

## **DOCUMENTATION CHECKLIST 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 supplier must be able to provide all of these items on request:

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

[Prior Authorization](#) - HCPCS codes E0193, E0277, E0371, E0372, E0373 ([CMS Required Prior Authorization List](#))

[Beneficiary Authorization](#)

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

[Continued Need](#)

[Continued Use](#)

Medical records from treating practitioner as noted below

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

A group 2 support surface is covered if the beneficiary meets at least one of the following three criteria:

#### Criterion 1

Multiple stage II pressure ulcers located on trunk or pelvis which have failed to improve over the past month; **and**

Beneficiary has been on a comprehensive ulcer treatment program for at least the past month (minimum 30 days) which included each of the following:

Use of an appropriate group 1 support surface; **and**

Regular assessment by a nurse, physician, or licensed healthcare practitioner; **and**

Appropriate turning and positioning; **and**

Appropriate wound care; **and**

Appropriate management of moisture/incontinence; **and**

Nutritional assessment and intervention consistent with overall plan of care.

Criterion 2

Large or multiple stage III or IV pressure ulcer(s) on trunk or pelvis

Criterion 3

Recent (within past 60 days) myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis; **and**

Beneficiary has 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). In this instance, coverage is generally limited to 60 days from the date of the surgery.