GROUP 1 Support Surface

BACKGROUND - A Group 1 Support Surface is an Overlay (goes over top existing mattress) and is designed to reduce pressure and prevent ulcers. An overlay is typically anywhere between 3 to 5” high. This type of support surface should be used for Patients at risk for skin breakdown. This type of surface should also be used prior to a mattress replacement when appropriate. Options include GEL OVERLAY (non-powered) AND APP (Alternating Powered Pressure Pad)

CRITERIA - Patient must be at Risk for skin breakdown. The criteria include but are not limited to; immobility, existing pressure ulcers on the trunk or pelvis. Impaired nutritional status, Fecal and/or Urinary incontinence, Altered Sensory Perception and/or Compromised Circulatory Status. In addition, SCIC (Significant change in condition), history of skin breakdown, documentation of any open lesions on the trunk of the body, A Braden Score or a significant weight gain or loss is also very helpful.

ORDER — Complete the “Statement of Ordering Physician Group 1 Support Surfaces, write a prescription and specify Gel OR APP overlay. Ensure a diagnosis is listed related to the condition that requires an Overlay. A chart note with mention of the condition(s) and plan to prevent or treat the condition is also recommended.

FAX ALL INFORMATION TO CORE CARE TECHNOLOGIES, INC. 856-629-8441.

GROUP 2 Support Surface

BACKGROUND – A Group 2 Support Surface is a Mattress Replacement. It allows for more emersion of the trunk and is an effective intervention. The options Include Low Airloss, Alternating Pressure or Zone Air (non-powered air re-distribution). All are a mattress replacement and can only be used on a hospital bed.

CRITERIA – It is not a normal condition to have large sacral or torso wounds on the trunk of the body. To rule out a chronic wound, CMS wants documentation that other things have been tried and have not proven successful. The patient must have the following to qualify; (1) A large Stage III or Stage IV Pressure Ulcer on the trunk of the body or (2) patient is post mycotaneous flap within 30—60 days or (3) the patient was on a Group 2 or greater support surface 30 days prior. CMS requires documentation that supports the history of the wound including but not limited to; measurements (length, width and depth, drainage amount) Stage of Pressure Ulcer, treatments, nutritional support, adjunctive therapies, Disease Management (the wound is a reflection of something else), infection control, pressure management, pain management, surgical and non-surgical interventions and PLAN OF CARE. The documentation is the safety net that the patient is part of a comprehensive wound management program.

ORDER- Complete the “Statement of Ordering Physician Group 2 Support Surfaces, write a prescription and specify Non Powered Group 2 or Alternating Pressure Mattress replacement. Ensure a diagnosis is listed related to the condition that is a causative factor for the wound. A chart note with mention of the condition(s) and plan to prevent or treat the condition is also recommended. It is appropriate to forecast expected need, but it may be listed as “Life Time” or “99” as necessary.

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