



**NORTHEAST MEDICAL PRODUCTS, INC**  
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**GROUP II SUPPORT SURFACE ORDER FORM**

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Length of need \_\_\_\_\_

Diagnosis codes: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**Equipment ordered:**

\_\_\_\_\_ E0277 Low Air Loss Mattress

**Coverage Questions:**

- Y N Does the patient have multiple Stage II pressure ulcers located on the trunk or pelvis?
- Y N Has the patient been on a comprehensive ulcer treatment program for at least the past month which has included the use of an appropriate group I support surface?
- Y N Have the ulcers worsened or remained the same over the past month?
- Y N Does the patient have large or multiple stage III or IV pressure ulcer(s) on the trunk or pelvis?
- Y N Has the patient had a recent myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis (surgery within the past 60 days)
- Y N Has the patient 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)?

**RELATED CLINICAL INFORMATION**

A beneficiary needing a pressure reducing support surface should have a care plan which has been established by the beneficiary's treating practitioner or home care nurse, which is documented in the beneficiary's medical records, and which generally should include the following:

1. Education of the beneficiary and caregiver on the prevention and/or management of pressure ulcers
2. Regular assessment by a nurse, treating practitioner, or other licensed healthcare practitioner
3. Appropriate turning and positioning
4. Appropriate wound care (for a stage 2, 3 or 4 ulcer)
5. Appropriate management of moisture/incontinence
6. Nutritional assessment and intervention consistent with the overall plan of care

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|----------------------|-------|
| Physician Name:      |       |
| Address:             |       |
| Phone:               | FAX:  |
| NPI #:               |       |
| Physician Signature: | Date: |