requirements are:
 - Supplier delivering directly to the beneficiary or authorized representative;

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- Supplier utilizing a delivery/shipping service to deliver items; and
- Delivery of items to a nursing facility on behalf of the beneficiary.
- Proof of delivery documentation must be available to the DME MAC, DME PSC, and ZPIC on request. All services that do not have appropriate proof of delivery from the supplier will be denied and overpayments will be requested. Suppliers who consistently do not provide documentation to support their services may be referred to the OIG for imposition of civil monetary penalties (CMPs) or administrative sanctions.

Medicare Coverage of Support Surfaces

For all three support surface groups, patients should have a care plan established by their physician or home care nurse, which is documented in their medical records. This plan generally should include, among other things, education of the patient and regular assessment by a healthcare practitioner. Coverage for all three groups continues until the patient's pressure ulcer is healed.

In addition to the above common requirements, coverage for specific groups of support surfaces varies as follows:

- **GROUP 1** - A group 1 support surface is covered if the patient is completely immobile. Otherwise, he or she must be partially immobile, or have any stage pressure ulcer and demonstrate one of the following conditions: impaired nutritional status, incontinence, altered sensory perception, or compromised circulatory status. A physician order must be obtained prior to delivery of the equipment and should be kept on file by the supplier.
- **GROUP 2** - A group 2 support surface is covered if the patient has a stage II pressure sore located on the trunk or pelvis, has been on a comprehensive pressure sore treatment program (which has included the use of an appropriate group 1 support surface for at least one month), and has sores which have worsened or remained the same over the past month. A group 2 support surface is also covered if the patient has large or multiple stage III or IV pressure sores on the trunk or pelvis, or if he or she has had a recent mycutaneous flap or skin graft for a pressure sore on the trunk or pelvis and has been on a group 2 or 3 support surface.
- **GROUP 3** – A group 3 support surface is covered if the patient has a stage III or stage IV pressure ulcer, is bedridden or chair-bound, would be institutionalized without the use of the group 3 support surface, the patient is under the close supervision of the patient's treating physician, at least one (1) month of conservative treatment has been administered (including the use of a group 2 support surface), a caregiver is available and willing to assist with

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patient care and all other alternative equipment has been considered and ruled out.

Additional Information

For more information regarding Documentation, refer to the *PIM*, Chapter 5 (<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/pim83c05.pdf>) on the CMS website. In addition, the DME MAC LCDs - Pressure Reducing Support Surface – Group 1, Pressure Reducing Support Surface – Group 2, Pressure Reducing Support Surface – Group 3 may be found on the CMS Medicare Coverage Database at <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx> (search “support surfaces”).

Providers may also want to review the Office of Inspector General (OIG) report, Inappropriate Payments for Pressure Reducing Support Surfaces OEI-02-07-00420. This report may be viewed at <http://www.oig.hhs.gov/oei/reports/oei-02-07-00420.pdf> on the CMS website.

If you have questions, please contact your Medicare contractor at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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