

Medicare Prescribing Checklist for Group 1 Support Surface

TO: _____ @ _____ RE: patient _____ DOB _____

Thanks for your referral! We've received your order to provide **Group 1 support surface**. However, Medicare requires documentation, indicated by check marks below, to be in our chart before providing the equipment.



If you have questions, please call 989-9902 and ask for _____.



Fax documents to 205-989-9903.

- Documentation of a face-to-face evaluation by a physician or PA/NP/CNS, stating the condition for which the patient needs the group 1 support surface **dated on, or six months prior, to the date of the order.**
- Write a prescription containing these five elements: 1. patient's name, 2. item of DME ordered, 3. prescribers National Provider Identifier (NPI), 4. signature of the ordering prescriber, 5. date of the order.

Please send us documentation in progress notes that state:

- the patient is completely immobile – i.e., patient cannot independently make changes in body position significant enough to alleviate pressure.

OR

- the patient has limited mobility – i.e., patient cannot independently make changes in body position significant enough to alleviate pressure **AND** has one or more of the following conditions:
- impaired nutritional status; or
 - fecal or urinary incontinence; or
 - altered sensory perception; or
 - compromised circulatory status.

OR

- the patient has one or more pressure ulcers (any stage) on the trunk or pelvis **AND** also has one or more of the following conditions:
- impaired nutritional status; or
 - fecal or urinary incontinence; or
 - altered sensory perception; or
 - compromised circulatory status.