



DOME HOME CARE

Dependable Oxygen & Medical Equipment

LAL Mattress Order Checklist

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Low-air-loss mattresses and overlays (Group 2 support surfaces). Please provide the following documentation:

- + Patient demographic information
- + Face-to-face chart notes documenting wound status and skin assessment
- + Medical necessity (one must apply):
 - + Multiple stage II pressure injuries on trunk/pelvis that have not improved over the past month on a comprehensive program
 - + Large or multiple stage III/IV pressure injuries on trunk/pelvis
 - + Recent myocutaneous flap or skin graft for a pressure injury within the past 60 days
- + Comprehensive pressure-injury treatment program in place (pressure reduction, turning schedule, nutrition, wound care, moisture management)
- + Caregiver willing and able to participate in the pressure-injury program
- + LAL Mattress Standard Written Order (SWO) required elements:
 - + Patient name
 - + Order date
 - + Specific mattress / overlay HCPCS and size
 - + Any accessories
 - + Treating practitioner name or NPI & signature
 - + SWO date must be on or prior to delivery date and on file prior to billing

***Disclaimer:** Although every reasonable effort is made to present current and accurate information, Dome Home Care makes no guarantees of any kind and cannot be held liable for any outdated or incorrect information.*

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