



# MEDICAL REVIEW DOCUMENTATION CHECKLIST

## Group 1 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 NPI (for orders that include HCPCS codes E0185, E0188, E0189, E0197, E0198, or E0199)
- 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 (narrative, brand name/model number, or HCPCS code) of the type of support surface the physician is ordering
- Any changes or corrections have been initialed/signed and dated by the ordering physician
- A date stamp (or similar) clearly indicates the supplier's date of receipt (for orders that include HCPCS codes E0185, E0188, E0189, E0197, E0198 or E0199)
- 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 – Direct Delivery to the Beneficiary by the Supplier

- |   |  |
|---|--|
| 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) | Signature date                         |

#### Medical Records

If the claim includes HCPCS codes E0185, E0188, E0189, E0197, E0198 or E0199, the medical records include a face-to-face examination by the treating physician that meets the following requirements:

The examination occurred within 6 months prior to the date of the written order that was obtained prior to delivery; and

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.

A date stamp or similar indicator verifies that the supplier received a copy of the F2F note on or before the date of delivery.

The medical records document that the beneficiary meets **ONE** of the following criteria:

The beneficiary is completely immobile – i.e., cannot make changes in body position without assistance

The beneficiary has limited mobility – i.e., beneficiary cannot independently



make changes in body position significant enough to alleviate pressure AND the beneficiary also has one or more of the following conditions:

- Impaired nutritional status; **or**
- Fecal or urinary incontinence; **or**
- Altered sensory perception; **or**
- Compromised circulatory status

The beneficiary has one or more pressure ulcers (any stage) on the trunk or pelvis **AND** the beneficiary also has one or more of the following conditions:

- Impaired nutritional status; **or**
- Fecal or urinary incontinence; **or**
- Altered sensory perception; **or**
- Compromised circulatory status.

Medical records meet CMS Signature Requirements

<http://www.cgsmedicare.com/jc/pubs/news/2010/0410/cope12069.html>

## Related Clinical Information

---

Beneficiaries needing pressure reducing support surfaces should have a care plan which has been established by the beneficiary's physician or home care nurse, is documented in the beneficiary's medical records, and generally should include the following:

- Education of the beneficiary and caregiver on the prevention and/or management of pressure ulcers.
- Regular assessment by a nurse, physician, or other licensed healthcare practitioner.
- Appropriate turning and positioning.
- Appropriate wound care (for a stage II, III, or IV ulcer).
- Appropriate management of moisture/incontinence.
- Nutritional assessment and intervention consistent with the overall plan of care

## Modifier Reminders

---

- Suppliers must only add a KX modifier if all the criteria in the "Coverage Indications, Limitations 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 Coverage Indications, Limitations 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.

### **Continued Medical Need for the Equipment is Verified by Either:**

A change in prescription dated within 12 months of the date of service under review; or  
A medical record, dated within 12 months of the date of service under review, which shows usage of the item.

## Additional Information References on the Web

---



- 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.