Pressure Reducing Support Surfaces (L11563, L11564, or L11565)

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Section I

PATIENT:	**PHYSICIAN:**
Phone:	

Section II

DIAGNOSIS and ORDER

Diagnosis: _____

_____

_____

☐ Pressure Reducing Support Surface

Length of Need : _____

Section III

(Check **Y** for Yes, or **N** for No)

ADDITIONAL MEDICAL INFORMATION

A Group 1 mattress overlay or mattress (E0181-E0189, E0196-E0199, and A4640) is covered if one of the following three criteria are met:

1. The patient is completely immobile - i.e., patient cannot make changes in body position without assistance, **or** ☐Y ☐N
2. The patient has limited mobility - i.e., patient cannot independently make changes in body position significant enough to alleviate pressure **and** at least one of the conditions A-D below, **or** ☐Y ☐N
3. Does the patient have any stage pressure ulcer on the trunk or pelvis **and** at least one of the conditions A-D below. (please circle)

   A. Impaired nutritional status
   B. Fecal or urinary incontinence
   C. Altered sensory perception
   D. Compromised circulatory status.

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

1. Does patient have multiple stage II pressure ulcers located on the trunk or pelvis (ICD-9 707.02-707.05) 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: ☐Y ☐N
   a. Use of an appropriate group 1 support surface, and
   b. Regular assessment by a nurse, physician, 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. Does the patient have large or multiple stage III or IV pressure ulcer(s) on the trunk or pelvis (ICD-9 707.02-707.05)? ☐Y ☐N
3. Does the patient have a myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis within the past 60 days (ICD-9 707.02 -707.05), 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? ☐Y ☐N

PLEASE ALSO INCLUDE, IF AVAILABLE, H&P, PROGRESS NOTES (MOST RECENT PERTAINING TO DIAGNOSIS), PRESCRIPTION AND/OR ANY OTHER RELEVANT INFORMATION

Physician Signature _____ **Date** _____