Group 1 Pressure Reducing Support Surface
DOCUMENTATION CHECKLIST

REQUIRED DOCUMENTATION IN SUPPLIER'S FILE

☐ Detailed Written Order That Contains:

- ○ Beneficiary's name
- ○ The treating physician's signature (handwritten or electronic)
- ○ The date the treating physician signed the order (personally entered by physician)
- ○ The start date of the order - if the start date is different from the signature date
- ○ A clear, detailed description of the type of support surface the physician is ordering
- ○ Length of need

☐ Physician's signature meets CMS Signature Requirements

NOTE: In order for Medicare to cover the support surface, the supplier **must** obtain the detailed written order prior to delivery. A support surface **cannot** be delivered based on a dispensing (verbal, etc.) order. If the supplier delivers the item prior to receipt of a detailed written order, it will be denied as noncovered. If the detailed written order is not obtained prior to delivery, payment will not be made for that item even if a detailed written order is subsequently obtained.

☐ Beneficiary Authorization

☐ Delivery Documentation

- ○ Beneficiary's name
- ○ Quantity delivered
- ○ Detailed description of item(s)
- ○ Brand
- ○ Serial number
- ○ Signature of person accepting delivery
- ○ Relationship to beneficiary
- ○ Signature date

☐ Statement of Ordering Physician Group 1 Pressure Reducing Support Surfaces

NOTE: This is a suggested form that the supplier may use for collecting information concerning which, if any, of the criteria listed in the Coverage and Payment Rules section apply to the beneficiary. While use of the form is optional, the supplier is required to collect the information. Regardless of the format used, information pertaining to medical necessity may not be completed by the supplier or anyone in a financial relationship with the supplier.

Medical Records supporting that the patient meets the basic coverage criteria specified in the Coverage and Payment Rules section of the Pressure Reducing Support Surfaces – Group 1 LCD

☐ The patient is completely immobile – i.e., patient cannot independently make changes in body position significant enough to alleviate pressure.

OR

☐ The patient has limited mobility – i.e., patient cannot independently make changes in body position significant enough to alleviate pressure **AND** the patient also has one or more of the following conditions:

- ○ Impaired nutritional status; ***or***
- ○ Fecal or urinary incontinence; ***or***
- ○ Altered sensory perception; ***or***
- ○ Compromised circulatory status.

OR

☐ The patient has one or more pressure ulcers (any stage) on the trunk or pelvis **AND** the patient also has one or more of the following conditions:

- ○ Impaired nutritional status; ***or***
- ○ Fecal or urinary incontinence; ***or***
- ○ Altered sensory perception; ***or***
- ○ Compromised circulatory status.

☐ The medical records include a legible identifier of the author in accordance with CMS Signature Requirements

Related Clinical Information

Patients needing pressure reducing support surfaces should have a care plan which has been established by the patient's physician or home care nurse, is documented in the patient's medical records, and generally should include the following:

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

Modifier Reminders

- Suppliers should only add a KX modifier if the criteria in the "Indications and Limitations of Coverage and/or Medical Necessity" section of the policy have been met. If the requirements for the KX modifier are not met, the KX modifier must not be used. This information must be available upon request.
- If all of the criteria in the Indications and Limitations of Coverage and/or Medical Necessity section have not been met, the GA or GZ modifier must be added to the code. When there is an expectation of a medical necessity denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier if they have not obtained a valid ABN.
- Claim lines billed without a KX, GA, or GZ modifier will be rejected as missing information.
- Items delivered before a signed written order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.

Additional Information References on the Web

- Support Surface Resources: http://www.cgsmedicare.com/jc/coverage/mr/SSR.html
- DME MAC Jurisdiction C Supplier Manual: http://www.cgsmedicare.com/jc/pubs/supman/index.html
- CMS Signature Requirements: http://www.cgsmedicare.com/jc/pubs/news/2010/0410/cope12069.html

NOTE: It is expected that the patient's medical records will reflect the need for the care provided. These records are not routinely submitted to the DME MAC but must be available upon request. Therefore, while it is not a requirement, it is a recommendation that suppliers obtain and review the appropriate medical records and maintain a copy in the beneficiary's file.