

Convalescent Equipment and Supply Co. Inc.

C.E.S.CO.

21829 Highway 99
Edmonds, WA 98026
(425) 774-0083

TO: Dr.	FROM: CESCO Medical
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The Following is the exact verbiage from the Medicare LCD for qualifying coverage criteria for a ALTERNATING PRESSURE PAD & PUMP:

A Group 1 mattress overlay (E0181) is covered if one of the following three criteria are met:

1. The beneficiary is completely immobile - i.e., beneficiary cannot make changes in body position without assistance, or
2. The beneficiary has limited mobility - i.e., beneficiary cannot independently make changes in body position significant enough to alleviate pressure and at least one of conditions A-D below, or
3. The beneficiary has any stage pressure ulcer on the trunk or pelvis and at least one of conditions A-D below.

Conditions for criteria 2 and 3 (in each case the medical record must document the severity of the condition sufficiently to demonstrate the medical necessity for a pressure reducing support surface):

- A. Impaired nutritional status
- B. Fecal or urinary incontinence
- C. Altered sensory perception
- D. Compromised circulatory status

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**ALTERNATING PRESSURE PAD & PUMP
Rx**

Dr. _____

NPI # _____

Patient Name _____ DOB _____

Diagnosis (ICD-10) _____

Date of Face-to-Face Exam: _____

- | | | |
|----------|----------|---|
| Y | N | Is the patient completely immobile and requires assistance to make any changes in body position? |
| Y | N | Does the patient have limited mobility and cannot independently make changes in body position significant enough to alleviate pressure? |
| Y | N | Does the patient have any stage pressure ulcer on the trunk or pelvis?? |
| Y | N | Does the patient have impaired nutritional status? |
| Y | N | Does the patient have fecal or urinary incontinence? |
| Y | N | Does the patient have altered sensory perception? |
| Y | N | Does the patient have compromised circulatory status? |

Length of Need (*99 = lifetime*): _____ Months

Physician Signature

Date