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An Innova Medical Group Company



INNOVA MEDICAL PRODUCTS

GROUP II SUPPORT SURFACE PRESCRIPTION FORM

Patient Name _____ Phone _____

Address _____

Email _____

DOB _____ Height _____ Weight _____

Diagnosis codes _____ Length of Need _____

Alternate Contact Name _____ Relationship _____ Phone _____

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 (Requires Face-To-Face documentation)

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

Physician Name _____ NPI _____

Address _____

Phone _____ Fax _____

Physician Signature _____ Date _____