Documentation Checklist: Group 3 Pressure Reducing Support Surface

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's name
- ❒ The treating physician/practitioner's 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/2010/0410cope12069.html
- ❒ The date the treating physician 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

Medical Records

- ❒ The medical record includes a face-to-face examination by the treating physician that meets the following requirements:
  - ❒ The examination occurred within 6 months prior to the date of the written order that was obtained prior to delivery; And
  - ❒ The examination documents that the beneficiary was evaluated and/or treated for a condition that supports the need for an air fluidized bed.
  - ❒ The medical record documents a discussion by the physician with the patient/caregiver about the surface options and the patient/caregiver agrees to use of the therapy surface.
- ❒ The medical record supports that the beneficiary meets all the following criteria:
  - ❒ The beneficiary has a stage III (full thickness tissue loss) or stage IV (deep tissue destruction) pressure ulcer.
  - ❒ The beneficiary is bedridden, or chair bound as a result of severely limited mobility.
  - ❒ In the absence of an air-fluidized bed, the beneficiary would require institutionalization.
  - ❒ The air-fluidized bed is ordered in writing by the beneficiary's attending physician based upon a comprehensive assessment and evaluation of the beneficiary after **completion of** a course of conservative treatment designed to optimize conditions that promote wound healing. (The evaluation generally must be performed within one month prior to initiation of therapy with the air-fluidized bed.)
  - ❒ The course of conservative treatment was at least one month in duration without progression toward wound healing. (This month of prerequisite conservative treatment may include some period in an institution as long as there is documentation available to verify that the necessary conservative treatment was rendered.)

Ethos™ Therapy Solutions

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- ❒ Conservative treatment included **all of the following six elements**:
  - ❒ Frequent repositioning of the beneficiary with particular attention to relief of pressure over bony prominences (usually every 2 hours); **And**
  - ❒ Use of a Group 2 support surface to reduce pressure and shear forces on healing ulcers and to prevent new ulcer formation; **And**
  - ❒ Necessary treatment to resolve any wound infection; **And**
  - ❒ Optimization of nutrition status to promote wound healing; **And**
  - ❒ Debridement by any means, including wet-to-dry gauze dressings, to remove devitalized tissue from the wound bed; **And**
  - ❒ Maintenance of a clean, moist bed of granulation tissue with appropriate moist dressings protected by an occlusive covering, while the wound heals.

An occlusive barrier is required, when necessary, to maintain a moist wound-healing environment that may otherwise be compromised by the drying action of airflow generated by air-fluidized therapy.

If moist dressings are NOT required because of the wound characteristics (e.g. heavily exudative wound, etc.), the occlusive barrier is not required as a condition for reimbursement.

Wet-to-dry dressings when used for debridement do not require an occlusive dressing. Use of wet-to-dry dressings for wound debridement, begun during the period of conservative treatment and which continue beyond 30 days, will not preclude coverage of an air-fluidized bed. Should additional debridement again become necessary while a beneficiary is using an air-fluidized bed (after the first 30-day course of conservative treatment) that will not cause the air-fluidized bed to be denied.

In addition, conservative treatment should generally include:

- ❒ Education of the beneficiary and caregiver on the prevention and management of pressure ulcers; **And**
- ❒ Assessment by a physician, nurse, or other licensed healthcare practitioner at least weekly, **And**
- ❒ Appropriate management of moisture/incontinence.
- ❒ A trained adult caregiver is available to assist the beneficiary with activities of daily living, fluid balance, dry skin care, repositioning, recognition and management of altered mental status, dietary needs, prescribed treatments, and management and support of the air-fluidized bed system and its problems such as leakage. A physician directs the home treatment regimen and reevaluates and recertifies the need for the air-fluidized bed on a monthly basis. All other alternative equipment has been considered and ruled out.

Documentation Requirements for Continued Coverage Beyond the First Month

On a monthly basis, the treating physician must document the need for the equipment with a written statement specifying:

- ❒ The size of the ulcer;
- ❒ If the ulcer is not healing, what other aspects of the care plan are being modified to promote healing;
- ❒ Continued use of the bed is reasonable and necessary for wound management. This monthly physician statement must be kept on file by the supplier and be available for inspection upon request. Continued use is covered until the ulcer is healed.