

CLINICIAN CHECKLIST FOR PRESSURE REDUCING SUPPORT SURFACES (PRSS) - GROUP 1

Policy References:

- [Local Coverage Determination \(LCD\) \(L33830\)](#)
- [Policy Article \(A52487\)](#)

Documentation References: [Standard Documentation Requirements Policy Article \(A55426\)](#)

The treating clinician must complete the following items:

[Standard Written Order \(SWO\)](#)

Medical records as noted below

Medical Documentation

A beneficiary needing a PRSS should have a wound care plan which has been established by the beneficiary's clinician or home care nurse and is documented in the beneficiary's medical records.

The medical record must support at least one of the three basic coverage criteria detailed below are met:

Beneficiary is completely immobile; **or**

Beneficiary has limited mobility and cannot independently make changes in body position significantly enough to alleviate pressure, and has at least one or more of the following conditions, whose severity is clearly documented:

Impaired nutritional status; **or**

Fecal or urinary incontinence; **or**

Altered sensory perception; **or**

Compromised circulatory status; **or**

Beneficiary has a pressure ulcer on the trunk or pelvis, and at least one or more of the following conditions, whose severity is clearly documented:

Impaired nutritional status; **or**

Fecal or urinary incontinence; **or**

Altered sensory perception; **or**

Compromised circulatory status.