

CONFIRMATION OF ORDER – Low Air Loss Mattress

PROVIDER: Home Health Solutions
501 East Sloan Street
Harrisburg, IL 62946

phone: 618-252-5349
fax: 618-252-2445

NPI: 1215337266
Tax ID #: 371124259

Patient:

Date of Birth:

Order Date:

Insurance:

Length of Need: 99 (in months)

Physician:

NPI:

DIAGNOSIS

ICD 10 Code	Description
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EQUIPMENT/SERVICES

Quantity	Proc. Code	Item Name/Narrative
1	E0277	Low Air Loss Mattress

A group 2 support surface is covered if the beneficiary meets at least one of the follow three Criteria (1, 2 or 3):

1. The beneficiary has multiple stage II pressure ulcers located on the trunk or pelvis (refer to the "ICD 10 Codes that are Covered" section in the LCD-related Policy Article for applicable diagnoses) 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 or pelvis (refer to the "ICD 10 Codes that are Covered" section in the LCD-related Policy Article for applicable diagnoses).
3. The beneficiary had myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis (refer to the "ICD 10 Codes that are Covered" section in the LCD-related Policy Article for applicable diagnoses) 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.

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 above elements. The support surface provided for the beneficiary does not "bottom out" (see Appendices section).

When a group 2 surface is covered following a myocutaneous flap or skin graft coverage generally is limited to 60 days from the date of surgery.

When the slated coverage criteria for a group 2 mattress or bed are not met, a claim will be denied as not reasonable and necessary.

A support surface which does not meet the characteristics specified in the Coding Guidelines section of the Pressure Reducing Support Surfaces – Group 2 Policy Article will be denied as not reasonable and necessary. (See Policy Article sections concerning billing of E1399)

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 reasonable and necessary for wound management.

Physician Signature: _____

Date: _____