



## Section C: Product Specific Information

Provide the requested product specific information or answer the questions related to the products listed in Section B – Product Information of the Coding Verification Review Application.

### Support Surfaces

Does this product meet the three-year Minimum Lifetime Requirement?    Yes    No			
If requesting HCPCS codes E0371 or E0373, clinical studies <b>MUST</b> be included. The clinical studies need to show the product is an effective treatment for the conditions described in the coverage criteria for group 2 in the DME MAC Support Surfaces Policy.			
Does the support surface have a durable, waterproof cover?                    Yes    No			
Can the support surface be placed directly on a hospital bed frame?    Yes    No			
Can the support surface be placed on top of a mattress?                    Yes    No			
Is the surface designed to reduce friction and shear?                    Yes    No			
Is there adequate patient lift to prevent bottoming out?                    Yes    No			
Provide the measurements for this product	Length:	Width:	Height:
Provide the type of Support Surface: <input type="checkbox"/> Foam <input type="checkbox"/> Gel <input type="checkbox"/> Water <input type="checkbox"/> Air <input type="checkbox"/> Other _____			

### Air Support Surface

Provide the cycle time for the product (powered only):	
Provide the height of the air cells when inflated:	Provide the number of cells:

### Gel Support Surface

Provide the height of gel bladders:
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