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Low Air Loss Mattress Medicare Requirements

Written Order Prior to Delivery (WOPD)

- Beneficiary's name
- Detailed description of DME item(s)
- Prescribing practitioner's NPI
- Signature & signature date of the prescribing practitioner (*Hand written or electronic, no stamps*)
- Date of the order & start date (*If start date is different from the date of the order*)
- Prescribing practitioner's printed name (*Must be PECOS enrolled*)

The WOPD must be completed on or after the date of the Face to Face visit & completed by the same practitioner

Qualifying Guidelines¹

Must meet **ALL** criteria in **one** of the below:

SITUATION 1:

Multiple stage II pressure ulcers on trunk or pelvis (ICD-9 707.02–707.05) and has been on a comprehensive ulcer treatment program for a minimum of 30 days which includes:

- ✓ Patient/caregiver education on prevention & management of pressure ulcers; **and**
- ✓ Regular assessment by a nurse, physician or other licensed practitioner; **and**
- ✓ Appropriate turning and positioning; **and**
- ✓ Appropriate wound care (*for a stage II, III, or IV ulcer*); **and**
- ✓ Appropriate management of moisture and/or incontinence; **and**
- ✓ Nutritional assessment and intervention consistent with overall plan of care; **and**
- ✓ Use of an appropriate group 1 support surface; **and**
- ✓ Ulcers have worsened or remained the same at minimum for 30 days

SITUATION 2:

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

SITUATION 3:

- Recent (*past 60 days*) myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis (ICD-9 707.02 – 707.05); **and**
- Patient has been on a group 2 or 3 support surface immediately prior to a recent discharge from a hospital or nursing facility (*D/C within the past 30 days*)

Face to Face / Chart Notes

- Documented in-person visit within 6 months prior to the written order
- Must reference the medical necessity of the Low Air Loss Mattress by addressing the qualifying guidelines (*A diagnosis alone is not sufficient to meet Medicare coverage criteria*)
- Conducted by MD, DO, PA, NP or CNS
- **Must be signed by MD or DO** (*Hand written or electronic, no stamps*)

Chart Note Examples²

EXAMPLE 1:

Patient has a history of Stage III and IV ulcers on the buttocks. He has been on a gel mattress and in a wound treatment prevention program. The wounds are not properly healing and he will need further training and education in wound management, incontinent prevention and proper nutrition. Home Health has been ordered 2 times a week to assist with this and for wound care. Low air loss mattress ordered.

EXAMPLE 2:

Patient is completely immobile due to the progression of her Multiple Sclerosis. The patient currently has Stage III ulcers on the pelvis and trunk that are not properly healing. She has been on an alternating pressure pump and pad for the past year, but due to her immobility her ulcers have gotten worse. Ordering Home Health to treat wounds and provide needed caregiver education on wound prevention. Home Health will initially be ordered two times a week in addition to moving her to a low air loss mattress.

¹ See CMS National Coverage Determination (NCD) & Local Coverage Determination (LCD) for complete coverage policy

² Chart Note Examples are for illustrative purposes only and not specific to any patient's condition or treatment plan.

CMS-1590-FC Regulation Effective July 1, 2013