

## **DOCUMENTATION CHECKLIST PRESSURE REDUCING SUPPORT SURFACES (PRSS) - GROUP 1**

### **Policy References:**

- [Local Coverage Determination \(LCD\) \(L33830\)](#)
- [Policy Article \(A52489\)](#)

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

The supplier must be able to provide all of these items on request:

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

[Beneficiary Authorization](#)

[Proof of Delivery \(POD\)](#)

[Continued Need](#)

[Continued Use](#)

Medical records from treating practitioner as noted below

### **Medical records should contain:**

**At least one** of the basic coverage criteria:

Beneficiary is completely immobile; **or**

Beneficiary has limited mobility and one or more of the following conditions:

Impaired nutritional status; **or**

Fecal or urinary incontinence; **or**

Altered sensory perception; **or**

Compromised circulatory status.

Beneficiary has any stage pressure ulcer on the trunk or pelvis and one or more of the following:

Impaired nutritional status; **or**

Fecal or urinary incontinence; **or**

Altered sensory perception; **or**

Compromised circulatory status.

## Related Clinical Information

A beneficiary needing a PRSS should have a care plan which has been established by the beneficiary's physician or home care nurse, is documented in the beneficiary's medical records, and generally, should include the following:

- Education of the beneficiary and caregiver on the prevention and/or management of pressure ulcers

- Regular assessment by a nurse, physician, or other licensed healthcare practitioner

- Appropriate turning and positioning

- Appropriate wound care (for a stage II, III, or IV ulcer)

- Appropriate management of moisture/incontinence

- Nutritional assessment and intervention consistent with the overall plan of care.