



PRESSURE REDUCING SUPPORT SURFACES-GROUP 2
Statement of Ordering Physician: Group 2 Support Surfaces

Patient name: _____

Medicare # _____ DOB: _____

Cost information (to be completed by the supplier):

Supplier's charge _____

Medicare fee schedule allowance _____

The information below may not be completed by the supplier or anyone in a financial relationship with the supplier. Circle: **Y** for Yes, **N** for No, **D** for Does not apply, unless otherwise noted.

Y N D 1) Does the patient have multiple stage II pressure ulcers on the trunk or pelvis?

Y N D 2) Has the patient been on a comprehensive ulcer treatment program for at least the past month which has included the use of an alternating pressure or low air loss overlay which is less than 3.5 inches, or a non powered pressure reducing overlay or mattress?

1 2 3 3) Over the past month, the patient's ulcer(s) has/have: 1) Improved 2) Remained the same 3) Worsened?

Y N D 4) Does the patient have large or multiple stage III or IV pressure ulcer(s) on the trunk or pelvis?

Y N D 5) Has the patient had a recent (within the past 60 days) myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis? If yes, give date of surgery: _____

Y N D 6) Was the patient on an alternating pressure or low air loss mattress or bed or an air fluidized bed immediately prior to a recent (within the past 30 days) discharge from a hospital or nursing facility?

Estimated length of need (# of months): _____ (99=lifetime)

Physician name: _____ NPI # _____

Physician signature: _____ Date: _____

A group 2 support surface is covered if the patient meets:

- a) Criterion 1 and 2 and 3, or
 - b) Criterion 4, or
 - c) Criterion 5 and 6.
- 1) Multiple stage II pressure ulcers located on the trunk or pelvis.
 - 2) Patient has been on a comprehensive ulcer treatment program for at least the past month which has included the use of an appropriate group 1 support surface.
 - 3) The ulcers have worsened or remained the same over the past month.
 - 4) Large or multiple stage III or IV pressure ulcer(s) on the trunk or pelvis.
 - 5) Recent myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis (surgery within the past 60 days).
 - 6) 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).

The comprehensive ulcer treatment described in #2 above should generally include:

- i) Education of the patient and caregiver on the prevention and/or management of pressure ulcers.
- ii) Regular assessment by a nurse, physician, or other licensed healthcare practitioner (usually at least weekly for a patient with a stage III or IV ulcer).
- iii) Appropriate turning and positioning.
- iv) Appropriate wound care (for a stage II, III, or IV ulcer).
- v) Appropriate management of moisture/incontinence.
- vi) Nutritional assessment and intervention consistent with the overall plan of care.