



# MEDICAL REVIEW DOCUMENTATION CHECKLIST

## Group 2 Pressure Reducing Support Surface

### REQUIRED DOCUMENTATION IN SUPPLIER'S FILE

#### Detailed Written Order:

- Beneficiary's name
- The treating physician's name
- The treating physician's signature (handwritten or electronic)
- The date the treating physician signed the order (personally entered by physician)
- The date of the order
- A clear, detailed description of the type of support surface the physician is ordering
- Any changes or corrections have been initialed/signed and dated by the ordering physician
- Physician's signature meets CMS Signature Requirements
- <http://www.cgsmedicare.com/jc/pubs/news/2010/0410/cope12069.html>

**NOTE:** In order for Medicare to cover the support surface, the supplier **must** obtain the detailed written order prior to delivery. A support surface **cannot** be delivered based on a dispensing (verbal, etc.) order. If the supplier delivers the item prior to receipt of a detailed written order, it will be denied as noncovered. If the detailed written order is not obtained prior to delivery, payment will not be made for that item even if a detailed written order is subsequently obtained.

#### Delivery Documentation

- |   |  |
|---|--|
| Beneficiary's name  | Delivery date                          |
| Delivery address  | Signature of person accepting delivery |
| Quantity delivered  | Relationship to beneficiary            |
| Detailed description of item(s) being delivered (e.g. brand name, serial number, narrative description) |  |

### Medical Records

The medical records support that the beneficiary meets **all** of the criteria in **one** of the situations listed below.

#### SITUATION A

Multiple (more than one) stage II pressure ulcers located on the trunk or pelvis; **AND** Beneficiary has been on a comprehensive ulcer treatment program for at least the past month (minimum of 30 days) which has included all of the following:

- Regular assessment by a nurse, physician, or other 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 the overall plan of care; and
- Use of an appropriate group 1 support surface. **AND**

The ulcers have failed to improve over the past month (minimum of 30 days).

**OR**

#### SITUATION B

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



OR

### SITUATION C

Recent (within the past 60 days) myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis; and  
The beneficiary was discharged from a hospital or nursing facility within the past 30 days; and  
The beneficiary was on a group 2 or 3 support surface immediately prior to the above discharge.

**NOTE:** Coverage following a myocutaneous flap or skin graft is generally limited to 60 days from the date of surgery.

Medical records concurrent with the date of service under review support continued use of a group 2 support surface (see Related Clinical Information and Documentation Supporting Continued Use – Continued Medical Need)  
Signature(s) meets CMS Signature Requirements  
<http://www.cgsmedicare.com/jc/pubs/news/2010/0410/cope12069.html>

### Related Clinical Information

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 elements of a comprehensive ulcer treatment program listed under Situation A.

### Documentation Supporting Continued Medical Need

- 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 medically necessary for wound management.
- Appropriate use of the KX modifier is the responsibility of the supplier. The supplier should maintain adequate communication on an ongoing basis with the clinician providing the wound care in order to accurately determine that use of the KX modifier still reflects the clinical conditions which meet the criteria for coverage of a group 2 support surface, and that adequate documentation exists in the medical record reflecting these conditions.

### Modifier Reminders

- Suppliers must only add a KX modifier if the criteria in the “Indications and Limitations of Coverage and/or Medical Necessity” section of the policy have been met. If the requirements for the KX modifier are not met, the KX modifier **must not** be used. This information must be available upon request.
- If all of the criteria in the Indications and Limitations of Coverage and/or Medical Necessity section have not been met, the GA or GZ modifier must be added to the code. When there is an expectation of a medical necessity denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier if they have not obtained a valid ABN.
- Claim lines billed without a KX, GA, or GZ modifier will be rejected as missing information.
- Items delivered before a signed written order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.



## Additional Information References on the Web

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- Support Surface Resources: <http://www.cgsmedicare.com/jc/coverage/mr/SSR.html>
- DME MAC Jurisdiction C Supplier Manual:  
<http://www.cgsmedicare.com/jc/pubs/supman/index.html>
- CMS Signature Requirements:  
<http://www.cgsmedicare.com/jc/pubs/news/2010/0410/cope12069.html>

**NOTE:** It is expected that the patient's medical records will reflect the need for the care provided. These records are not routinely submitted to the DME MAC but must be available upon request. Therefore, while it is not a requirement, it is a recommendation that suppliers obtain and review the appropriate medical records and maintain a copy in the beneficiary's file.

### DISCLAIMER

This document was prepared as an educational tool and is not intended to grant rights or impose obligations. This checklist may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either written law or regulations. Suppliers are encouraged to consult the *DME MAC Jurisdiction C Supplier Manual* and the Local Coverage Determination/Policy Article for full and accurate details concerning policies and regulations.