Low Air Loss Mattress Requirements

- Documented Face-to Face
- Documentation (Chart notes) with related diagnoses. Must provide Narrative including specific criteria from below
- Establish a Medical History
- Detailed Written Order (DWO): Includes Beneficiary Name, Item, NPI, Signature, Date of the Order, Length of Need (LON)

Specific Criteria for Low Air Loss Mattress

PATIENT MUST MEET 1 OF THE FOLLOWING AND BE NARRATED IN THE PATIENT’S CHART NOTES:

- Patient has large or multiple Stage III or IV pressure ulcers on the trunk or pelvis
  \{LARGE = 8 SQ CENTIMETERS, PLEASE EXPLAIN IN DETAIL\}

OR

- Patient has multiple (2 or +) Stage II pressure ulcers on the trunk or pelvis which have failed to improve over the past month. The beneficiary has been on a comprehensive ulcer treatment program that would include EACH of the following:
  - Use of appropriate group I Support Surface \{SPECIFY WHICH\}
  - Regular assessment by RN, physician or other licensed practitioner \{PROVIDE DOCUMENTATION FROM ALL ASSESSMENTS, BEING AS SPECIFIC AS POSSIBLE\}
  - Appropriate turning and positioning \{SHOULD BE INCLUDED IN ASSESSMENTS\}
  - Appropriate wound care \{EXPLAIN WHAT WAS DONE, BE SPECIFIC\}
  - Appropriate management of moisture/incontinence \{DOCUMENT INCONTINENCE AND WHAT IS BEING DONE TO PREVENT SKIN BREAKDOWN; BE SPECIFIC\}
  - Nutritional assessment and intervention consistent with overall plan of care \{PLEASE BE SPECIFIC\}

OR

- Has had a recent myocutaneous flap or skin graft on the trunk or pelvis

- Patient has recently been on a Group II or III Support Surface immediately prior to a recent discharge from a hospital or nursing facility

\{DISCLAIMER:\} Pressure Wound sizing, staging and location must be documented in medical record
Mattress only applies in conjunction with a hospital bed due to safety and need to strap down device to bed frame