



Group I – Alternating Pressure Pad/Pump, Gel Foam Overlay

Documentation Requirements

All Insurances

- ★ Group I Support Surfaces Prescription
- ★ Medical records (see below for criteria)

Medical Record Requirements

- ★ Face to face visit with treating practitioner documenting patient's condition that requires the support surface.
 - For Medicaid, this visit must take place within 6 months of the order.
- ★ Medical record must support that patient has one or more of the following:
 - Complete immobility – patient cannot make changes in body position without assistance.
 - Limited mobility – patient 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,
 - Compromised circulatory status.
 - Any stage (I, II, III, or IV) pressure ulcer on the trunk or pelvis and one of the following:
 - Impaired nutritional status,
 - Fecal or urinary incontinence,
 - Altered sensory perception,
 - Compromised circulatory status.
- ★ Care plan established by the patient's treating practitioner or home care nurse must be on file. This plan should document:
 - Education of the patient and/or their 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, if applicable (for a stage II, III, or IV ulcer),
 - Appropriate management of moisture/incontinence, if applicable,
 - Nutritional assessment and intervention consistent with the overall plan of care.