Durable Medical Equipment (DME): Therapeutic Anti-Decubitus Mattresses and Bed Products

Page updated: July 2026

This section contains information about Durable Medical Equipment (DME) in the therapeutic anti-decubitus mattresses and bed products group.

Per *California Code of Regulations*, Title 22, Section 51321(g), authorization for DME shall be limited to the lowest cost item that meets the patient's medical needs. ‹‹In making this determination for the Medi-Cal program, the Department of Health Care Services (DHCS) assesses relevant clinical considerations, including but not limited to, the Medi-Cal member's (referred to as "member" in this section) medical condition(s) and diagnosis(es), physical/functional limitation(s) and/or special requirement(s), failure of lower-cost options, clinical contraindications for lower-cost options and more.››

Pursuant to *Welfare and Institutions Code* (W&I Code), Section 14105.395, the provisions contained herein have the force and effect of regulations and shall prevail over any inconsistent provisions in CCR sections relating to DME.

The "date of delivery" to the member is the "date of service." This means that when the member takes receipt of the DME item, that date is considered the "date of service." Charges for shipping and handling are not reimbursable.

‹‹Along with this section, providers should refer to additional DME information, which includes but is not limited to the following:››

Topic	**Provider Manual Section**
General policy information	*Durable Medical Equipment (DME): An Overview*
Billing guidelines and documentation requirements	*Durable Medical Equipment (DME): Bill for DME*
Billing for DME on the CMS-1500 claim form	*Durable Medical Equipment (DME): Billing Examples*
DME codes reimbursed by Medi-Cal	*Durable Medical Equipment (DME): Billing Codes*
Frequency limits for DME purchases	*Durable Medical Equipment (DME) Billing Codes: Frequency Limits*

Therapeutic Anti-Decubitus Mattresses and Bed Products

The therapeutic anti-decubitus mattresses and bed products group includes the following items:

- Replacement Pads
- Pressure Sore Products

Refer to the *Durable Medical Equipment (DME): Billing Codes* section in this manual for other items and codes reimbursable by Medi-Cal.

Introduction

Therapeutic anti-decubitus support mattresses and bed products are covered for members with severe pressure sores (decubitus ulcers) or a documented history of recurrent pressure sores, pursuant to the *California Code of Regulations*, Title 22, Sections 51321 and 51521, except that the provisions contained herein shall prevail over any inconsistent provision relating to Anti-Decubitus Care Support Surfaces, including provisions contained in the *Manual of Criteria for Medi-Cal Authorization*.

Alternating Pressure Pads

HCPCS codes A4640 (replacement pad for use with medically necessary alternating pressure pad owned by patient) and E0182 (pump for alternating pressure pad, for replacement only) are for use only with patient-owned equipment. ‹‹Documentation of "Medi-Cal member-owned equipment" in the *Additional Claim Information* field (Box 19) of the claim or on an attachment to the claim is required.››

HCPCS code E0182 must be billed with modifier NU (purchase only). Labor for replacement is not separately reimbursable.

Product Prices

The prices listed for these items apply equally to all manufacturer products within each class of anti-decubitus mattress and bed product listed. Refer to "Decubitus Care Equipment" in the *Durable Medical Equipment (DME): Billing Codes* section in this manual.

Note: Prices listed for rental are for daily or monthly rental, as specified.

Medicare/Medi-Cal Crossover Claims

For reimbursement information about Medicare/Medi-Cal crossover claims for powered air flotation beds/air-fluidized beds (HCPCS codes E0193 and E0194), powered pressure-reducing air mattress (HCPCS code E0277), powered air overlays (HCPCS code E0372), or nonpowered advanced pressure-reducing overlays or mattresses (HCPCS codes E0371 and E0373), see "Crossover Claims Inquiry Forms (CIFs)" in the *Medicare/Medi-Cal Crossover Claims: CMS-1500 or Medicare/Medi-Cal Crossover Claims: Pharmacy Services* section, as appropriate.

"From-Through" Billing

Use the "from-through" (block-billing) method when billing for more than one day of service for anti-decubitus support beds. Medi-Cal will only reimburse for one day if multiple-day billing is not in the "from-through" format. For more information about "from-through" billing, refer to the *CMS-1500 Special Billing Instructions* section in this manual. A single day of service should be line-item billed with a "1" entered in the *Days or Units* field (Box 24G) of the claim.

Repair of Equipment

Repair of therapeutic anti-decubitus mattresses and bed products is allowable for the following HCPCS procedure codes: E0181, E0184 thru E0187, E0193, E0194, E0196 thru E0198, E0277, E0305, E0310, E0350 and E0371 thru E0373.

Definitions

The following definitions shall apply to all support surface products:

- "Air Fluidized Bed" means a class of support surface that uses a high rate of airflow to fluidize fine particulate material (such as silicone coated ceramic beads) to produce a support medium that has characteristics similar to a liquid.
- "Alternating Air Pressure Mattress or Overlay" means a mattress or overlay with interconnecting air cells that cyclically inflate and deflate to produce alternating high and low pressure intervals. Cells with larger depth and diameter produce greater pressure reduction over the body.
- "Bottoming Out" means that an outstretched hand, placed palm up between the undersurface of the support surface and the member's bony prominence (coccyx or lateral trochanter), can readily palpate the bony prominence. This bottoming out criterion should be tested with the member in the supine position with their head flat, in the supine position with their head slightly elevated (no more than 30 degrees), and in the side lying position.

- ‹‹“Chronic Wound Member” means a member who has been authorized for the same level of support surface for four consecutive months or longer.››
- “Dynamic Surface” means a surface designed to change its support characteristics in a cyclic fashion.
- ‹‹“Flowcharts” means the visual tools, developed by DHCS and published in this section, which identify the most appropriate support surface, based upon medical necessity that will be authorized for individual members.››
- “Initial TAR” (*Treatment Authorization Request*) or “Initial Request” means the beginning of the dispensing period for the authorized level of support surface; OR the beginning of service after a gap in service of 30 days or more (such as when the member is hospitalized).
- “Low Air Loss Bed” means a series of interconnected woven fabric air pillows that allow some air to escape through the support surface. The pillows can be variably inflated to adjust the level of pressure relief.
- “Mattress Replacement System” means a mattress with pressure reducing features that can be placed on an existing bed frame. The mattress must be at least 8 inches thick.
- “Max Surface Allowed” means the level of support surface that will be authorized when a member meets the medical necessity criteria as described on the flowchart. If the TAR requests the “max surface allowed” procedure code, or a lesser-cost product than indicated on the flowchart, the TAR will be approved. If the TAR requests a higher cost product than allowed on the flowchart, the TAR will be stepped down to that indicated by “max surface allowed.”
- “Overlay” means a nonpowered pressure reducing support surface placed on top of a standard hospital mattress.
- “Pressure Reducing Surface” means a surface that provides either sequential inflation and deflation of the air cells or a low interface pressure throughout the surface.

- For chronic wound members “Reauthorization TAR” or “Reauthorization Request” means the second through fourth consecutive month for the same level of support surface that was previously authorized; or the first step down request immediately (within 30 days) following a previously authorized anti-decubitus care product usage period.
- “Stage I Pressure Sore” means a current status of non-blanchable erythema of intact skin, the heralding lesion of skin ulceration. ‹‹Discoloration of the skin, warmth, edema, induration or hardness may also be indicators.››
- “Stage II Pressure Sore” means a current status of a partial thickness loss involving epidermis, dermis, or both. The ulcer is superficial and presents clinically as an abrasion, blister or shallow crater.
- “Stage III Pressure Sore” means a current status of full thickness skin loss involving damage to or necrosis of subcutaneous tissue that may extend down to, but not through, underlying fascia. The ulcer presents clinically as a deep crater with or without undermining of adjacent tissue.
- “Stage IV Pressure Sore” means a current status of full thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures. Undermining and sinus tracts may also be associated with this stage.
- “Static Surface” means a surface designed to provide support that remains constant, that is, does not cycle in time.
- “Step Down” means the next lower cost support surface than was previously authorized.
- “Step Up” means the next higher cost support surface than was previously authorized.
- “Trunk of the Body” means the bottom of the neck down to and including the groin/buttocks area, excluding the limbs.
- “Turning Surfaces” means the surfaces of the body onto which the member may be turned. Members are presumed to have three turning surfaces on which to lie, which are supine, right side and left side, unless documented otherwise. Conditions other than pressure sore(s) may preclude the member from lying on one or more of the otherwise available turning surfaces. The way in which any condition(s) limit(s) a turning surface must be specifically detailed on the TAR.

Guidelines for Selecting Specialty Beds and Surfaces

Flowcharts A through D on the following pages are intended to assist the provider in selecting and providing documentation for authorization of the appropriate support surface for each individual member.

Support surfaces shall be authorized only when the appropriate flowchart(s) is submitted with the TAR.

Note: The signature information is being requested only for field office follow-up should additional information be required or the information on the form is unclear.

Pressure sores cannot be adequately staged when covered with eschar or necrotic tissue. Staging should be done after the eschar has sloughed off or the wound has been debrided.

- "Unable to Determine (UTD)" pressure sores must be documented as being either Stage III or Stage IV or at some point between Stage III and Stage IV. "UTD" alone will not be accepted as adequate documentation of wound stage.
- Authorization of support surfaces for a UTD pressure sore(s) will assume a Stage III pressure sore(s) if documentation does not specify a stage.

Authorization of the next higher cost support surface from the highest cost surface (max surface) allowed, as specified on the appropriate flowchart, shall be granted only when one of the following is documented on the TAR:

- The member has demonstrated clinical deterioration on the max surface allowed within the previous authorization period prior to TAR submission, as demonstrated by a worsening of the pressure wound(s).
- The member compresses the max surface allowed such that the caregiver's hand, when placed palm up between the undersurface of the support surface and the member's bony prominence, can readily palpate the member's bony prominence (coccyx or trochanter) through the support surface.

Group I Pressure Sore Products

‹‹Group I pressure sore products are reimbursable by Medi-Cal and consist of static overlays (HCPCS codes E0185, E0197, E0198 and E0199), static mattresses (HCPCS codes E0184, E0186, E0187 and E0196) and alternating pressure pad with pump (HCPCS code E0181).

All of the preceding HCPCS codes except E0181 are included in the per diem reimbursement rate and are not separately reimbursable for members residing in Long Term Care facilities.››

Group II Pressure Sore Products

‹‹Group II pressure sore products are reimbursable by Medi-Cal and consist of powered air overlays (HCPCS code E0372), powered pressure-reducing air mattresses (HCPCS code E0277), non-powered, advanced pressure-reducing overlays (HCPCS code E0371), non-powered, advanced pressure-reducing mattresses (HCPCS code E0373) and powered air flotation beds (HCPCS code E0193).››

Group III Pressure Sore Products

Group III pressure sore products are reimbursable by Medi-Cal and consist of air fluidized beds (HCPCS code E0194).

Coding Guidelines

While the Medi-Cal program recognizes that most support surfaces have previously been coded by the Statistical Analysis Durable Medical Equipment Regional Center (SADMERC), to assure that procedure codes being billed to the Medi-Cal program are consistent with published Medicare guidelines, providers must either:

- Include a copy of their coding classification determination from SADMERC with the TAR, or
- Demonstrate that the coding of the requested product is consistent with Medicare guidelines.

‹‹The products that have been coded by SADMERC may be found on the SADMERC page of the HME Data website.››

Group I Support Surfaces

The following guidelines shall be used when determining the correct coding of a Group I support surface when the product is not listed on the SADMERC website as previously coded.

Group I Support Surfaces Guidelines Table

‹‹**HCPCS Code**››	**Guidelines**
A4640	Powered pressure-reducing mattress overlay system (alternating pressure or low air loss), replacement pad for patient-owned equipment; characterized by an air pump or blower that provides either sequential inflation and deflation of air cells (alternating pressure) or a low interface pressure throughout the overlay (low air loss), and inflated cell height of the air cells through which air is being circulated to 2.5 inches or greater.
E0181	Powered pressure-reducing mattress overlay system (alternating pressure or low air loss), heavy duty; characterized by an air pump or blower that provides either sequential inflation and deflation of air cells (alternating pressure) or a low interface pressure throughout the overlay (low air loss), and inflated cell height of the air cells through which air is being circulated to 2.5 inches or greater.
E0184	Foam, non-powered pressure-reducing mattress designed to be placed directly on a hospital bed frame; characterized by a foam height of 5 inches or greater; foam with a density that provides adequate pressure reduction, and a durable, waterproof cover.
E0185	Gel/gel-like, non-powered pressure-reducing mattress overlay designed to be placed on top of a standard hospital or home mattress; must have a height of 2 inches or greater.
E0186	Air, non-powered pressure-reducing mattress designed to be placed directly on a hospital bed frame; characterized by an air height of 5 inches or greater, and a durable, waterproof cover.
E0187	Water, non-powered pressure-reducing mattress designed to be placed directly on a hospital bed frame; characterized by a water height of 5 inches or greater, and a durable, waterproof cover.

Group I Support Surfaces Guidelines Table (continued)

‹‹HCPCS Code››	Guidelines
E0196	Gel/gel-like non-powered pressure-reducing mattress designed to be placed directly on a hospital bed frame; characterized by a gel height of 5 inches or greater; and a durable, waterproof cover.
E0197	Air, non-powered pressure-reducing mattress overlay designed to be placed on top of a standard hospital or home mattress; characterized by interconnected air cells having a cell height of 3 inches or greater that are inflated with an air pump.
E0198	Water, non-powered pressure-reducing mattress overlay designed to be placed on top of a standard hospital or home mattress; characterized by a filled height of 3 inches or greater.
E0199	Foam, non-powered pressure-reducing mattress overlay designed to be placed on top of a standard hospital or home mattress; characterized by a base thickness of 2 inches or greater and peak height of 3 inches or greater if eggcrate; or an overall height of 3 inches or greater if non-eggcrate.

Group II Support Surfaces

The following guidelines shall be used when determining the correct coding of a Group II support surface when the product is not listed on the SADMERC website as previously coded.

Group II Support Surfaces Guidelines Table

‹‹HCPCS Code››	Guidelines
E0277	Powered, pressure-reducing mattress (alternating pressure, low air loss, or powered flotation without low air loss) designed to be placed directly on a hospital bed frame; characterized by an air pump or blower that provides either sequential inflation and deflation of air cells (alternating pressure) or a low interface pressure throughout the mattress (low air loss); inflated cell height of the air cells through which air is being circulated to 5 inches or greater, and a surface designed to reduce friction and shear.
E0193	Semi-electric or total electric hospital bed with a fully integrated, powered, pressure-reducing mattress that has all the characteristics of E0277 described above.
E0371	Advanced, non-powered, pressure-reducing mattress overlay; characterized by the provision of significantly more pressure reduction than Group I overlays to prevent bottoming out, a total height of 3 inches or greater, and a surface designed to reduce friction and shear.

Group II Support Surfaces Guidelines Table (continued)

‹‹**HCPCS Code**››	**Guidelines**
E0372	Powered, pressure-reducing mattress overlay (alternating pressure, low air loss, or powered flotation without low air loss); characterized by an air pump or blower that provides either sequential inflation and deflation of air cells (alternating pressure) or a low interface pressure throughout the overlay (low air loss); inflated cell height of the air cells through which air is being circulated to 3.5 inches or greater, and a surface designed to reduce friction and shear.
E0373	Advanced, non-powered, pressure-reducing mattress, designed to be placed directly on a hospital bed frame; characterized by the provision of significantly more pressure reduction than Group I mattresses to prevent bottoming out, a total height of 5 inches or greater, and a surface designed to reduce friction and shear.

Note: Products containing multiple components are categorized according to the clinically predominant component (usually the topmost layer of a multi-layered product).

Group III Support Surfaces

The following guideline shall be used when determining the correct coding of a Group III support surface when the product is not listed on the SADMERC website as previously coded.

Group III Support Surfaces Guidelines Table

‹‹**HCPCS Code**››	**Guidelines**
E0194	An air fluidized bed employing the circulation of filtered air through silicone coated ceramic beads creating the characteristics of fluid.

Medical Necessity

Group I Support Surfaces

‹‹Documentation of medical necessity for Group I products must be submitted with the TAR and must meet the guidelines as outlined in Flowchart D in this section.››

Documentation of medical necessity for the authorization of Group I support surfaces must demonstrate at least one of the following member conditions:

- Current Stage I or Stage II pressure sore(s) on the trunk of the body; or
- History of Stage III or Stage IV pressure sore(s) on the trunk of the body; or
- Member is bed bound and requires the support surface for pressure sore prevention.
- Documentation for E0181 (powered pressure-reducing mattress overlay system, heavy duty) must demonstrate a patient weight of 250 pounds or more unless providers document another reason(s) that the member requires this item.

Group II Support Surfaces

‹‹Documentation of medical necessity for Group II products must be submitted with the TAR and must meet the guidelines as outlined in Flowchart A, B or C in this section.

Documentation of medical necessity for the authorization of Group II support surfaces must demonstrate at least one of the following member conditions under the specific procedure code being requested (note: ** means the size indicated or the equivalent of total body surface area):

For HCPCS codes E0371, E0372 and E0373:››

- The member has at least one large Stage III or Stage IV pressure sore (greater than 2 x 2 cm.)** on the trunk of the body, with only two turning surfaces on which to lie.

‹‹For HCPCS code E0277:››

- The member has at least one large Stage III or Stage IV pressure sore (greater than 3 x 3 cm.)** on the trunk of the body, and at least one other wound (at least Stage II) on the trunk of the body, with only two turning surfaces on which to lie; or
- The member has more than two Stage III or Stage IV pressure sores on the trunk of the body and only two turning surfaces on which to lie; or
- The member has a Stage III or Stage IV pressure sore (less than or equal to 2 x 2 cm)** on the trunk of the body and only one or no turning surfaces on which to lie.

‹‹For HCPCS code E0193:››

- The patient has at least one Stage III or Stage IV pressure sore on the trunk of the body (greater than 2 x 2 cm.)** with only one or no turning surfaces upon which to lie.

For chronic wound members, step down to a lower cost support surface will be considered when:

- The member refuses to utilize the authorized surface when in bed, or refuses to comply with other needed aspects of the treatment plan; or
- The member has been on the same level of support surface for six or more months without documented improvement in wound status.

Group III Support Surfaces

‹‹Documentation of medical necessity for Group III products must be submitted with the TAR and must meet the guidelines as outlined in Flowchart A, B or C in this section.››

Documentation of medical necessity for the authorization of Group III support surfaces must demonstrate that the member is within 60 days post myocutaneous flap or skin graft surgery.

Authorization

‹‹HCPCS code E0199 does not require a TAR. All other support surface procedure codes previously listed require a TAR. A TAR is required for any DME when the cumulative purchase price within the DME group exceeds $500, when the cumulative repair and/or maintenance cost exceeds $250 within a calendar month, or when the cumulative cost of rental within a group exceeds $50 within a 15-month period. A TAR is always required for unlisted HCPCS code E1399.››

Initial TARs

TAR documentation requirements for initial TARs include all of the following:

For Group I support surfaces (regardless of place of service):

- A written prescription signed by the treating practitioner (or electronic equivalent)
- ‹‹Clinically appropriate ICD-10-CM diagnosis code(s) identifying the member's medical condition(s)››
- Documentation of bed-bound status and wound history
- Whether wound(s) are present or not

Only if wounds are present at the time of TAR submission:

- Number of wounds
- The stage and size of each wound, including undermining
- Description of each wound, including amount and color of exudate
- Location of each wound
- Relevant wound history, including any prior pressure sore(s)
- Relevant history of member's use of pressure sore equipment

For Group II support surfaces (regardless of place of service):

- All of the above.
- The number of turning surfaces affected, including why other co-morbidities may preclude the member from lying on one or more turning surfaces.
- ‹‹Nutritional status, including a nutritional assessment completed in consultation with the treating practitioner as needed, that includes the medical history, a physical examination, and laboratory data, as indicated below.›› If the assessment indicates the presence of a nutritional deficit that may impair wound healing, there must be a documented treatment plan that has been developed and implemented to improve the member's nutritional status.
- Nursing care, including turning, positioning, medication administration, and current treatments. The date of the initial member assessment, co-morbidities and sensorium must also be included. There must be documentation that appropriate nursing care is occurring.
- Wound care, (for example: irrigation, packing, dressing, etc.). There must be documentation that appropriate wound care is occurring.
- Surgery (for example: suitability for, time since operative intervention, etc.).
- ‹‹Laboratory results performed within 30 days of placing the member on the support surface, including Hemoglobin and Hematocrit; Serum Transferrin or Total Iron Binding Capacity (TIBC); Serum Albumin or Prealbumin; and Urinalysis, as indicated by the member's medical condition, or when requested by DHCS.››

Note: Laboratory tests should rule out underlying anemia, protein deficiency and urinary tract infection. While laboratory values alone will not preclude the authorization of support surfaces, if any laboratory results are abnormal, the provider must submit a treating practitioner treatment plan to correct the problem that resulted in abnormal laboratory result(s) with the TAR.

For Group III support surfaces (regardless of place of service):

- All of the above.
- Documentation that the member is within 60 days post myocutaneous flap or skin graft surgery.

Reauthorization TARs

TAR documentation requirements for reauthorization TARs include all of the following:

- Updated treatment and care plans, as indicated.
- Reevaluation of the healing status of the pressure sore(s), including updating of size, number and location of wounds and turning surfaces affected.
- Repeat laboratory studies, if previously submitted results were abnormal.
- Documentation of patient compliance with the treatment plan and the member's use of the authorized surface when in bed.

TAR documentation requirements for reauthorization TARs for chronic wound members include all of the following:

- Same as above for reauthorization TARs.
- The updated care plan must address any significant problems with wound healing.
- ‹‹Treating practitioner evaluation of possible alternative medical treatment to improve wound healing.››

All TARs

‹‹In addition to the documentation requirements specified above, all initial and reauthorization TARs for support surfaces must be accompanied by the appropriate flowchart(s), based upon the member's medical condition(s) and the specific support surface needed to meet their medical need(s).››

- The provider must indicate (circle or highlight) the appropriate answer to all questions on the flowchart(s), based upon the documentation in the member's medical record.
- If the appropriate flowchart(s) is not submitted with the TAR or the information provided on the flowchart(s) and TAR is not sufficient to determine medical necessity for the requested support surface, the TAR shall be deferred for the required information. If the TAR has been previously deferred and the required information has not been submitted by the provider, the medical consultant shall deny the TAR.
- For unlisted procedure codes, the provider must submit the most appropriate flowchart(s), based upon the documentation in the member's medical record. The flowchart(s) must be completed to the extent possible, along with justification for the requested unlisted procedure code.

Duration of Authorization

Authorization for pressure sore equipment may be granted in increments of up to 60 days, as medically necessary.

Support Surface Authorization

‹‹The TAR will be adjudicated by DHCS based upon submitted documentation substantiating medical necessity. Providers should ensure that all necessary and appropriate supporting documentation is submitted with the TAR to avoid delays and reduce the likelihood that additional information will be needed.››

‹‹Unlisted DME Items››

Coverage

‹‹Medi-Cal covers unlisted DME items for members as medically necessary.››

Criteria/Authorization

‹‹As medically necessary, unlisted DME items may be authorized by the Medi-Cal consultant based upon documentation submitted with the TAR for the specific DME item.››

Documentation Requirements

‹‹TARs submitted for unlisted DME items require all of the following information:

- Justification that the specific DME item is medically necessary; and
- DME item description; and,››
- Manufacturer's suggested retail price (MSRP) (copy of catalog page).

If the unlisted DME item is for a child (20 years of age or younger), and the child has a California Children Services (CCS)-eligible condition, a CCS denial must accompany the TAR in addition to the above requirement.

Billing

Unlisted Equipment Billing Code Table

HCPCS Code	Description
E1399	Durable medical equipment, miscellaneous

For information about billing for unlisted equipment, refer to *the Durable Medical Equipment (DME): Bill for DME* section in this manual.

Unlisted Supplies, Accessories and Service Components

Coverage

Medi-Cal covers miscellaneous supplies, accessories and service components only for member-owned equipment.

Criteria/Authorization

‹‹As medically necessary, miscellaneous supplies, accessories and/or service components may be authorized based upon the documentation submitted with the TAR for the specific item.››

Documentation Requirements

‹‹Documentation that the member has a medical need for the specific item due to a particular medical condition (or multiple conditions), and that the member owns the equipment for which the miscellaneous supply, accessory or service component is being requested, must be submitted with the TAR.››

If miscellaneous supplies, accessories and/or service components are for a child (20 years of age or younger), and the child has a CCS-eligible condition, a CCS denial must accompany the TAR.

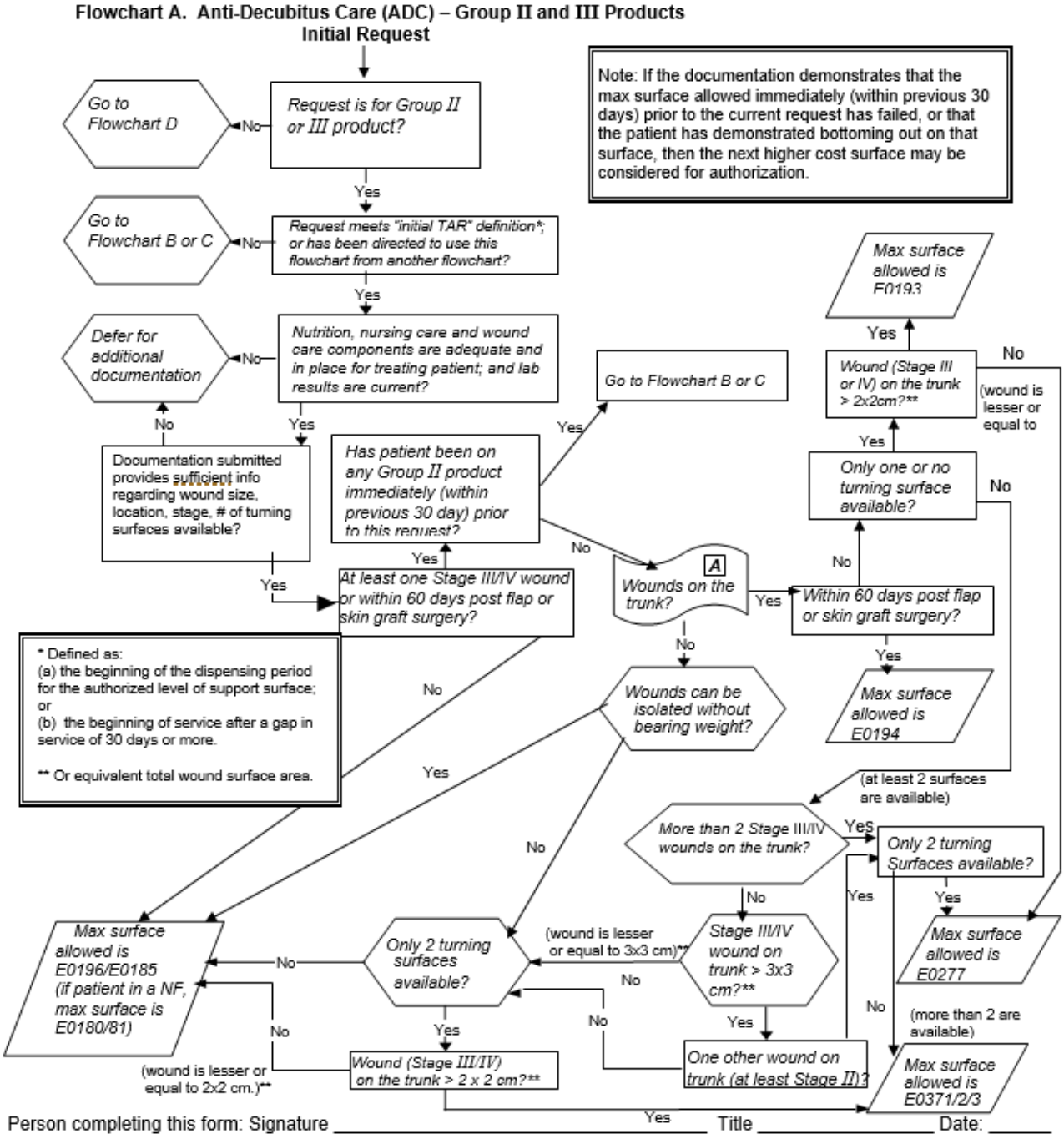
Billing

Unlisted Supplies, Accessories and Service Components Billing Code Table

HCPCS Code	Description
E1399	Durable medical equipment, miscellaneous

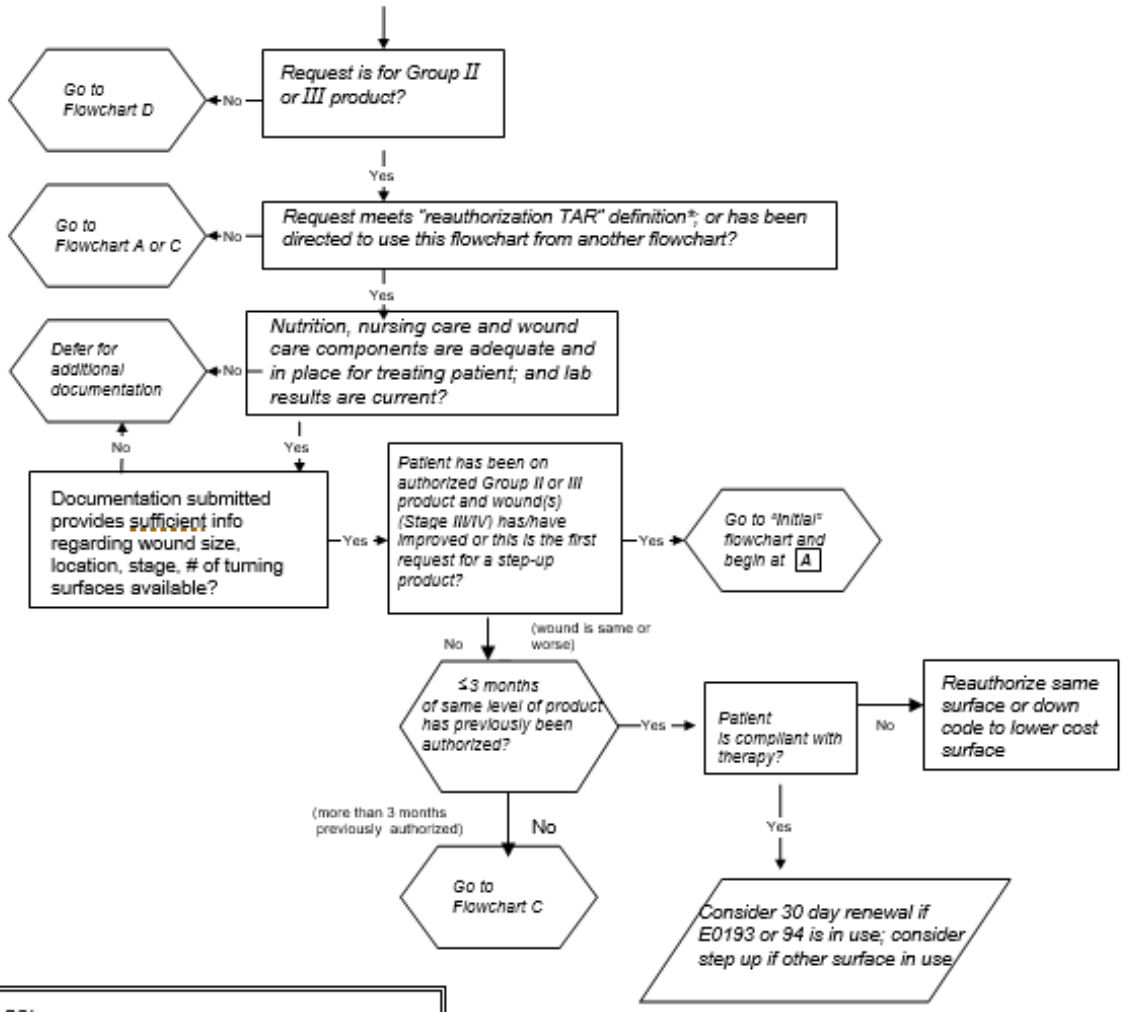
For information about billing for unlisted equipment, refer to the *Durable Medical Equipment (DME): Bill for DME* section in this manual.

Guidelines for Selecting Specialty Beds and Surfaces



Guidelines for Selecting Specialty Beds and Surfaces ‹‹(continued)››

Flowchart B. Anti-Decubitus Care (ADC) – Group II and III Products
Reauthorization Request



* Defined as:
(a) 2nd – 4th consecutive month authorization for the same level of support surface that was previously authorized; or
(b) 1st step down request immediately (within 30 days) following a previously authorized ADC product usage period.

Person completing this form: Signature _____ Title _____ Date: _____

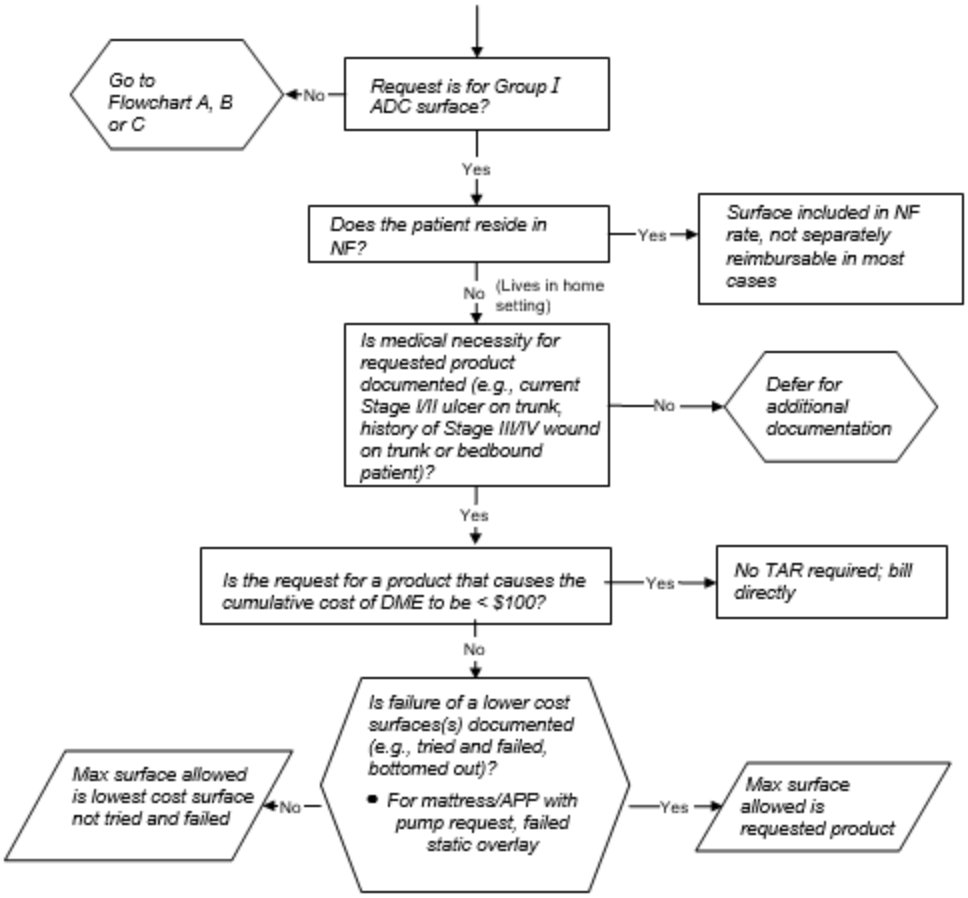
Guidelines for Selecting Specialty Beds and Surfaces ‹‹(continued)››

* Defined as:
A patient who has been authorized for the same level of support surface for 4 consecutive months or longer.

Person completing this form: Signature _____ Title _____ Date: _____

Guidelines for Selecting Specialty Beds and Surfaces ‹‹(continued)››

Flowchart D. Anti-Decubitus Care (ADC) – Group I or Preventative Products



Person completing this form: Signature _____ Title _____ Date: _____

‹‹Legend››

‹‹Symbols used in the document above are explained in the following table.››

Symbol	Description
‹‹	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
››	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
**	The size indicated or the equivalent of total body surface area