



**TRANSCEND
MEDICAL**

Going Beyond The Limits

Phone: 800-403-3740

Fax: (256) 259-1498

www.transcendmedical.net

PATIENT INFORMATION

Patient name _____ DOB _____

Negative Pressure Wound Therapy Documentation Requirements

Documentation Needed for NPWT Orders

- A detailed written order/prescription signed and dated by the treating authorized prescriber
- Copy of patient demographics (if applicable) (e.g., face sheet)
- Patient insurance information (if not available on face sheet)
- Copy of discharge summary (if applicable)
- Copy of history and physical (H and P)
- Documentation of wound measurements (Length x Width x Depth), include unit of measure
- Amount of exudate (if available/can assist with qualifying)
- Documentation of patient's nutritional status
- Documentation to support debridement of necrotic tissue if present
- If other therapies were considered and ruled out, what conditions prevented you from using other therapies prior to applying Negative Pressure Wound Therapy?
 - Presence of co-morbidities
 - High risk of infections
 - Need for accelerated granulation tissue
 - Prior history of delayed wound healing
 - Other, please describe: _____

Required for Traumatic or Surgical Wounds

- Date of surgery or other (Please describe in chart notes)
- Copy of pre-operative report
- Copy of post-operative report
- Additional supporting documentation required for complications of surgically created wounds (e.g., dehiscence, flaps or grafts)

Required for Chronic Pressure Ulcer: Stage III or Stage IV

- Turning and positioning regimen employed and documented
- Moisture and incontinence management documentation history (e.g., Foley catheter, bowel and bladder program)
- If wound is located on trunk or pelvis, documentation showing a low air loss or alternating air mattress (MUST be group 2 or group 3 support surface for Medicare) was tried, or considered and ruled out prior to NPWT
- Duration of pressure ulcer (Include number of days in chart notes)

Required for Diabetic/Neuropathic Ulcers

- Documentation showing that pressure has been off-loaded from the wound area (e.g., foot ulcers)
Documentation of comprehensive diabetic management program (e.g., endocrinologist notes, diet, education provided, glucose readings, labs, etc.)

Required for Venous Stasis Ulcers

- Documentation showing that compression bandages and/or garments have been consistently applied
- Documentation that elevation/ambulation encouraged



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PLEASE SEND PATIENT DEMOGRAPHICS, CHART NOTES AND INSURANCE INFORMATION

PATIENT INFORMATION

Patient name _____ DOB _____
Address _____ City _____ State _____
Zip _____ Home phone _____ Mobile phone _____
Insurance Provider _____ Insurance ID # _____

SECTION 1 — PATIENT ORDER INFORMATION (Complete in full or fax copy of written prescription)

Diagnosis Code ICD-10. _____

I prescribe a Negative Pressure Wound Therapy Pump, and up to 15 wound care sets/dressing kits per wound per month and 10 canister sets per month

OR alternatively, I prescribe the Negative Pressure Wound Therapy Pump and up to _____ dressing kits (quantity) per wound per month, and _____ canister sets (quantity) per month.

Number of months: 1 month 2 months 3 months 4 months Other _____

Pressure setting _____ mmHg Frequency of dressing changes _____

Does patient have diabetes? No Yes

If yes, is the patient on a comprehensive diabetic management program? No Yes

Wound location and measurements **MUST** be documented in patient's chart notes, using the format Length x Width x Depth. Wound measurement date and unit of measure also must be included.

SUPPLIES FOR DELIVERY

| Kit Size | Foam Dressing Kits | Other: (White Foam, Gauze Rolls or Other) |
|----------------|--------------------------|-------------------------------------------|
| Small | <input type="checkbox"/> | <input type="checkbox"/> |
| Medium/Regular | <input type="checkbox"/> | <input type="checkbox"/> |
| Large | <input type="checkbox"/> | <input type="checkbox"/> |

Type of pump: Medela Liberty (300 ml canister, 800 ml canister) Medela Motion (150 ml canister)

Prescriber name _____ NPI # _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Prescriber signature _____ Date _____



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COMMON ICD-10 CODES FOR NEGATIVE PRESSURE WOUND THERAPY

Negative pressure wound therapy is not diagnosis-driven. Therefore, Medicare does not provide a defined set of codes that must be used with this equipment.

Please note that the patient's condition and diagnosis must be documented. A code alone will not support medical necessity.

The following list is a short list of diagnosis codes commonly used with negative pressure wound therapy.

| Description | ICD-10 Codes |
|---------------------------------------------------------------------------------------------------|------------------------|
| Varicose Veins with Ulcer | I83.001 – I83.029 |
| Varicose Veins with Ulcer, Lower Extremity | I83.202 – I83.229 |
| Venous Insufficiency (Chronic) (Peripheral) | I87.2 |
| Cellulitis of Limb | L03.113 – L03.116 |
| Cellulitis, Unspecified | L03.90 |
| Pilonidal Cyst with Abscess | L05.01 |
| Pressure Ulcer, Various | Various L89 Codes |
| Disruption of Wound, Unspecified | T81.30XA – T81.30XS |
| Disruption of External Operation (Surgical) Wound | T81.31XA – T81.31XS |
| Non-Pressure Chronic Ulcer of Unspecified Heel and Midfoot with Unspecified Severity | L97.409 |
| Non-Pressure Chronic Ulcer of Unspecified Part of Unspecified Lower Leg with Unspecified Severity | L97.909 |
| Other Complications of Procedures, Not Elsewhere Classified, Initial Encounter | T81.89XA |