



Medicare Group 1 Pressure Reducing Support Surface Qualifications

Prescription

- Patient's Name
- Date of Order
- General Description of Item(s) / Accessories / Supplies
- Frequency, if applicable & Quantity to be dispensed
- Treating Practitioner's Name Printed or NPI
- Treating Practitioner's Signature
- Treating Signature Date required if MSC form used

Chart Notes (must support the following)

Patient's height and weight must be in the medical record.

- **A Group 1 mattress overlay or mattress (E0181, E0182, E0184, E0185, E0186, E0187, E0188, E0189, E0196, E0197, E0198, E0199 and A4640) is covered if one of the following three criteria are met:**
 - A. The beneficiary is completely immobile - i.e., beneficiary cannot make changes in body position without assistance, or
 - B. The beneficiary has limited mobility - i.e., beneficiary cannot independently make changes in body position significant enough to alleviate pressure and at least one of conditions A-D below, or
 - C. The beneficiary has any stage pressure ulcer on the trunk or pelvis and at least one of conditions A-D below.
- **Conditions for criteria 2 and 3 (in each case the medical record must document the severity of the condition sufficiently to demonstrate the medical necessity for a pressure reducing support surface):**
 - A. Impaired nutritional status
 - B. Fecal or urinary incontinence
 - C. Altered sensory perception
 - D. Compromised circulatory status

Disclaimer: This information was prepared as an educational tool and not intended to grant rights or impose obligation. This information is only intended to be a general summary and not intended to take place of written law or regulations.

Current as of January 2024

Scan For Group 1 Pressure Reducing Support Surfaces Criteria





Medicare Group 2 Pressure Reducing Support Surface Qualifications

Prescription

- Patient's Name
- Date of Order
- General Description of Item(s) / Accessories / Supplies
- Frequency, if applicable & Quantity to be dispensed
- Treating Practitioner's Name Printed or NPI
- Treating Practitioner's Signature
- Treating Signature Date required if MSC form used
- Qualifying Diagnosis Code

**** Medicare Requires a Prior Authorization Prior to Dispensing ****

Chart Notes

A group 2 support surface is covered if the patient meets at least one of the following three criteria;

Criterion 1

- Multiple stage II pressure ulcers located on the trunk or pelvis which have failed to improve over the past month; and
- Patient has been on a comprehensive ulcer treatment program for at least the past month (minimum of 30 days) which included each of the following:
 - A. Use of an appropriate group 1 support surface; and
 - B. Regular assessment by a nurse, physician, or other licensed healthcare practitioner; and
 - C. Appropriate turning and positioning; and
 - D. Appropriate wound care; and
 - E. Appropriate management of moisture/incontinence; and
 - F. Nutritional assessment and intervention consistent with overall plan of care; and

OR

Criterion 2

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

OR

Criterion 3

- Recent (within the past 60 days) myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis; and
 - A. The patient has been on a group 2 or 3 support surface immediately prior to a recent discharge from a hospital or nursing facility (discharge within the past 30 days). In this instance, coverage is generally limited to 60 days from the date of surgery.

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Current as of January 2024

Scan For Group 2 Pressure Reducing Support Surfaces Criteria

