

Regarding the patient:_____
Name_____
Date of Birth

For insurance consideration of the **negative pressure wound pump & supplies** you have requested for this patient, A-C below must be documented in their medical records:

- A. Wound assessment/evaluation records from within the last 30 days.
- B. Ulcers and Wounds in the Home Setting: The beneficiary has a chronic Stage III or IV pressure ulcer, neuropathic ulcer, venous or arterial insufficiency ulcer, or a chronic (present >30 days) ulcer of mixed etiology. A complete wound therapy program described by criterion 1 and criteria 2, 3, or 4, as applicable depending on the type of wound, must have been tried or considered and ruled out prior to application of NPWT.
 - 1. For all ulcers or wounds, the following components of a wound therapy program must include a minimum of all of the following general measures, which should either be addressed, applied, or considered and ruled out prior to application of NPWT:
 - a) Documentation in the beneficiary's medical record of evaluation, care, and wound measurements by a licensed medical professional, **AND**
 - b) Application of dressings to maintain a moist wound environment, **AND**
 - c) Debridement of necrotic tissue if present, **AND**
 - d) Evaluation of and provision for adequate nutritional status
 - 2. For Stage III or IV pressure ulcers:
 - a) The beneficiary has been appropriately turned and positioned, **AND**
 - b) The beneficiary has used a group 2 or 3 support surface for pressure ulcers on the posterior trunk or pelvis (see LCD on support surfaces), **AND**
 - c) The beneficiary's moisture and incontinence have been appropriately managed
 - 3. For neuropathic (for example, diabetic) ulcers:
 - a) The beneficiary has been on a comprehensive diabetic management program, **AND**
 - b) Reduction in pressure on a foot ulcer has been accomplished with appropriate modalities
 - 4. For venous insufficiency ulcers:
 - a) Compression bandages and/or garments have been consistently applied, **AND**
 - b) Leg elevation and ambulation have been encouraged
- C. Ulcers and Wounds Encountered in an Inpatient Setting:
 - 1. An ulcer or wound is encountered in the inpatient setting and, after wound treatments described under B-1 through B-4 have been tried or considered and ruled out, NPWT is initiated because it is considered in the judgment of the treating physician, the best available treatment option.
 - 2. The beneficiary has complications of a surgically created wound or a traumatic wound where there is documentation of the medical necessity for accelerated formation of granulation tissue which cannot be achieved by other available topical wound treatments.

Please note: providing medical records to a supplier is not a violation of the HIPAA privacy rules. Records must show relevant ICD-10 diagnosis code(s) and include the prescribing physician's signature and date.

Thank you in advance for faxing any Standard Written Order prescription(s) & supporting medical records to Handi Medical Supply at: 651-644-0602