

Group 2 Pressure Reducing Support Surfaces

Forms Required: (Forms are located at [OHCA Forms](#))

- HCA-37

Criteria:

A group 2 support surface rental is covered if the patient meets:

- a. Criterion 1 and 2 and 3, or
- b. Criterion 4, or
- c. Criterion 5 and 6.
 1. The patient has multiple stage II pressure ulcers located on the trunk or pelvis, and
 2. Patient has been on a comprehensive ulcer treatment program for at least the past month which has included the use of an appropriate group 1 support surface, and
 3. The ulcers have worsened or remained the same over the past month, or
 4. The patient has large or multiple stage III or IV pressure ulcer(s) on the trunk or pelvis, or
 5. The patient had a recent myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis (surgery within the past 60 days), and
 6. The patient has been on a group 2 or 3 support surface immediately prior to a recent discharge from a hospital or nursing facility (discharge within the past 30 days)

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.

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.

In cases where a group 2 product is inappropriate, a group 1 support surface could be covered if coverage criteria for that group are met. No prior authorization is required for a group I support surface.

Documentation:

It is expected that the patient's medical records will reflect the need for the care to be provided. The patient's medical records include physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. The comprehensive ulcer treatment described below should be provided with your Prior Authorization Request (PAR).

Comprehensive ulcer treatment should generally include:

- i. Education of the patient and caregiver on the prevention and/or management of pressure ulcers. Documentation of appropriate pressure relief measures
- ii. Regular assessments by a nurse, physician, or other licensed healthcare practitioner (usually at least weekly for a patient with a stage III or IV ulcer)
- iii. Documentation of wound(s) site, stage, length, width and depth at least weekly x 30 days
- iv. Appropriate wound care for a stage II, III, or IV ulcers
- v. Appropriate management of moisture/incontinence
- vi. Nutritional assessment and intervention consistent with the overall plan of care. Lab work showing adequate nutrition (Albumin/Pre-albumin/CMP/CBC)
- vii. Documentation of compliance to comprehensive diabetic management program. Lab work (HbA1C), if applicable

****PLEASE NOTE - PRIOR AUTHORIZATION SUBMISSION DOES NOT GUARANTEE APPROVAL. Additional Documentation may be required. Supplier generated forms and Physician letters of medical necessity are not a substitute for the comprehensive medical record.**