bedard
Pharmacy & Medical Supplies

Low Air Loss Mattress (Group 2 Support Surface)

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 2 support surface is covered if the beneficiary meets at least one of the following three Criteria (1, 2 or 3):

1. The beneficiary has multiple stage II pressure ulcers located on the trunk or pelvis (ICD-9 707.02-707.05) which have failed to improve over the past month, during which time the beneficiary has been on a comprehensive ulcer treatment program including each of the following:
    - Use of an appropriate group 1 support surface, and
    - Regular assessment by a nurse, physician, or other licensed healthcare practitioner, and
    - Appropriate turning and positioning, and
    - Appropriate wound care, and
    - Appropriate management of moisture/incontinence, and
    - Nutritional assessment and intervention consistent with the overall plan of care

2. The beneficiary has large or multiple stage III or IV pressure ulcer(s) on the trunk or pelvis (ICD-9 707.02-707.05),

3. The beneficiary had a myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis within the past 60 days (ICD-9 707.02 -707.05), and has been on a group 2 or 3 support surface immediately prior to discharge from a hospital or nursing facility within the past 30 days

If the beneficiary is on a group 2 surface, there should be a care plan established by the physician or home care nurse which includes the above elements. The support surface provided for the beneficiary should be one in which the beneficiary does not "bottom out".

When a group 2 surface is covered following a myocutaneous flap or skin graft, coverage generally is limited to 60 days from the date of surgery.

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