

Support Surfaces

Question

How would you document continued use of a Group 2 support surface such as an E0277?

What is considered a large stage III or IV ulcer?

The beneficiary has been on a Group 1 support surface for a month and the small stage III ulcer remains the same or has worsened, would the beneficiary now qualify for a Group 2?

For support surfaces, there needs to be documentation as to whether or not the ulcer is healing. What is the time line of a support surface rental if a stage IV ulcer is not healing?

Answer

The LCD states 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 records 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. There must be information in the medical records showing how the E0277 is helping the beneficiary even though healing is not continuing.

There is not a standard definition of 'large stage III or IV' ulcer. Some things that can be helpful in determining the size of the ulcer are including information of the beneficiary's height, weight and measurements of the ulcer(s).

The beneficiary would not qualify for a Group 2 because they only have one small stage III ulcer and that would not meet coverage criteria 1 or 2 in the LCD. Criteria 1 -the beneficiary has multiple stage II pressure ulcers located on the trunk or pelvis. Criteria 2 the beneficiary has a large or multiple stage III or IV pressure ulcer(s) on

Support surfaces fall into the capped rental category. Capped rental payments may be made up to 13 rental months -that is the maximum. If the beneficiary continues to use and medically need the support surface for the full 13 months, then at that time the support surface would be owned by the beneficiary.

How would we know if the pressure ulcer has improved after starting a PRSS? Would we call the beneficiary and ask them if it has improved or do we contact the physician? What if the beneficiary has not been in to see the doctor after starting the PRSS?

If the progress notes for subsequent months indicate no change for the ulcer(s), is this enough information or must there be proof that they actually assessed the wound?

The supplier should maintain adequate communication on an ongoing basis with the clinician providing the wound care in order to accurately determine that the use of the KX modifier still reflects the clinical conditions which meet the criteria for coverage of a group 2 support surface. If the beneficiary is on a group 2 support surface, there should be a care plan established by the physician or home care nurse which includes but is not limited to: Regular assessment by a nurse, physician, or other licensed health care practitioner (usually at least weekly for a beneficiary with a stage III or IV ulcer and monthly

A licensed clinical medical professional (LCMP) does need to actually assess the pressure ulcer at least monthly if it is a stage II or it is usually weekly for a stage III or IV. If the ulcer(s) remained the same then there must be documentation in the plan of care on what is being modified to promote healing or something specific that indicates that the group 2 is needed for wound management.
