



Gammie HomeCare

Compassionate. Knowledgeable. Solutions.

Maui

292 Alamaha St.
Kahului, HI 96732
P: (808) 877-4032
F: (808) 442-0409

Kauai

4490 Puhi Rd. Unit #101
Lihue, HI 96766
P: (808) 632-2333
F: (808) 442-0409

Oahu

98-199 Kamehameha Hwy. E#4
Aiea, HI 96701
P: (808) 597-8087
F: (808) 442-0409

Low Air Loss Mattress Insurance Coverage Criteria

(Stage II, III and IV Pressure Ulcers)

1

Prescription of Ordered Item – Low Air Loss Mattress

2

Medical Records Documenting:

1. Multiple stage II pressure ulcers on buttocks, hip, and/or coccyx (need wound charts and measurements) **AND**
 - i. Patient has tried use of a group 1 support surface (eggcrate, APP mattress), **AND**
 - ii. Appropriate turning and positioning, **AND**
 - iii. Appropriate wound care, **AND**
 - iv. Appropriate management of moisture/incontinence, **AND**
 - v. Nutritional assessment and intervention consistent with overall plan of care, **OR**
2. Patient has a large or multiple Stage III or Stage IV pressure sore(s) on buttocks, hip, and/or coccyx (need wound charts and measurements)
3. Wound charts and measurements must be obtained monthly for the patient to remain qualified for this item. A certified home health agency must be involved in the plan of care to ensure adequate wound documentation can be retrieved on a monthly basis for continued coverage.

3

Letter of Medical Necessity

(Form supplied by Gammie HomeCare if documentation qualifies for coverage)