Based on medical necessity and satisfaction of the criteria below and all other terms of the Mississippi Medicaid program, this item is available for coverage for:

___ Beneficiaries under age 21

___ ~~Beneficiaries age 21 and over who are receiving services through the home health program~~

_X_ All beneficiaries (Refer to specific item for age restriction)

___ Beneficiaries who are pregnant

The provider must refer to the current fee schedule for the acceptable codes and fee schedule allowances available under Medicaid.

The following criteria for coverage apply to pressure reducing support surfaces:

This item may be approved for:

___ Rental only

___ Purchase only

___ Rental for X months, then recertification is required

_X_ Rental up to the purchase amount or purchase when indicated

This item must be ordered by a physician, nurse practitioner, or physician assistant. It is expected that physicians, nurse practitioners, or physician assistants order only items within the scope of their specialty. For example, specialized items such as custom wheelchairs or prosthetics and orthotics should be ordered by specialties such as orthopedics and physicians specializing in rehabilitation. Other items are handled through other specialties.

Beneficiaries needing pressure reducing support surfaces must have a care plan that has been established by the beneficiary's physician or home care nurse, documented in the beneficiary's medical records, which includes the following:

- Education of the beneficiary and caregiver on the prevention and/or management of pressure ulcers.
- Regular assessment by a nurse, physician, or other licensed health care practitioner.
- 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.

~~Photographic documentation is required with all requests for pressure reducing support surfaces, when there is evidence of any existing skin breakdown.~~

Pressure Pad for Mattress

Pressure pad for mattress describes non-powered pressure reducing mattress overlays. These devices are designed to be placed on top of a standard hospital or home mattress. They include a gel mattress overlay, an air mattress overlay, a water mattress overlay, a foam mattress overlay, and a replacement pad for use with a medically necessary alternating pressure device owned by the beneficiary. These will be covered when one or more of the following apply:

- The beneficiary is completely immobile and cannot make changes in body position without assistance.
- The beneficiary has limited mobility and cannot independently make changes in body position significant enough to alleviate pressure.
- The beneficiary has a pressure ulcer (any stage) on the trunk or pelvis.
- The beneficiary is essentially bedbound and has impaired nutritional status, fecal or urinary incontinence, altered sensory perception, or compromised circulatory status.

NOTE: A foam overlay or mattress, such as an eggcrate which does not have a waterproof cover, is not considered durable and is not covered under the DME program.

Pressure Reducing Overlays and Mattresses

Powered pressure reducing overlays may be low air loss, powered flotation without low air loss, or alternating pressure and have an air pump or blower which provides either sequential inflation or deflation of the air cells or a low interface pressure throughout the overlay. They are designed to reduce friction and shear and are to be placed on top of a standard hospital or home mattress.

Powered pressure reducing mattresses may be alternating pressure, low air loss, or powered flotation without low air loss. An air pump or blower provides both sequential inflation and deflation of the air cells or a low interface pressure throughout the mattress. The surface is designed to reduce friction and shear and can be placed directly on a hospital bed frame.

An advanced non-powered pressure reducing mattress is one in which height and design of individual cells provide significantly more pressure reduction than standard overlays that prevent bottoming out. It is designed to reduce friction and shear and can be placed directly on a hospital bed frame. This mattress will be considered for beneficiaries under the age of 21 only.

These overlays and mattresses will be covered when one or more of the following applies:

- The beneficiary has multiple stage II (partial thickness skin loss involving epidermis and/or dermis) pressure ulcers located on the trunk or pelvis.
- The beneficiary has been on a comprehensive ulcer treatment program and the ulcers have worsened or remained the same for a month.

- Large or multiple stage III (full thickness skin loss involving damage or necrosis of subcutaneous tissue that may extend down to, but not through, underlying fascia) or stage IV (full thickness skin loss with extensive destruction, tissue necrosis or damage to muscle, bone, or supporting structures) pressure ulcers on the trunk or pelvis.

- Myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis within the previous 60 days.

Air-Fluidized Beds

An air-fluidized bed is a device employing the circulation of filtered air through silicone coated ceramic beads creating the characteristics of fluid. This system is usually not covered; however, for beneficiaries under the age of 21, individual consideration will be given when **all** of the following apply:

- In the absence of an air-fluidized bed, the beneficiary would require admission to the hospital for acute care, **AND**

- The beneficiary has a stage III (full thickness tissue loss) or stage IV (deep tissue destruction) pressure ulcer, **AND**

- The beneficiary is bedridden as a result of severely limited mobility, **AND**

- Conservative treatment has been tried without success with documentation of unsuccessful treatments provided, **AND**

- The beneficiary's home can fully accommodate the weight, size, and electrical requirements of the bed, **AND**

- The beneficiary is receiving skilled nursing services either through a home health agency or a nurse provided by the supplier who has been trained in wound care, **AND**

- The beneficiary/caregiver has been fully trained and has demonstrated understanding of operating and caring for the bed.

Approval will be given in 60 day intervals and recertification will be required. Copies of records ~~and photographs~~ documenting progress of the wound(s) will be required.