



Jayhawk Pharmacy Services

Patient Supply
2620 SW 6th Ave.
Suite "E"
Topeka, KS 66606
785-235-9700
785-235-9703 Fax
NPI: 1033397716

Pharmacy & Patient Supply
2860 SW Mission Woods Drive
Topeka, KS 66614
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Custom Prescription Center
6730 SW 29th
Topeka, KS 66614
785-228-9740
800-338-9700

Medicare Requirements for Support Surfaces

Group 1: (Mattress Overlay or Mattress)

Documentation Required:

- Detailed Written Order Prior to Delivery
Medical records that support the medical need for the product ordered

A Group 1 mattress is covered if one of the following three criteria is met:

1. The beneficiary is completely immobile - i.e., beneficiary cannot make changes in body position without assistance, or
2. The beneficiary has limited mobility - i.e., beneficiary cannot independently make changes in body position significant enough to alleviate pressure and at least one of conditions A-D below, or
3. The beneficiary has any stage pressure ulcer on the trunk or pelvis and at least one of conditions A-D below.
 - A. Impaired nutritional status
 - B. Fecal or urinary incontinence
 - C. Altered sensory perception
 - D. Compromised circulatory status.



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Medicare Requirements for Support Surfaces

Group 2: (E0193, E0277, E0371-E0373)

Documentation Required:

- Detailed Written Order Prior to Delivery
- Documentation from the medical records that support the medical need for the product ordered

Coverage Criteria:

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 II pressure ulcers located on the trunk or pelvis (ICD-9 707.02-707.05) 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, physician, 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
2. The beneficiary has large or multiple stage III or IV pressure ulcer(s) on the trunk or pelvis (ICD-9 707.02-707.05)
3. The beneficiary had a myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis within the past 60 days (ICD-9 707.02-707.05), 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

If the beneficiary is on a Group 2 surface, there should be a care plan established by the physician or home care nurse which includes the above elements. The support surface provided for the beneficiary should be one in which the beneficiary does not "bottom out".

Continued use of a Group 2 support surface is covered until the ulcer is healed or, if healing does not continue, there is documentation in the medical record to show that: (1) other aspects of the care plan are being modified to promote healing, or (2) the use of the Group 2 support surface is reasonable and necessary for wound management.

- ❖ When a Group 2 surface is covered following a myocutaneous flap or skin graft, coverage generally is limited to 60 days from the date of surgery.
- ❖ Heavy duty and bariatric devices are included in the codes for pressure reducing support surfaces: E0139, E0277, E0371, E0372 and E0373