



Group 1 Support Surfaces
(Alternating Pressure Pad/Pump or Gel Foam Mattress)

Documentation Required

- ❖ *All Insurance payers*
 - Prescription
 - Medical record notes specifying medical necessity

- ❖ *Medicare recipients*
 - Written Order Prior to Delivery (WOPD), which includes all the following elements:
 - ✓ Start Date
 - ✓ Patient name
 - ✓ Provider name
 - ✓ Detailed description of item(s) prescribed
 - ✓ ICD-10 code(s)
 - ✓ Length of need
 - ✓ Provider signature with credentials (for Medicare recipients)
 - ✓ Provider signature date (in addition to start date of prescription for Medicare recipients)
 - Provider (MD, DO, PA-C, ANP) face to face examination notes within 6 months prior to WOPD for gel foam (not necessary for APP)
 - Copy of Care Plan

- ❖ *Medicaid recipients*
 - Prescription or Medicaid Certificate of Medical Necessity (CMN)

Face to Face Examination Notes Must Document

- ❖ *Height and Weight within 30 days of prescription*
- ❖ *Client meets one or more of the following criteria*
 - Completely immobile – beneficiary cannot make changes in body position without assistance; or
 - Limited mobility - beneficiary cannot independently make changes in body position significant enough to alleviate pressure; and
 - One of the following: impaired nutritional status, fecal or urinary incontinence, altered sensory perception or compromised circulatory status
 - Any stage pressure ulcer on the trunk or pelvis; and
 - One of the following: impaired nutritional status, fecal or urinary incontinence, altered sensory perception or compromised circulatory status
 - Pressure ulcer must be staged

- ❖ *Care of plan has been established by the beneficiary's physician or home care nurse which includes the following:*
 - Education of the beneficiary and caregiver on the prevention and/or management of pressure ulcers
 - Regular assessment by a nurse, physician or another licensed healthcare practitioner
 - Appropriate turning and positioning
 - Appropriate wound care (for a stage II, III or IV ulcer)
 - Appropriate management of moisture/incontinence
 - Nutritional assessment and intervention consistent with the overall plan of care