

Statement Of Medical Necessity Group I & II Support Surfaces

| Section A | | PATIENT & PHYSICIAN INFORMATION |
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| PATIENT NAME: DATE OF BIRTH: ADDRESS: CITY/STATE/ZIP: PHONE: | PHYSICIAN NAME: NPI: ADDRESS: CITY/STATE/ZIP: PHONE: | |
| Section B | | MEDICAL NECESSITY FOR GROUP I |
| 1. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Does the patient have a current stage I or stage II pressure sores on the trunk of the body? If yes, then must provide medical records documenting stage and location; or |
| 2. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Does the patient have a history of stage III or stage IV pressure sore(s) on the trunk of the body? If yes, then must provide medical records documenting history of stage and location; or |
| 3. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Is the patient bed bound and requires the support surface for pressure sore prevention? If yes, then must provide medical records of bed-bound status and any wound history. |
| Section C | | MEDICAL NECESSITY FOR GROUP II |
| 1. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Does the patient have at least one large stage III or stage IV pressure sore (greater than 2 x 2 cm) on the trunk of the body, with only two turning surfaces on which to lie? If yes, then must provide medical records documenting stage, location, and size of wound; or |
| 2. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Does the patient have at least one large stage III or stage IV pressure sore (greater than 3 x 3 cm) on the trunk of the body, and at least one other wound (at least stage II) on the trunk of the body, with only two turning surfaces on which to lie? If yes, then must provide medical records documenting stage, location, and size of wounds; or |
| 3. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Does the patient have more than two stage III or stage IV pressure sores on the trunk of the body and only two turning surfaces on which to lie? If yes, then must provide medical records documenting stage, location, and size of wounds; or |
| 4. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Does the patient have a stage III or stage IV pressure sore (less than or equal to 2 x 2 cm) on the trunk of the body and only one or no turning surfaces on which to lie? If yes, then must provide medical records documenting stage, location, and size of wound; or |
| 5. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Does the patient have at least one stage III or stage IV pressure sore on the trunk of the body (greater than 2 x 2 cm) with only one or no turning surfaces upon which to lie? If yes, then must provide medical records documenting stage, location, and size of wound. |
| 6. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Did you answer YES to 1 or more of the questions in section C? If yes, then provide the following below: <ul style="list-style-type: none"> The number of turning surfaces affected, including why other co-morbidities may preclude the patient from lying on one or more turning surfaces. Nutritional status, including a nutritional assessment completed in consultation with the primary physician or nurse practitioner as needed, that includes the patient history, a physical exam, and laboratory data as indicated below. If the assessment indicates the presence of a nutritional deficit that may impair wound healing, there must be a documented treatment plan that has been developed and implemented to improve the patient's nutritional status. Nursing care, including turning, positioning, medication administration, and current treatments. The date of the initial patient assessment, co-morbidities and sensorium must also be included. There must be documentation that appropriate nursing care is occurring. Wound care, (i.e. irrigation, packing, dressing, etc.) There must be documentation that appropriate wound care is occurring Surgery (i.e. suitability for, time since operative intervention, etc.) Lab results performed within 30 days of placing the patient on the support surface. |

Physician Signature: _____ Date: _____