



MEDICARE PRIOR AUTHORIZATION CONDITION OF PAYMENT  
FOR GROUP 2 PRESSURE REDUCING SUPPORT SURFACES  
AUGUST 2019

Dear Physician,

**Effective for dates of delivery on or after July 22, 2019, Medicare will require prior authorization for Group 2 Pressure Reducing Support Surfaces (PRSS) for the states of California, Indiana, New Jersey, and North Carolina. Effective October 21, 2019 this prior authorization expands to the remaining states and territories.**

After these dates, claims to Medicare for PRSS must be associated with a prior authorization request as a condition of payment. Lack of an affirmed prior authorization request will result in the supplier of the support surface receiving a claim denial. This new program change impacts items in the Group 2 pressure reducing support surfaces product category (E0193, E0277, E0371, E0372, and E0373). Complete descriptions of the items impacted may be found in the Pressure Reducing Support Surfaces - Group 2 Local Coverage Determination (LCD L33642, <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33642&ContrID=140>) and related Policy Article (A52490, <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52490&ContrID=140>) on the Medicare Coverage Database.

### What does this mean for you?

---

Planning for discharge begins at the time of admission!

Planning for discharge will be critical for patients that you believe may need a PRSS that requires prior authorization. When these items are ordered, the DME supplier must submit a prior authorization request which includes all required documentation prior to providing the item to the Medicare beneficiary. Medicare contractors have five (5) business days to respond to prior authorization requests and two (2) business days for expedited requests (e.g., in a few instances following a hospital discharge after a myocutaneous flap or graft). In order for Medicare to provide a provisionally affirmed prior authorization request and reimbursement for the PRSS, there are several requirements that must be met:

1. Sign and date a written order, prepared by your supplier, which is required before your patient can receive the item you ordered.
2. Documentation that the beneficiary meets at least one of the following three criteria (1, 2, or 3):
  1. The beneficiary has multiple stage II pressure ulcers located on the trunk or pelvis which have failed to improve over the past month, during which time the beneficiary has been on a comprehensive ulcer treatment program, including each of the following:
    - a. Use of an appropriate group 1 support surface; and,
    - b. Regular assessment by a nurse, physician, or other licensed healthcare practitioner; and,
    - c. Appropriate turning and positioning; and,
    - d. Appropriate wound care; and,
    - e. Appropriate management of moisture/incontinence; and,
    - f. Nutritional assessment and intervention consistent with the overall plan of care.

2. The beneficiary has large or multiple stage III or IV pressure ulcer(s) on the trunk or pelvis; or,
3. The beneficiary had a myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis within the past 60 days, and has been on a group 2 or 3 support surface immediately prior to discharge from a hospital or nursing facility within the past 30 days.

Note that a pressure reducing support surface is only one component contributing to wound healing. Optimizing nutrition, blood glucose control (if diabetic), off-loading pressure, smoking cessation, wound debridement (if indicated), and advanced moist dressings are also critical to successful wound management.

This information is not intended to serve as a substitute for the complete DME MAC Pressure Reducing Support Surface – Group 2 LCD and related Policy Articles. It is only a synopsis detailing the highlights of documentation. Please refer to the complete Group 2 PRSS LCD (LCD 33642) and related policy articles (A52490 & A55426) in the Medicare Coverage Database <https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>.

Suppliers may ask you to provide the documentation from your medical records to assure that Medicare will pay for these items and that your patient will not be held financially liable. Providing this documentation is in compliance with the Health Insurance Portability and Accountability Act Privacy Rule. No specific authorization is required from your patient. Also note that you may not charge the supplier or the beneficiary to provide this information.

Your participation in this process and cooperation with the supplier will allow your patient to receive the most appropriate type of support surface. We appreciate all your efforts in providing quality services to your Medicare patients.

Sincerely,

Wilfred Mamuya, MD, PhD  
Medical Director, DME MAC, Jurisdiction A  
Noridian Healthcare Solutions, LLC

Robert D. Hoover, Jr., MD, MPH, FACP  
Medical Director, DME MAC, Jurisdiction C  
CGS Administrators, LLC

Stacey V. Brennan, MD, FAAFP  
Medical Director, DME MAC, Jurisdiction B  
CGS Administrators, LLC

Peter J. Gurk, MD, CPE, CHCQM  
Medical Director, DME MAC, Jurisdiction D  
Noridian Healthcare Solutions, LLC