

Regarding the patient:_____
Name_____
Date of Birth

For insurance consideration of the **Group II Support Surface** you have requested for this patient, the following must be documented in their medical records:

1. Large or multiple stage III or IV pressure ulcer(s) on the trunk or pelvis; **OR**
2. A myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis within the past 60 days, **AND** has been on a group 2 or 3 support surface immediately prior to discharge within the past 30 days; **OR**
3. Multiple stage II pressure ulcers on the trunk or pelvis which have failed to improve over the past month, during which time the patient has been on a comprehensive ulcer treatment program including **ALL** of the following:
 - a) Use of an appropriate group 1 support surface, **AND**
 - b) Regular assessment by a healthcare professional, **AND**
 - c) Appropriate turning and positioning, **AND**
 - d) Appropriate wound care, **AND**
 - e) Appropriate management of moisture/incontinence, **AND**
 - f) Nutritional assessment and intervention consistent with the overall plan of care

Please note: providing medical records to a supplier is not a violation of the HIPAA privacy rules. Records must show relevant ICD-10 diagnosis code(s) and include the prescribing physician's signature and date.

Thank you in advance for faxing any Standard Written Order prescription(s) & supporting medical records to Handi Medical Supply at: 651-644-0602