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