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**The checklist below is derived from Medicare's Coverage criteria for Group 1 Support Surfaces. Without the below criteria being fully and legibly documented in the physician's chart notes and Rx, Medical justification has not been met for the items requested.**

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**Review of Face-to-Face Examination Chart Notes for Group 1 Support Surfaces**

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**Criteria for Chart Notes for Group 1 Support Surfaces:**

- The examination occurred within 6 months prior to the date of the written order.
- The examination documents that the beneficiary was evaluated and/or treated for a condition that supports the need for a group 1 pressure reducing support surface.

**Medical Justification Indicated in Chart Notes: (Beneficiary must meet 1 of the following)**

- 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, **&** at least one of the conditions A-D below: **-OR-**
- 3) The beneficiary has any stage pressure ulcer on the trunk or pelvis, **&** at least one of conditions A-D below:

Conditions: (one or more must be indicated for Medical Justification 2 or 3 listed above)

- A. Impaired nutritional status
- B. Fecal or urinary incontinence
- C. Altered sensory perception
- D. Compromised circulatory status

Conditions for criteria 2 and 3 (in each case the medical record must document the severity of the condition sufficiently to demonstrate the medical necessity for a pressure reducing support surface):

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Please fax your referrals and documentation to 561-290-1434

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