

CLINICIAN CHECKLIST FOR PRESSURE REDUCING SUPPORT SURFACES (PRSS) - GROUP 2

Policy References:

- [Local Coverage Determination \(LCD\) \(L33642\)](#)
- [Policy Article \(A52490\)](#)

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

1. The beneficiary has multiple stage 2 pressure ulcers located on the trunk or pelvis (refer to the ICD-10 code list section in the LCD-related Policy Article for applicable diagnoses) 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:
 - a. Use of an appropriate group 1 support surface; **and**
 - b. Regular assessment by a nurse, practitioner, 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; **or**
2. The beneficiary has large or multiple stage 3 or 4 pressure ulcer(s) on the trunk or pelvis (refer to the ICD-10 code list section in the LCD-related Policy Article for applicable diagnoses); **or**
3. The beneficiary had a myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis within the past 60 days (refer to the ICD-10 code list section in the LCD-related Policy Article for applicable diagnoses) 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.