



**TRANSCEND
MEDICAL**

Going Beyond The Limits

**Coverage Criteria for Chronic Venous Insufficiency with
Venous Stasis Ulcers for Medicare and Commercial
Insurances**

You can view the original Policy Article (A52488) and Local Coverage Decision (L33829) at www.cms.gov.

How to initiate an order:

Send a copy of the patient's demographics (including name, DOB, and insurance information) and medical records to fax number 1.256.259.1498 or email to joshmiller@transcendmedical.net

The patient's medical records must include the following:

1. Documented diagnosis and prognosis of Chronic Venous Insufficiency with Venous Stasis Ulcer(s) including:

6 months continuous treatment for non-healed venous stasis

ulcer(s) Edema in affected limb(s)

See ICD-10 Coding Reference Sheet for covered diagnosis code(s)

2. Objective findings that establish the severity of the condition:

Measurements that demonstrate edema of affected limb(s)

Examples: Pitting, Non-Pitting, Volume Metrics or Circumferential Measurements

Location of venous stasis ulcer(s)

How long each ulcer has been continuously present (must be greater than 6 months)

3. Documentation of patient's compliance with the following conservative treatments for at least 6 months **AND** significant symptoms remain:

Compression

Exercise

Elevation of limb(s)

Appropriate wound care

Wound care, if appropriate and medications, if appropriate (eg. diuretics)

(If patient is unable to be compliant with conservative treatments listed, record must state medical explanation/diagnosis prohibiting compliance.)

4. Physician notes and/or signed plans of care demonstrating physician oversight of treatment

Additionally Required for Medicare:

Medicare will not approve coverage if all the questions on the Certificate of Medical Necessity are answered "no" A

NormaTec Representative will facilitate a treatment trial which will document the following:

Clinical response to an initial treatment with the device

Change in pre-treatment measurements

Ability to tolerate the treatment

Ability of patient or caregiver to apply device for continued use