

## Pressure Reducing Support Surfaces – Group II Documentation Requirements Guide

**Note:** It is expected that the patient’s medical records will reflect the need for the Group II pressure reducing support surface ordered and provided. This document was prepared as an educational tool and is not intended to be a substitute for the patient’s comprehensive medical records.

Detailed Written Order – Required Prior to Delivery	New Order Requirements
<p>A detailed written order must be obtained <b>prior to delivery</b> and must contain the following:</p> <ul style="list-style-type: none"> <li>The beneficiary’s first and last name</li> <li>Physician’s name</li> <li>Date of the order and start date, if the start date is different from the date of the order</li> <li>A clear, detailed description of the item(s) to be provided</li> <li>The treating physician’s signature and signature date (handwritten or electronic, signature and date stamps are <b>not</b> acceptable.)</li> </ul> <p><b>Note:</b> In order for Medicare to cover the support surface, the supplier <b>must</b> obtain the detailed written order prior to delivery. A support surface <b>cannot</b> be delivered based upon a dispensing (verbal, preliminary written) order. If the supplier delivers the support surface prior to receipt of the detailed written order, it will be denied.</p>	<p>A new order is required if:</p> <ul style="list-style-type: none"> <li>There is a change in supplier</li> <li>There is a change in the item(s), frequency of use, or amount prescribed</li> <li>There is a change in the length of need or a previously established length of need expires</li> <li>State law requires a prescription renewal</li> </ul>

### Medical Records

- The patient’s medical records must support that the patient meets **all** of the criteria in one of coverage criterion listed below:

<p>Criterion 1:</p> <ul style="list-style-type: none"> <li>Multiple stage II pressure ulcers located on the trunk or pelvis (ICD-9 707.02–707.05), <b>AND</b> <ul style="list-style-type: none"> <li>– Patient has been on a comprehensive ulcer treatment program for at least the past month (minimum of 30 days) which has included <b>all</b> of the following:           <ul style="list-style-type: none"> <li>◦ Education of the patient and caregiver on the prevention and/or management of pressure ulcers and</li> <li>◦ Regular assessment by a nurse, physician, or other licensed healthcare practitioner; and</li> <li>◦ Appropriate turning and positioning; and</li> <li>◦ Appropriate wound care (for a stage II, III, or IV ulcer); and</li> <li>◦ Appropriate management of moisture/incontinence; and</li> <li>◦ Nutritional assessment and intervention consistent with the overall plan of care; and</li> <li>◦ Use of an appropriate Group I support surface the use of an appropriate Group I – pressure reducing support surface, <b>AND</b></li> </ul> </li> </ul> </li> </ul>
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- The ulcers have worsened or remained the same over the past month

**Note:** If the patient is on a group two surface, there should be a care plan established by the physician or home care nurse which includes the above elements.

#### Criterion 2:

- Large or multiple stage III or IV pressure ulcer(s) on the trunk or pelvis (ICD-9 707.02–707.05)

#### Criterion 3:

- Recent (within the past 60 days) myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis (ICD-9 707.02–707.05); AND
  - The patient was discharged from a hospital or nursing facility within the past 30 days; and
  - The patient was on a group II or III pressure reducing support surface immediately prior to the above discharge.

**Note:** Coverage following a myocutaneous flap or skin graft is generally limited to 60 days from the date of surgery.

### Statement of Ordering Physician – Group II Support Surfaces

The supplier must obtain information concerning which, if any, of the coverage criterion listed in the Coverage and Payment Rules section of this Pressure Reducing Support Surfaces – Group II medical policy the patient meets in a signed and dated statement from the treating physician.

The Statement of Ordering Physician – Group II Support Surfaces form was developed to help document the medical necessity of the Group II support surface, and is recommended but not required.

- Questions pertaining to medical necessity on any form used to obtain the information may not be completed by the supplier or anyone in a financial relationship with the supplier.
- The responses provided in the [Statement of Ordering Physician – Group II Support Surfaces form](#) or any form used to obtain this information must be supported by information in the patient’s medical record and available upon request to any Medicare contractor.
  - Do not submit this form unless specifically requested.
  - The form must be signed and dated by the ordering physician.

The form is available on the National Government Services Web site at <http://www.NGSMedicare.com>. Once on the **Durable Medical Equipment Home** page, select **Forms** under the **Quick Links** section on the side navigation, and then scroll to the **Coverage** section.

**Note:** This information should be obtained by the supplier prior to delivery in order to determine medical necessity and to assist the supplier in determining whether or not an Advance Beneficiary Notice of Noncoverage should be executed.

### Continued Use/Need

Rental DME items require documentation in the beneficiary’s medical record to support that the item reasonable and necessary, continues to be used by the beneficiary and remains reasonable and necessary.

- Continued use of a group II support surface is covered until the ulcer is healed, or
- Continued use of a group II support surface is covered if healing does not continue, there is documentation

in the medical record to show the following:

- Other aspects of the care plan are being modified to promote healing, or
- The use of the group II support surface is reasonable and necessary for wound management.

**Note:** Information used to justify continued medical need must be timely for the date of service. Timely, documentation is defined as a record in the preceding 12 months unless otherwise specified in the policy.

## Proof of Delivery

Method 1:	Method 2:
<p>Direct delivery to the beneficiary by the supplier. Proof of delivery (POD) documentation must include:</p> <ul style="list-style-type: none"> <li>• Beneficiary name</li> <li>• Delivery address</li> <li>• Quantity delivered</li> <li>• Sufficient detailed description to identify the item(s) being delivered (brand name, serial number, narrative description)</li> <li>• Date delivered</li> <li>• Beneficiary signature (if signed by a designee, indicate relationship to beneficiary)</li> <li>• Date of signature</li> </ul> <p><b>Note:</b> The date of signature on the delivery slip must be the date that the Durable medical equipment prosthetics, orthotics, and supplies (DMEPOS) item was received by the beneficiary or designee. In instances where the supplies are delivered directly by the supplier, the date the beneficiary received the DMEPOS supply must be the date of service on the claim.</p>	<p><b>Delivery via Shipping or Delivery Service.</b> If using a shipping service or mail order, POD documentation would be the service tracking slip and the supplier's own shipping invoice. The POD record must include:</p> <ul style="list-style-type: none"> <li>• Beneficiary's name</li> <li>• Delivery address</li> <li>• Delivery service's packaging identification number, supplier invoice number, or alternative method that links the supplier's delivery documents with the delivery service's records</li> <li>• Sufficiently detailed description to identify the item(s) being delivered (e.g., brand name, serial number, narrative description)</li> <li>• Quantity delivered</li> <li>• Date delivered</li> <li>• Evidence of delivery</li> </ul> <p><b>Note:</b> If a supplier utilizes a shipping service or mail order, suppliers must use the shipping date as the date of service on the claim.</p>
<p><b>Supplier Standard # 12</b></p> <p>Suppliers are required to maintain proof of delivery in their files for seven years, regardless of the method of delivery.</p>	<p><b>Note:</b> A supplier may deliver a DMEPOS item to a patient's home in anticipation of a discharge from a hospital or nursing facility. The supplier may arrange for actual delivery of the item approximately two days prior to the patient's anticipated discharge to their home. The date of service on the claim would be the date of discharge and suppliers should bill with place of service code 12 (patient's home).</p>