



MO HealthNet PA Criteria

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| Medical Procedure Class: | DME Pressure Reducing Support Surfaces – E0181NU, E0181RR, E0184NU, E0185NU, E0185RR, E0186NU, E0187NU, E0196NU, E0197NU, E0197RR |
| Implementation Date: | June 5, 2009 – Smart PA Implementation June 9, 2009 – CyberAccess Implementation |
| Prepared for: | MO HealthNet |
| Prepared by: | Conduent Business Services, LLC |

New Criteria

Revision of Existing Criteria

Executive Summary

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| Purpose: | To allow a consistent and streamlined authorization process for pressure reducing support surfaces. | |
| Why was this Issue Selected: | Senate Bill 577 passed by the 94 th General Assembly directs MO HealthNet to utilize an electronic web-based system to authorize durable medical equipment using best medical evidence and care and treatment guidelines, consistent with national standards to verify medical need. | |
| Procedures subject to Pre-Certification | E0181: pressure pad alternating with pump E0184: dry pressure mattress E0185: gel or gel-like pressure pad for mattress standard mattress length and width E0186: air pressure mattress E0187: water pressure mattress E0196: gel pressure mattress E0197: air pressure pad for mattress, standard mattress length and width | |
| Setting & Population: | All MO HealthNet fee-for-service participants | |
| Data Sources: | <input checked="" type="checkbox"/> Medicare LCD | <input checked="" type="checkbox"/> MHN Policy |

Setting & Population

- Age range: All MO HealthNet fee-for-service participants

Approval Criteria

Decubitus care equipment is covered for participants who meet criterion 1, 2 or 3. If the participant meets criterion 2 or 3 they must also meet at least one of criteria 4-7.

1. Patient is completely immobile. (i.e. patient cannot make changes in body position without assistance)
2. Patient has limited mobility. (i.e. patient cannot independently make changes in body position significant enough to alleviate pressure)
3. Patient has pressure ulcer(s) on the trunk or pelvis; any stage.
4. Patient has impaired nutritional status.
5. Patient has fecal or urinary incontinence.
6. Patient has altered sensory perception.
7. Patient has compromised circulatory status.

Denial Criteria

- The approval criteria are not met.

Approval Period

Rental (E0181RR, E0185RR and E0197RR): the lesser of the physician-specified length of need or up to 10 months (Considered purchased after 10 months of rental)

Purchase: 90 days

Appendix A : Possible Step 1 and Step 2 Questions

****The following questions may be encountered as part of the approval and denial criteria. Depending on the patient's history and the way previous questions may be answered, not every question may be asked for every patient and may not be encountered in the exact order below.**

1. Is patient completely immobile? (i.e. patient cannot make changes in body position without assistance)
2. Does patient have limited mobility? (i.e. patient cannot independently make changes in body position significant enough to alleviate pressure)
3. Is there a pressure ulcer on the trunk or pelvis?
4. Does the patient currently have an impaired nutritional status?
5. Does the patient currently have fecal or urinary incontinence?
6. Does the patient currently have altered sensory perception?
7. Does the patient currently have a compromised circulatory status?
8. What is the duration of need?
9. Is this request for a rental?
10. Is this the least costly, medically necessary item?