

PRESSURE REDUCING SUPPORT SURFACES (ALTERNATING PRESSURE PUMP)

A Group 1 mattress overlay or mattress (E0181-E0189, E0196-E0199, and A4640) is covered if one of the following three criteria are met:

1. The patient is completely immobile - i.e., patient cannot make changes in body position without assistance, or
2. The patient has limited mobility - i.e., patient cannot independently make changes in body position significant enough to alleviate pressure and at least one of conditions A-D below, or
3. The patient has any stage pressure ulcer on the trunk or pelvis and at least one of conditions 1-4 below.
 1. Impaired nutritional status
 2. Fecal or urinary incontinence
 3. Altered sensory perception
 4. Compromised circulatory status

**E0181 POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING,
WITH PUMP, INCLUDES HEAVY DUTY**

