

DOCUMENTATION CHECKLIST PRESSURE REDUCING SUPPORT SURFACES (PRSS) - GROUP 3

Policy References:

- [Local Coverage Determination \(LCD\) \(L33692\)](#)
- [Policy Article \(A52468\)](#)

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:

An air fluidized bed is covered only if all the following are met:

Beneficiary has stage III or stage IV pressure ulcer; **and**

Beneficiary is bedridden or chair bound as a result of severely limited mobility; **and**

In the absence of an air-fluidized bed, beneficiary would require institutionalization; **and**

Attending physician writes an order for the bed based on assessment and evaluation of the beneficiary after completion of course of conservative treatment designed to optimize conditions that promote healing

Evaluation must be performed within one month prior to initiation of therapy with the air-fluidized bed; **and**

Beneficiary treated conservatively for at least one month without progression toward wound healing and must include:

Frequent repositioning with particular attention to relief of pressure over bony prominences (usually every two hours); **and**

Use of Group 2 support surface to reduce pressure and shear forces on healing ulcers and to prevent new ulcer formation; **and**

Necessary treatment to resolve any wound infection; **and**
Optimization of nutrition status to promote wound healing; **and**
Debridement by any means to remove devitalized tissue from wound bed; **and**
Maintenance of a clean, moist bed of granulation tissue with appropriate moist dressings while wound heals.

Conservative treatment should also generally include:

Education of beneficiary and caregiver on prevention and management of pressure ulcers; **and**

Assessment by a physician, nurse, or other licensed healthcare practitioner at least weekly; **and**

Appropriate management of moisture/incontinence.

Trained adult caregiver is available to assist beneficiary with activities of daily living, fluid balance, dry skin care, repositioning, recognition and management of altered mental status, dietary needs, prescribed treatments, and management and support of the air-fluidized bed system and its problems such as leakage; **and**

Physician directs the home treatment regimen, and reevaluates and recertifies the need for the air-fluidized bed on a monthly basis; **and**

All other alternative equipment has been considered and ruled out.

Continued Coverage of Air-Fluidized Bed

Physician must document medical necessity every month with a written statement specifying:

Size of ulcer

Healing status of ulcer

If not healing, what other aspects of the care plan are being modified to promote healing?

Continued use of the bed is medically necessary for wound management

Physician monthly statement must be kept on file by the supplier and be available upon request.