



Alternating Pressure Pad and Pump, Dry Pressure Mattress (Group 1 Support Surfaces)

DOCUMENTATION IN MEDICAL RECORDS REQUIRED BY CMS

Documentation Requirements	Key Items to Address
Duration of patient's condition	Why does the patient require the item?
Clinical course	Do the physical examination findings support the need for the item?
Prognosis	Signs and symptoms that indicate the need for the item
Nature and extent of functional limitations	Diagnoses that are responsible for these signs and symptoms
Other therapeutic interventions and results	Other diagnoses that may relate to the need for the item

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 beneficiary is completely immobile - i.e., beneficiary cannot make changes in body position without assistance, or
2. The beneficiary has limited mobility - i.e., beneficiary cannot independently make changes in body position significant enough to alleviate pressure and at least one of conditions A-D below, or
3. The beneficiary has any stage pressure ulcer on the trunk or pelvis and at least one of conditions A-D below.

Conditions for criteria 2 and 3 (in each case the medical record must document the severity of the condition sufficiently to demonstrate the medical necessity for a pressure reducing support surface):

- A. Impaired nutritional status
- B. Fecal or urinary incontinence
- C. Altered sensory perception
- D. Compromised circulatory status

*For some items to be covered by Medicare, a written order prior to delivery (WOPD) is required.