



**Kaiser Foundation Health Plan
of Washington**

**Clinical Review Criteria
Pressure Reducing Support Surfaces**

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Criteria

For Medicare Members

Source	Policy
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	Hospital Beds NCD 280.7
Local Coverage Determinations (LCD)	LCD L33830 Pressure Reducing Support Surfaces Group 1 LCD L33642 Pressure Reducing Support Surfaces Group 2 LCD L33692 Pressure Reducing Support Surfaces Group 3
Local Coverage Article	Pressure Reducing Support Surfaces - Group 1 - Policy Article (A52489) Pressure Reducing Support Surfaces - Group 2 - Policy Article (A52490) Pressure Reducing Support Surfaces - Group 3- Policy Article (A52468)

For Non-Medicare Members

Service	Policy
Pressure Reducing Support Surfaces Group 2	LCD L33642 Pressure Reducing Support Surfaces Group 2 Pressure Reducing Support Surfaces - Group 2 - Policy Article (A52490)
Pressure Reducing Support Surfaces Group 3	LCD L33692 Pressure Reducing Support Surfaces Group 3 Pressure Reducing Support Surfaces - Group 3- Policy Article (A52468)

If requesting this service, please send the following documentation to support medical necessity:

- Last 6 months of clinical notes from requesting provider &/or specialist

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background

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. This clinical policy is consistent with Medicare DME MAC guidelines.

Applicable Codes

Medicare - Considered Medically Necessary when criteria in the applicable policy statements listed above are met

Non-Medicare - Group 2 and 3 - Considered Medically Necessary when criteria in the applicable policy statements listed above are met. Group 1- Medical Necessity Review not required

HCPC Codes	Description
Pressure Reducing Support Surfaces - Group 1	
A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy-duty
E0182	Pump for alternating pressure pad, for replacement only
E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty
E0184	Dry pressure mattress
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width
E0186	Air pressure mattress
E0187	Water pressure mattress
E0188	Synthetic sheepskin pad
E0189	Lambswool sheepskin pad, any size
E0196	Gel pressure mattress
E0197	Air pressure pad for mattress, standard mattress length and width
E0198	Water pressure pad for mattress, standard mattress length and width
E0199	Dry pressure pad for mattress, standard mattress length and width
Pressure Reducing Support Surfaces - Group 2	
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
Pressure Reducing Support Surfaces - Group 3	
E0194	Air fluidized bed

***Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

**To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).

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Date Created	Date Reviewed	Date Last Revised
10/28/2015	11/03/2015 ^{MPC} , 10/04/2016 ^{MPC} , 08/01/2017 ^{MPC} , 06/05/2018 ^{MPC} , 06/04/2019 ^{MPC} , 06/02/2020 ^{MPC} , 06/01/2021 ^{MPC} , 06/07/2022 ^{MPC} , 06/06/2023 ^{MPC} , 01/09/2024 ^{MPC}	03/04/2024

^{MPC} Medical Policy Committee

Revision History	Description
7/10/2018	Added criteria for Group 3 mattresses
10/11/2018	Removed Group 3 effective date information
06/02/2020	Added Pressure Reducing Support Surfaces Group 1 HCPC codes

03/04/2024	Medicare coverage criteria is used for commercial criteria which is now linked directly to the Local Coverage Determinations.
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