

Medicare Prescribing Checklist for Group 2 Support Surface

TO: _____ @ _____ RE: patient _____ DOB _____

Thanks for your referral! We've received your order to provide **Group 2 support surface (alternating pressure mattress, low air loss, etc)**. 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 2 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(s) of DME ordered (group 2 support surface **AND** hospital bed), 3. prescribers National Provider Identifier (NPI), 4. signature of the ordering prescriber, 5. the date of the order.

Please send medical records stating the patient meets all of the criteria in one of the situations listed below:

Situation A

- Multiple (more than one) documented stage II pressure ulcers located on the trunk or pelvis; **AND**
- Patient has been on a comprehensive ulcer treatment program for at least the past month (minimum of 30 days) which has included **all** of the following:
 - Patient/caregiver have been educated on prevention and/or management of pressure ulcers; **and**
 - Regular assessment by a nurse, physician, or other licensed healthcare practitioner; **and**
 - Appropriate turning and positioning; **and**
 - Appropriate wound care (for a stage II, III, or IV ulcer); **and**
 - Appropriate management of moisture/incontinence; **and**
 - Nutritional assessment and intervention consistent with the overall plan of care; **and**
 - Use of an appropriate group 1 support surface; **AND**
- The ulcers have worsened or remained the same over the past month (minimum of 30 days).

Situation B

- Patient has large **or** multiple stage III or IV pressure ulcer(s) on the trunk or pelvis.

Situation C

- Recent (within the past 60 days) myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis; **and**
- Patient was discharged from a hospital or nursing facility within the past 30 days; **and**
- Patient was on a group 2 or 3 support surface immediately prior to the above discharge.