

Physician's Prescription for Group 2 Specialty Surface

Patient Name: _____ D.O.B. _____

Type of surface requested (check one): Powered _____ Non-Powered _____

Start Date: _____ Length of Need: _____ Month(s) _____ Lifetime

Diagnosis Code: _____

Prognosis: _____ Excellent _____ Good _____ Poor _____ Uncertain

A Group 2 support surface is covered if the beneficiary meets at least one of the following three criteria – please check all that apply

1. _____ The beneficiary has multiple stage II pressure ulcers located on the trunk or pelvis 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/pelvis

3. _____ The beneficiary had a myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis within the past 60 days (described by the diagnosis codes listed in the table below), 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

Physician Name: _____ NPI: _____

Signature: _____ Date: _____