

Pressure Reducing Support Surface - Group 2 Documentation Needs

The following documentation is required to be in clinic visit/therapy notes from the treating provider within 12 months of the prescription for consideration of payment.

For any item to be covered it must be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member. and 3) meet all other applicable Medicare statutory and regulatory requirements.

In addition to the "reasonable and necessary" criteria the following criteria must be met.

A group 2 support surface is covered if the beneficiary meets at least one of the following three Criteria (1, 2 or 3):

1. The beneficiary has multiple stage 2 pressure ulcers located on the trunk or pelvis (refer to the ICD-10 code list section in the LCD-related Policy Article for applicable diagnoses) which have failed to improve over the past month, during which time the beneficiary has been on a comprehensive ulcer treatment program including each of the following:
 - a. Use of an appropriate group 1 support surface, and
 - b. Regular assessment by a nurse, practitioner, 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 the overall plan of care
2. The beneficiary has large or multiple stage 3 or 4 pressure ulcer(s) on the trunk or pelvis
3. The beneficiary had a myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis within the past 60 days and has been on a group 2 or 3 support surface immediately prior to discharge from a hospital or nursing facility within the past 30 days

If the beneficiary is on a group 2 surface, there should be a care plan established by the treating practitioner or home care nurse which includes the above elements. The support surface provided for the beneficiary should be one in which the beneficiary does not "bottom out"

When a group 2 surface is covered following a myocutaneous flap or skin graft, coverage generally is limited to 60 days from the date of surgery.

When the stated coverage criteria for a group 2 mattress or bed are not met, a claim will be denied as not reasonable and necessary.

Continued use of a group 2 support surface is covered until the ulcer is healed, or if healing does not continue, there is documentation in the medical record to show that: (1) other aspects of the care plan are being modified to promote healing, or (2) the use of the group 2 support surface is reasonable and necessary for wound management.

Our Locations

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