

# ROTECH HEALTHCARE INC. ONE AND DONE!

## Getting it Right the First Time

### Minimum Requirements for Medicare **NEGATIVE PRESSURE WOUND THERAPY** – *Initial Order*

**Standard Written Order\* (SWO)** \* Minimum required by Medicare for setup. Supporting documentation may be required.

For your convenience, you can **USE OUR INTAKE FORM**. – OR, you can send an electronic order generated by your EMR system, or a 3x5. It must include the following elements:

- |   |  |
|---|--|
| <input type="checkbox"/> Beneficiary's Name <b>or</b> Medicare Beneficiary ID | <input type="checkbox"/> Quantity to be Dispensed (if applicable)  |
| <input type="checkbox"/> Order Date   | <input type="checkbox"/> Description of the Item(s) Ordered:   |
| <input type="checkbox"/> Prescribing Practitioner's Name <b>or</b> NPI#       | → Must include refill instructions for all supplies  |
| <input type="checkbox"/> Prescribing Practitioner's Signature                 | <ul style="list-style-type: none"> <li>• 10 canisters per month are allowed</li> <li>• 15 dressing kits per month allowed</li> </ul> |

**Documentation Required for Each Wound Type**

	Surgical Wound	Pressure Ulcer	Diabetic Ulcer	Arterial / Venous Ulcer
Wound Measurements	☑	☑	☑	☑
Age of Wound	☑	☑	☑	☑
Current Wound Treatment / Frequency	☑	☑	☑	☑
Past Wound Treatment		☑	☑	☑
Pre-Op Report	☑			
Post-Op Report	☑			
Debridement of Necrotic Tissue	☑	☑	☑	
Patient's Diet	☑	☑	☑	☑
Documentation of Pressure Relief		☑	☑	
Turning Schedule Documentation		☑		
Incontinence Management		☑		
Diabetic Treatment	☑	☑	☑	☑
Compression Has Been Used				☑
Elevation & Ambulation Has Been Encouraged				☑

**NOTE:** *Records must be signed and dated by the physician, physician assistant, nurse practitioner, or clinical nurse specialist*

**Brought to you by:**

# Medicare Documentation Requirements For Negative Pressure Wound Therapy

## Acceptable Documentation Examples

### Example #1 – Surgical Wound Note

NPWT dressing change to surgical wound on lower left leg. SN NPWT pump is set at 120mmHG continuous per order. Wound cleansed with NS patient tolerated well. Wound measurement is 3.5 X 6.5 X 3.0 wound bed has bright red granulation with no signs of slough or necrotic tissue. New black foam dressing applied to wound bed. Canister has 200cc of serous drainage in it new canister put on and disposed of old canister. Instructed patient on proper high protein diet to support wound healing. Patient is compliant with diabetic regimen that includes dietary restrictions and insulin therapy.

### Example #2 – Chronic Stage III Pressure Ulcer Note

Patient was previously on an alginate dressing with bordered foam. Wound measures 4.0 X 3.5 X 1.5 wound bed is filled with 95% pink granulation tissue and 5% slough towards the bottom right corner. Initiating NPWT therapy to coccyx area this visit. Wound cleansed with NS and packed with normal saline soaked NPWT gauze kit. SN NPWT pump set at 80mmHG continuous per physician order. Patient tolerated dressing change well. Patient is on a low air loss mattress. Educated caregiver on patient turning schedule every 2 hours. Instructed caregiver on high protein diet to support wound healing.

## Most Common ICD 10 Codes for Negative Pressure Wound Therapy

- Pressure Ulcer, Various - Various: **L89** Codes
- Disruption of Wound, Unspecified: **T81.30XA – T81.30XS**
- Disruption of External Operation (Surgical) Wound: **T81.31XA – T81.31XS**
- 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**
- 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**