

- Simple Direct Billing through Patient's Insurance
- Foam Mattresses and Gel Overlays
- Powered & Non-Powered Air Mattresses
- Same Day Service & Expedited Shipping Options

Medical Insurance Coverage REIMBURSEMENT GUIDE for Nursing Professionals

Group I Coverage Criteria

MUST MEET ONE OF THE FOLLOWING

1. The beneficiary is completely immobile
2. The beneficiary has limited mobility
3. The beneficiary has any stage pressure ulcer on the trunk or pelvis and at least one of conditions A-D
 - A. Impaired nutritional status
 - B. Fecal or urinary incontinence
 - C. Altered sensory perception
 - D. Compromised circulatory status



High Density Foam Mattress
E0184



Gel Overlay
E0185

Group II Coverage Criteria

MUST MEET ONE OF THE FOLLOWING

1. The beneficiary has multiple stage II pressure ulcers located on the trunk or pelvis. Patient has been on a comprehensive ulcer treatment program for at least the past month which has included the use of an appropriate group I support surface. The ulcers have worsened or remained the same over the past month.
2. The beneficiary has large or multiple stage III or IV pressure ulcers on the trunk or pelvis.
3. The beneficiary has recent myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis (surgery within the past 60 days). The patient has been on a group II or III support surface immediately prior to a recent discharge from the hospital or nursing facility (discharge within the past 30 days).



Powered Air Mattress
E0277



Non-Powered Air Mattress
E0373

1 Call (888) 616-9811

2 Fax
Resident's Facesheet & MD Order
To (888) 616-9812

3 Receive the Equipment
ALL ORDERS WILL BE DELIVERED OR
SHIPPED WITHIN 24 HOURS

Questions or Comments?

Contact a Customer Service representative:

Direct: (888) 616-9811

Email: customerservice@orthotecmedical.com

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