# Drive Medical Group 1 Support Surfaces Medicare Eligibility Flow Chart



These rules may or may not pertain to non-Medicare payers/insurances. Check your contracts and provider manuals

#### **MEDICAL JUSTIFICATION**

# A GROUP I overlay or mattress is covered if one of the following criteria are met:

- The patient is completely immobile OR
- The patient has limited mobility and at least one of the conditions below
   OR
- The patient has any stage pressure ulcer on the trunk or pelvis and at least one of the conditions below\*
- · Impaired nutritional status
- Fecal or urinary incontinence
- Altered sensory perception
- Compromised circulatory status

*ICD-10	Description
L89.101–L89.159	Pressure ulcer of back
L89.200-L89.229	Pressure ulcer of hip
L89.301-L89.329	Pressure ulcer of buttock
L89.40-L89.45	Pressure ulcer of
	contiguous site of back,
	buttock and hip

#### PATIENT QUALIFIES FOR HCPCS: MEDICARE ALLOWABLE

# Gel Overlay (Routinely purchased)

Therapeutic Foam Mattress Replacement (Routinely purchased)

Many additional mattresses available

E0181

#### Alternating Pressure Pad and Pump (APP) (Capped Rental)

#### **DRIVE SUPPORT SURFACES**

#### Premium Guard Gel Overlay

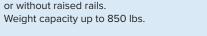
ITEM # 14893
Also available in many bariatric sizes.
Weight capacity 300 lbs.

### Therapeutic 5 Zone Support Mattress

ITEM # 15019
Weight capacity 350 lbs.

## Gravity 7, 8 and 9 Pressure Redistribution Mattress

Many additional mattress sizes available with or without raised rails.





#### Med-Aire Alternating Pressure Pump and Pad System

ITEM # 14001E

Pads available with or without end flaps. Pump available fixed or variable. Weight capacity 300 lbs.

