



# Documentation Checklist: Group 2 Pressure Reducing Support Surfaces

## Required Documentation in Supplier File

*\*Although CMS outlines acceptable requirements for a Dispensing Order, Ethos policy requires all necessary criteria to be captured in the form of a Detailed Written Order.*

### Detailed Written Order

- The date of the order
- The treating physician/practitioner name
- The treating physician/practitioner signature
  - 1) Handwritten or electronic **AND**
  - 2) In accordance with CMS Signature Requirements
    - Legible full signature OR
    - Illegible signature over a typed/printed name OR
    - Other Acceptable Signatures at <http://www.cgsmedicare.com/jc/pubs/news/2010/0410/cope12069.html>
- The date the treating physician/practitioner signed the order (personally entered by physician)
- A clear, detailed description of the type of support surface the physician is ordering
- Any changes or corrections have been initialed/signed and dated by the ordering physician

*\* The medical records collected need to support that the beneficiary meets all of the criteria in one of the situations below:*

### Situation A

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

**OR**

### Situation B

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

**OR**

### Situation C

- Recent (within the past 60 days) myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis; **And**
- The beneficiary was discharged from a hospital or nursing facility within the past 30 days; **And**
- The beneficiary was on a group 2 or 3 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.