

DOCUMENTATION CHECKLIST



GROUP 1 PRESSURE REDUCING SUPPORT SURFACE (PRSS)

REQUIRED DOCUMENTATION

5 Element Order (5EO) obtained prior to Delivery for HCPCS codes E0185, E0188, E0189, E0197, E0198, E0199

5 Element order contains:

Beneficiary's name

Prescribing physician/practitioner's NPI

A description of the item of DME ordered - 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

Signature of the prescribing physician/practitioner

Order date

The 5EO must be completed within six (6) months after the required face-to-face examination.

The date of the written order shall be on or before the date of delivery.

Any changes or corrections have been initialed/signed and dated by the ordering practitioner.

Written Documentation of a Dispensing Order (written, fax, or verbal order) that contains:

Description of the item

Name of the beneficiary

Prescribing physician/practitioner's name

Date of the order

Prescribing physician/practitioner's signature (if a written order) or supplier signature (if verbal order)

NOTE: If the claim includes HCPCS code E0185, E0188, E0189, E0197, E0198, and E0199, a 5 Element Order must be obtained prior to delivery. These items cannot be delivered based on a dispensing order. A dispensing order for other Group 1 PRSSs is only required if the items are dispensed prior to obtaining the detailed written order.

Detailed Written Order

Beneficiary's name

Prescribing physician/practitioner's signature (and date if applicable*)

* *Someone other than the physician/practitioner may complete the DWO of the item unless statute, manual instructions, the contractor's LCD or policy articles specify otherwise. However, the prescribing physician/practitioner must review the content and sign and date the document.*

The date of the order

All items, options or additional features that are separately billed or require an upgraded code. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, a HCPCS code narrative, or a brand name/model number

Any changes or corrections have been initialed/signed and dated by the ordering physician

Physician's signature on the written order meets **CMS Signature Requirements**

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



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Delivery Documentation – Direct Delivery to the Beneficiary by the Supplier

Beneficiary's name

Delivery address

Quantity delivered

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.

Delivery date

Signature of person accepting delivery

Relationship to beneficiary

Signature date

Medical Records

If the claim includes HCPCS codes E0185, E0188, E0189, E0197, E0198 or E0199, the medical records include a face-to-face examination by the treating physician that meets the following requirements:

The examination occurred within 6 months prior to the date of the written order that was obtained prior to delivery; and

The examination documents that the beneficiary was evaluated and/or treated for a condition that supports the need for a group 1 pressure reducing support surface.

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 physician 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, physician, or other licensed healthcare practitioner.

Appropriate turning and positioning.

Appropriate wound care (for a stage II, III, or IV ulcer).



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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.
- 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>

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.