

Medicare Part B Coverage and Payment Rules For Group 1 and Group 2 Full Support Surfaces

Group 1:

A group 1 mattress overlay or mattress replacement (E0180-E0189, E0196-E0199, and A4640) is covered if the patient meets one of the following Scenarios:

Scenario A:

Completely immobile – (i.e., patient cannot make changes in body position without assistance).

- OR -

Scenario B:

Criteria 1 or 2 and at least one of criteria -6.

1. Limited mobility - i.e., patient cannot independently make changes in body position significant enough to alleviate pressure.
2. Any stage pressure ulcer on the trunk or pelvis.
3. Impaired nutritional status.
4. Fecal or urinary incontinence.
5. Altered sensory perception.
6. Compromised circulatory status.

When the coverage criteria for a group 1 mattress overlay or mattress replacement are not met, a claim will be denied as not medically necessary unless there is clear documentation which justifies the medical necessity for the item in the individual case.

Group 2:

A group 2 mattress overlay or mattress replacement (E0193, E0277, E0371, E0372 or E0373) is covered if the patient meets on of the following scenarios:

Scenario A: Meeting criterion 1, 2 and 3

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 ulcer treatment program for at least the past month which has included the use of an appropriate group 1 support surface.
3. The ulcers have worsened or remained the same over the past month.

The comprehensive 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.

- OR -

Scenario B: Meeting criterion 4

4. Large or multiple stage III or IV pressure ulcer(s) on the trunk or pelvis (ICD-9 707.02 - 707.05).

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.

- OR -

Scenario C: Meeting criterion 5 and 6

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).

When the stated coverage criteria for a group 2 mattress or bed are not met, a claim will be denied as not medically necessary unless there is clear documentation which justifies the medical necessity for the item in the individual case. A group 2 support surface billed without a KX modifier (see Documentation section) will usually be denied as not medically necessary.

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 medically necessary for wound management.