

DOCUMENTATION CHECKLIST



GROUP 1 PRESSURE REDUCING SUPPORT SURFACE (PRSS)

REQUIRED DOCUMENTATION

- Standard Written Order (SWO)**
The SWO contains all of the following elements:
 - Beneficiary's name or Medicare Beneficiary Identifier (MBI)
 - Order Date
 - General description of the item
 - The description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number
 - For equipment - In addition to the description of the base item, the SWO may include all concurrently ordered options, accessories or additional features that are separately billed or require an upgraded code (List each separately).
 - For supplies – In addition to the description of the base item, the DMEPOS order/prescription may include all concurrently ordered supplies that are separately billed (List each separately)
 - Quantity to be dispensed, if applicable
 - Treating Practitioner Name or NPI
 - Treating Practitioner's signature
 - The practitioner's signature on the standard written order meets **CMS Signature Requirements**: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6698.pdf>
 - Any changes or corrections have been initialed/signed and dated by the ordering practitioner.
- Delivery Documentation**

Direct Delivery	Shipped/Mail Order Tracking Slip	Shipped/Mail Order Return Post-Paid Delivery Invoice
<ul style="list-style-type: none"> <input type="checkbox"/> Beneficiary's name <input type="checkbox"/> Delivery address <input type="checkbox"/> Quantity delivered <input type="checkbox"/> A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number. <input type="checkbox"/> Delivery date <input type="checkbox"/> Signature of person accepting delivery <input type="checkbox"/> Relationship to beneficiary 	<ul style="list-style-type: none"> <input type="checkbox"/> Shipping invoice <ul style="list-style-type: none"> <input type="checkbox"/> Beneficiary's name <input type="checkbox"/> Delivery address <input type="checkbox"/> A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number. <input type="checkbox"/> Quantity shipped <input type="checkbox"/> Tracking slip <ul style="list-style-type: none"> <input type="checkbox"/> References each individual package <input type="checkbox"/> Delivery address <input type="checkbox"/> Package I.D. #number <input type="checkbox"/> Date shipped <input type="checkbox"/> Date delivered <input type="checkbox"/> A common reference number (package ID #, PO #, etc.) links the invoice and tracking slip (may be handwritten on one or both forms by the supplier) 	<ul style="list-style-type: none"> <input type="checkbox"/> Shipping invoice <ul style="list-style-type: none"> <input type="checkbox"/> Beneficiary's name <input type="checkbox"/> Delivery address <input type="checkbox"/> A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number. <input type="checkbox"/> Quantity shipped <input type="checkbox"/> Date shipped <input type="checkbox"/> Signature of person accepting delivery <input type="checkbox"/> Relationship to beneficiary <input type="checkbox"/> Delivery date



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NOTE: If a supplier utilizes a shipping service or mail order, suppliers have two options for the DOS to use on the claim:

1. Suppliers may use the shipping date as the DOS. The shipping date is defined as the date the delivery/shipping service label is created or the date the item is retrieved by the shipping service for delivery. However, such dates should not demonstrate significant variation.
2. Suppliers may use the date of delivery as the DOS on the claim.

Medical Records

- 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** <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6698.pdf>

Related Clinical Information

Beneficiaries needing pressure reducing support surfaces should have a care plan which has been established by the beneficiary's treating practitioner 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, treating practitioner, or other licensed healthcare practitioner.
- Appropriate turning and positioning.
- Appropriate wound care (for a stage 2, 3, or 4 ulcer).
- Appropriate management of moisture/incontinence.
- Nutritional assessment and intervention consistent with the overall plan of care

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.



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- Items with no physician or other licensed health care provider order 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.

ONLINE RESOURCES

- **Support Surface Resources**
 - **JB:** <https://www.cgsmedicare.com/jb/mr/ssr.html>
 - **JC:** <https://www.cgsmedicare.com/jc/mr/ssr.html>
- **DME MAC Supplier Manual**
 - **JB:** <https://www.cgsmedicare.com/jb/pubs/supman/index.html>
 - **JC:** <https://www.cgsmedicare.com/jc/pubs/supman/index.html>
- **Pressure Reducing Support Surfaces - Group 1 LCD and Policy Article**
 - **JB:** <https://www.cgsmedicare.com/jb/coverage/lcdinfo.html>
 - **JC:** <https://www.cgsmedicare.com/jc/coverage/lcdinfo.html>

NOTE: It is expected that the beneficiary'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 Supplier Manual* and the Local Coverage Determination/Policy Article for full and accurate details concerning policies and regulations.