

**Pressure Reducing Support Surfaces**

Date of origin: Sept 2025

Review dates: None yet recorded

**DEFINITIONS**

Pressure Reducing Support Surface: A mattress, mattress overlay, or bed system designed to prevent or manage pressure ulcers by redistributing pressure, reducing shear, or controlling microclimate.

Our policy is based on CMS classification as below:

- Group 1: Basic overlays/mattresses (foam, gel, air, water). These devices are used on top of a hospital bed or home mattress.
- Group 2: Powered or advanced non-powered surfaces (alternating pressure, low air loss).
- Group 3: Air-fluidized beds, used for advanced stage pressure ulcers.

**For Medicare**

For indications that do not meet the criteria of NCD, local LCD or specific medical policy a Pre-Service Organization Determination (PSOD) will need to be completed. Click [here](#) for additional details on PSOD.

**POLICY SPECIFIC INFORMATION****Documentation requirements**

Complete and thorough documentation to substantiate the procedure performed is the responsibility of the Provider. In addition, the Provider should consult any specific documentation requirements that are necessary of any applicable defined guidelines.

- Clinical notes must support medical necessity, including relevant symptoms, history, or risk factors.
- Test results must be retained in the patient's record.
- For repeat testing, documentation must include reason for repeat and confirmation of adequate washout period after therapy.

**Reimbursement specifics****Coverage Criteria***Group 1 Support Surfaces*

Covered when the member meets any of the following:

1. Member is completely immobile OR has limited mobility; and

2. Member has any stage pressure ulcer or is at high risk for developing one (e.g., Braden Scale score  $\leq$  16, impaired nutritional status, incontinence, history of pressure ulcers).

## **Non-Covered Services**

### *Group 2 Support Surfaces*

Covered when the following are met:

1. Member has multiple Stage II pressure ulcers on the trunk or pelvis that have not improved after at least 1 month of conservative treatment (turning/repositioning, nutritional support, moisture management, use of Group 1 surface).

OR

2. Member has a Stage III or Stage IV pressure ulcer on the trunk or pelvis.

OR

3. Member has a large or multiple Stage II pressure ulcers requiring a powered device to assist with healing.

### *Group 3 Support Surfaces*

Covered only if:

1. Member has a Stage III or Stage IV pressure ulcer; and
2. Is bedridden or chairbound; and
3. Has failed to respond to a comprehensive treatment program including Group 2 support surface; and
4. Requires an air-fluidized bed for adequate healing.

Submit claims using appropriate HCPCS codes:

- Group 1: E0181–E0199, A4640
- Group 2: E0277, E0371–E0373
- Group 3: E0193
- Include diagnosis codes reflecting pressure ulcer stage/location (ICD-10-CM L89.xxx).
- Coverage limited to one support surface at a time.

## **Non-Covered Services**

- Comfort or convenience purposes.
- Preventive use when medical necessity criteria are not met.
- Duplicate equipment (e.g., more than one surface for the same bed)

## CPT/HCPCS Codes:

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive.

<b>A4640</b>	Replacement pad for use with medically necessary alternating pressure pad owned by patient
<b>E0181</b>	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty
<b>E0182</b>	Pump for alternating pressure pad, for replacement only
<b>E0183</b>	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty
<b>E0184</b>	Dry pressure mattress
<b>E0185</b>	Gel or gel-like pressure pad for mattress, standard mattress length and width
<b>E0186</b>	Air pressure mattress
<b>E0187</b>	Water pressure mattress
<b>E0188</b>	Synthetic sheepskin pad
<b>E0189</b>	Lambswool sheepskin pad, any size
<b>E0191</b>	Heel or elbow protector, each
<b>E0193</b>	Powered air flotation bed (low air loss therapy)
<b>E0196</b>	Gel pressure mattress (nonpowered)
<b>E0197</b>	Air pressure pad for mattress, standard mattress length and width
<b>E0198</b>	Water pressure pad for mattress, standard mattress length and width
<b>E0199</b>	Dry pressure pad for mattress, standard mattress length and width
<b>E0277</b>	Powered pressure-reducing air mattress
<b>E0280</b>	Bed cradle, any type
<b>E0370</b>	Air pressure elevator for heel
<b>E0371</b>	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width
<b>E0372</b>	Powered air overlay for mattress, standard mattress length and width
<b>E0373</b>	Nonpowered advanced pressure reducing mattress

## Modifiers

Priority Health follows standard billing and coding guidelines which include CMS NCCI. Modifiers should be applied when applicable based on this guidance and only when supported by documentation.

## Place of Service

Coverage will be considered for services furnished in the appropriate setting to the patient's medical needs and condition. Authorization may be required. Click [here](#) for additional information.

## Reimbursement rates

Find reimbursement rates for the codes listed on this page in our standard fee schedules for your contract. [Go to the fee schedules](#) (login required).

## REFERENCES

LCD L33830 - <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33830#:~:text=A%20Group%201%20mattress%20overlay,body%20position%20without%20assistance%2C%20or>

Group 1 - Policy Article A52489 - <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52489&ver=24>

Group 2 - Policy Article A52490 - <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52490#:~:text=For%20any%20item%20to%20be,that%20a%20iso%20must%20be%20met.>

Group 3– Policy article A52468 -<https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52468>

## DISCLAIMER

CMS and/or MDHHS guidelines apply unless otherwise specified in this policy or provider manual. Where such guidance is absent, this policy applies. Priority Health's billing policies outline our guidelines to assist providers in accurate claim submissions and define reimbursement or coding requirements if the service is covered by a Priority Health member's benefit plan. The determination of visits, procedures, DME, supplies and other services or items for coverage under a member's benefit plan or authorization isn't being determined for reimbursement. Authorization requirements and medical necessity requirements appropriate to procedure, diagnosis and frequency are still required. We use Current Procedural Terminology (CPT), Centers for Medicare and Medicaid Services (CMS), Michigan Department of Health and Human Services (MDHHS) and other defined medical coding guidelines for coding accuracy.

An authorization isn't a guarantee of payment when proper billing and coding requirements or adherence to our policies aren't followed. Proper billing and submission guidelines must be followed. We require industry standard, compliant codes defined by CPT, HCPCS and revenue codes for all claim submissions. CPT, HCPCS, revenue codes, etc., can be reported only when the service has been performed and fully documented in the medical record to the highest level of specificity. Failure to document for services rendered or items supplied will result in a denial. To validate billing and coding accuracy, payment integrity pre- or post-claim reviews may be performed to prevent fraud, waste and abuse. Unless otherwise detailed in the policy, our billing policies apply to both participating and non-participating providers and facilities.

If guidelines detailed in government program regulations, defined in policies and contractual requirements aren't followed, Priority Health may:

- Reject or deny the claim
- Recover or recoup claim payment

An authorization on file for an item or services doesn't supersede coding, billing or reimbursement requirements.

These policies may be superseded by mandates defined in provider contracts or state, federal or CMS contracts or requirements. We make every effort to update our policies in a timely manner to align to these requirements or contracts. If there's a delay in implementation of a policy or requirement defined by state or federal law, as well as contract language, we reserve the right to recoup and/or recover claim payments to the effective dates per our policy. We reserve the right to update policies when necessary. Our most current policy will be made available [in our Provider Manual](#).

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## CHANGE / REVIEW HISTORY

Date	Revisions made
Sept 2025	New policy – effective Oct 16, 2025