POLICY AND PROCEDURE

POLICY NAME: Powered Pressure Reducing Air Mattress/Support Surfaces	**POLICY ID:** FL.UM.29
BUSINESS UNIT: Sunshine State Health Plan	**FUNCTIONAL AREA:** Utilizations Management
EFFECTIVE DATE: 11/2018	**PRODUCT(S):** Managed Medical Assistance (MMA)
REVIEWED/REVISED DATE: 07/2019, 12/2019, 02/2020, 07/2021, 07/2022, 07/2023	
REGULATOR MOST RECENT APPROVAL DATE(S): 07/2018	

POLICY STATEMENT: It is the policy of Sunshine Health to cover Agency for Health Care Administration (AHCA) approved expanded benefit when medically necessary, appropriate, and consistent with good medical practice, and after review on an individual basis, for the specific indications outlined in this policy.

PURPOSE: To establish clinical criteria on which to review requests for a powered pressure reducing air mattress as an expanded benefit for Sunshine Health's MMA TANF/ABD product. The goal is to provide a powered pressure reducing air mattress when medically necessary, as an expanded benefit and to define criteria and limitations established for the use of a powered pressure reducing air mattress.

SCOPE Sunshine Health Utilization Department for Managed Medical Assistance (MMA) product line. This policy applies to all directors, officers, and employees of Centene Corporation, its affiliates, health plans, and subsidiary companies (collectively, the "Company").

DEFINITIONS of Pressure Reducing Support Surfaces:
• Pressure reducing support surfaces are a type of 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.
• A major distinction between support surfaces is that some are powered by electricity and others are not.

Categories of Support Surfaces:
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, such as air fluidized beds, which use the circulation of filtered air though silicone beads.

Review Process: To assist in determining the medical necessity of an expanded benefit, the clinical criteria established in this policy will be applied. A request for medical necessity review is consistent with Sunshine Health medical policies:

- FL.UM.02.01 - Medical Necessity Review and Continuity of Care (COC)
- FL.UM.02.00 – Use of Clinical Criteria
- Any decision to deny, reduce, suspend, or terminate services must be made by a Sunshine Health Medical Director as outlined in the policy Use of Clinical Criteria FL.UM.02.00
- Determinations and provider notifications will be made according to the expediency of the case as described in the Timeliness of UM Decisions and notifications FL.UM.05.00

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PROCEDURE:
Specific Clinical Information/Criteria
The requesting practitioner must provide information relative to the expanded benefit service that is being requested.

A powered pressure reducing air mattress is considered medically necessary the criteria below is met:

Group 1 support surface:

- The member is completely immobile
- The member has limited mobility
- The member has any stage pressure ulcer on the trunk or pelvis and at least one of the following
    - Impaired nutritional status
    - Fecal or urinary incontinence
    - Altered sensory perception
    - Compromised circulatory status

Group 2 support surface is medically necessary if the member meets at least one of the following 3 criteria:

- The member 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, despite trial and failure of routine and/or aggressive wound care therapy and the member must be regularly assessed by a nurse, physician or other licensed healthcare practitioner.
- The member 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.
- Member should have a care plan established by their physician or home care nurse, which is documented in their medical records.
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Group 3 is medically necessary when all of the following criteria is met:

- The member has a stage III (full thickness tissue loss) or stage IV (deep tissue destruction) pressure ulcer.
- The member is bedridden, or chair bound as a result of severely limited mobility.
- The member would require institutionalization without the use of a group 3 support surface
- There is a detailed written order based on a comprehensive assessment and evaluation of the member.
- The member has tried and failed use of a group 2 support surface and has necessary treatment in place to resolve any worsening of the wound or infection.

Coverage continues until the patient's pressure ulcer is healed as long as the member remains eligible with Sunshine Health Plan.

Discharge Criteria

- The Member no longer meets criteria; or
- The Member withdraws from treatment against advice; or
- The Member is not an active participant; or
- Treatment goals are achieved.

Limitations / Exclusions

The following limitations or exclusions apply:

- Member must have an eligible status with Sunshine Health Plan

REFERENCES:

FL.UM.05.00 Timeliness of UM Decisions and Notifications
FL.UM.02.00 Use of Clinical Criteria
FL.UM.02.01 Medical Necessity Review and Continuity of Care (COC)
https://www.cms.gov/Medicare/Medicare-Contracting/ContractorLearningResources/downloads/JA1014.pdf
https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33692&ver=14&CoverageSelection=Local&ArticleType=All&PolicyType=Final&s=Florida&KeyWord=pressure+reducing&KeyWordLookUp=Title&KeyWordSearchType=And&bc=gAAAACAAAAAA&

ATTACHMENTS: N/A

ROLES & RESPONSIBILITIES: Utilization Management

REGULATORY REPORTING REQUIREMENTS: N/A

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Policy Document	Policy Created	07/2018
Annual Review	Added individual criteria for groups 1, 2 and 3 support surfaces	07/2019
Annual Review	Added additional products	12/2019
Annual Review	Updated referenced policy	02/2020
Annual Review	No changes needed	07/2021
Annual Review	No changes needed	07/2022
Annual Review	Updated “Policy ID” Updated dates to the correct format Added policy name to “Footer” Removed Signature Lines Corrected grammatical errors	07/2023

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company’s P&P management software, is considered equivalent to a signature.