

The Department of Vermont Health Access Supplement to InterQual® Criteria

Note: DVHA utilizes InterQual® criteria as a resource for coverage determination. In order to ensure compliance with other relevant [Health Care Rules](#) and requirements, DVHA may base coverage determinations on information supplemental to InterQual® criteria. See services listed below.

To access InterQual® criteria, please log into your account at the [Vermont Medicaid Portal](#), go to secure options and click on InterQual® Solution from the dropdown menu.

Subject: Support Surfaces
Last Review: December 17, 2024*
Past Revisions: N/A

***Please note: Most current content changes will be highlighted in yellow.**

Description of Service or Procedure

“Support surfaces are mattresses, overlays, bed systems, and other devices designed to distribute body pressure evenly, reduce shearing forces, and control heat and moisture. Examples range from low-tech foam cushions and mattresses to more complex equipment such as alternating pressure devices or air-fluidized surfaces.” (McNichol, 2020).

Support surfaces can be classified as:

- Reactive: support surfaces that change load distribution in response to an applied load
- Active: those which change load distribution with or without an applied load. Powered air pressure mattresses are the only example of an active support surface currently on the market.
- Preventive: support surfaces for members at risk for developing a pressure injury
- Therapeutic: support surfaces for members who have developed a pressure injury

Support surfaces are further categorized into the following groups:

- Group 1: Non-powered pressure reducing mattresses, powered pressure reducing mattress overlay systems, and non-powered pressure reducing mattress overlays designed to be placed on top of a standard hospital or home mattress
- Group 2: Powered pressure reducing mattresses, semi-electric hospital beds with powered pressure reducing mattresses, powered pressure reducing mattress overlays, advanced non-powered pressure reducing mattresses, and advanced non-powered pressure reducing mattress overlays



- Group 3: Air-fluidized beds that use the circulation of warm filtered air through small, silicone coated ceramic beads creating the characteristics of fluid. When the member is placed in the bed, body weight is evenly distributed over a large surface area, which creates the sensation of “floating.”

Criteria Supplemental to InterQual®

In addition to the guidance provided by InterQual®, the following information should be considered by DVHA reviewers:

A support surface may be covered for members when:

The member has received education on:

- proper usage and care of the device
- comprehensive pressure management techniques, including wound prevention, wound care treatment, nutrition, pressure redistribution, positioning, avoidance of shear and friction forces during mobility and transfers, topical dressings and agents, smoking cessation, incontinence care, and hygiene.

The member has received proper comprehensive treatment including:

- wound care that includes preserving a moist wound bed, managing excess wound fluids, utilization of topical dressings and agents, and debridement techniques that result in the least amount of wound disturbance while preventing infection
- proper wound prevention and treatment, including nutrition, pressure redistribution, positioning, avoidance of shear and friction forces during mobility and transfers, incontinence care, hemodynamic stabilization, and hygiene
- bed mobility and bed transfer assessment by a physical or occupational therapist or wound care specialist to ensure that the support surface maximizes the member’s independence and safety
- comprehensive risk inventory for pressure/shear/ friction forces completed by a physical or occupational therapist, including wheelchair/seating, transfer techniques and equipment, toileting, and bathing, and where these risk exposures have been addressed, AND
- follow-up assessment of support surface efficacy

A Braden or Norton Scale is recommended as part of the provider’s supporting documentation to demonstrate the member’s medical need for the device.

Caution should be used when considering powered devices in homes where there are frequent electrical outages. Deflation of these devices can result in serious pressure problems. Consider nonpowered devices including gel or high-level foam devices instead.

Caution should be used when considering devices that can affect the ability to transfer the member in and out of bed safely. For example, a low air loss mattress can make supine to sit to stand transfers very difficult for a member with weakness or balance issues. Consider a physical therapy referral for a home equipment assessment.

Type of service or procedure not covered (this list may not be all inclusive)

Egg crates, small cell alternating air devices, and synthetic sheepskin overlays do not have adequate research support to be considered as a pressure redistribution support surface.

“Wet to dry” dressings are rarely the appropriate dressing for a pressure related wound because research supports a continuously moist environment for wound healing. The purpose of a wet-to-dry dressing is for non-specific mechanical debridement of devitalized wound tissue. Failure of a wet-to-dry dressing does not demonstrate the need for a higher level of support surface if non-specific mechanical debridement is not required for proper care of the wound.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule or Health Care Administrative Rules that pertain to the member’s aid category. Prior Authorization (PA) is only valid if the member is eligible for the applicable item or service on the date of service.

Medicaid Rule

Medicaid and Health Care Administrative Rules can be found at

<https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules>

7102.2	Prior Authorization Determination
4.101	Medical Necessity for Covered Services
4.104	Medicaid Non-Covered Services
4.106	Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services
4.209	Durable Medical Equipment

Coverage Position

Support surfaces may be covered for members:

- When the device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described on the Vermont Office of Professional Regulation’s website*, Statute, or rule who is knowledgeable regarding support surfaces, and who provides medical care to the member AND
- When the clinical criteria above are met.

* Vermont’s Office of Professional Regulation’s website: <https://sos.vermont.gov/opr/>

Clinical criteria for repeat service or procedure

Replacement device(s) is covered when:

- When the device no longer meets the medical needs of the member, OR
- When the device is no longer functional through normal wear (expected to last at least 5 years) or when the useful lifetime has been reached (HCAR Rule 4.209).

See the DME limitation guidance list on the VT Medicaid Portal under Provider Resources at <http://vtmedicaid.com/#!/resources>.

Type of service or procedure covered

Support surfaces that provide sufficient pressure redistribution to meet the member's medical needs. This includes coverage of active, reactive, preventive, therapeutic support surfaces, and group 1-3 support surfaces.

Coding guidelines

Please see the Medicaid Portal at <http://vtmedicaid.com/#!/feeSchedule> for fee schedules, code coverage, and applicable requirements.

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