



ALTERNATING PRESSURE PAD AND PUMP COVERAGE CRITERIA

Coverage of a hospital bed should be reasonable and necessary. Documentation to support that should include a standard written order and face-to-face notes.

STANDARD WRITTEN ORDER: A valid order must be obtained prior to delivery.

FACE-TO-FACE NOTES: The patient must have a face-to-face clinical evaluation by the treating provider within 6 months prior to the date of the order. The physician must document the medical necessity of the equipment. The patient must qualify for a hospital bed that is being ordered in conjunction with the overlay, or already have a hospital bed at home.

Alternating Pressure Pad and Pumps are covered if one or the following three criteria are met:

1. Patient is completely immobile, or
2. Patient has limited mobility and at least one of the following conditions:
 - a. Impaired nutritional status
 - b. Fecal or urinary incontinence
 - c. Altered sensory perception
 - d. Compromised circulatory status
3. Patient has any stage pressure ulcer on the trunk or pelvis and at least one of the following conditions:
 - a. Impaired nutritional status
 - b. Fecal or urinary incontinence
 - c. Altered sensory perception
 - d. Compromised circulatory status
4. Patient should have a care plan which has been established by the patient's physician or home care nurse which is documented in patient records.

E-PRESCRIBE: Frontier Home Medical makes ordering equipment easier with electronic ordering through Parachute. Visit our website (FrontierHomeMedical.com) to learn more about Parachute and get started with electronic ordering.

FAX PRESCRIPTION & FACE-TO-FACE NOTES TO THE LOCAL FRONTIER BRANCH.

If you have any questions or concerns, please contact Frontier Home Medical. Thank you for your cooperation!

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