

**ABSOLUTE  
MEDICAL  
EQUIPMENT, INC.**

**Group Two Support Surface  
Low Air Loss Mattress**

Date of Order: \_\_\_\_\_

Patient Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

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**A patient must meet the following requirements to qualify for this equipment:**

- Either **A) Criterion 1 and 2 and 3 OR**  
**B) Criteria 4 OR**  
**C) Criteria 5 and 6**

\_\_\_\_\_ **diagnosis code**

**PLEASE SELECT MATCHING CRITERIA BY CIRCLING NUMBER:**

\_\_\_\_\_ **length of need**  
99 = lifetime

- 1) Multiple stage II pressure ulcers located on the trunk or pelvis (ICD-9 707.02 -707.05).
- 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.
- 3) The ulcers have worsened or remained the same over the past month.
- 4) Large or multiple stage III or IV pressure ulcer(s) on the trunk or pelvis (ICD-9 707.02 -707.05).
- 5) Recent myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis (surgery within the past 60 days) (ICD-9 707.02 -707.05).
- 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).

**The comprehensive ulcer treatment described in #2 above should generally include:**

- i) Education of the patient and caregiver on the prevention and/or management of pressure ulcers.
- ii) Regular assessment by a nurse, physician, or other licensed healthcare practitioner (usually at least weekly for a patient with a stage III or IV ulcer).
- iii) Appropriate turning and positioning.
- iv) Appropriate wound care (for a stage II, III, or IV ulcer).
- v) Appropriate management of moisture/incontinence.
- vi) Nutritional assessment and intervention consistent with the overall plan of care.

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Physicians Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ NPI: \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_

*Physician Signature*

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