

Medicare Requirement for Gel Mattress Overlay

PHYSICIAN REQUIREMENTS

Detailed written order that contains:

- Beneficiary's name
- Physician's name
- Physician's NPI number
- Length of need
- Diagnosis that is relevant to the need for the gel mattress overlay
- Physician signature and date

Chart notes or facility notes that are **signed by the ordering physician**, that document the following information:

- The beneficiary is **completely immobile** - i.e., beneficiary cannot make changes in body position without assistance, or
- 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
- The beneficiary has any stage **pressure ulcer** on the trunk or pelvis and at least one of conditions A-D below
 - A. Impaired nutritional status
 - B. Fecal or urinary incontinence
 - C. Altered sensory perception
 - D. Compromised circulatory status

***PT MUST HAVE HOSPITAL BED ON FILE WITH MEDICARE**

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