



Gammie HomeCare

Compassionate. Knowledgeable. Solutions.

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Pressure Reducing Support Surfaces APP or Gel/Foam Mattress Overlay Insurance Coverage Criteria

(Sore prevention, Stage I & Stage II pressure sores)

1

Prescription of Ordered Item – Alternating Pressure Pad and Pump (APP) or Gel/Foam Mattress Overlay

2

Medical Records Documenting:

1. Patient is completely immobile **OR**
2. Patient has limited mobility PLUS one of the following
 - i. Impaired nutritional status
 - ii. Fecal / urinary incontinence
 - iii. Altered sensory perception
 - iv. Comprised circulatory status
3. Patient has a pressure sore on buttocks / hip / coccyx PLUS one of the 4 secondary conditions listed above
4. Recommendation of the ordered item
5. Height and Weight

3

Letter of Medical Necessity
(Form supplied by Gammie HomeCare if documentation qualifies for coverage)

Coverage criteria is taken from the CMS Medicare Local Coverage Determination policies. These guidelines are subject to change without notice. Last Updated 1.17.23