

Suggested Documentation for Ulcer Debridement For First Coast Beneficiaries

***** INTENDED ONLY FOR VAC WOUND CARE PROVIDERS ONLY AND NOT TO BE SHARED *****

Based on First Coast Services Options Local Coverage Determination, "Wound Care" (L37166) and First Coast Services Options Local Coverage Article, "Billing and Coding: Wound Care" (A55818)

Patient Name:

Date of Service:

Patient Number:

Chief Complaint:

History of Present Illness: _____

Underlying medical diagnosis:

Factors complicating wound healing and what is being done to address each of them:

Response to current treatment:

Exam:

Vascular exam (including any studies):

There is (indicate one or more) [necrotic, devitalized, fibrotic, or other tissue or foreign matter] present that is interfering with wound healing that requires debridement.

Location of ulcer debrided:

Ulcer length:

Ulcer width:

Ulcer depth:

Ulcer stage:

Which tissue depths are impacted: (dermis, subcutaneous, muscle/fascia, bone)

Ulcer color:

Drainage type : (Serous, Sanguinous, Serosanguinous, Purulent)

Undermining / Tunneling: Yes / No

If yes, where: N/A or _____

Necrosis? Yes / No

If yes, describe:

Infection? Yes / No

If yes, describe signs:

Plan / Procedure

Was anesthesia used? Yes/ No

If so, what anesthesia: N/A or _____

The fibrotic tissue documented above inhibits wound healing and increases risk of infection. Therefore, sharp debridement to remove this fibrotic tissue was medically necessary today.

Attention was directed to the ulcer on the _____. A sterile prep of the area (was / was not) performed. A (scalpel, scissors, curette) was utilized for sharp debridement to remove the (hyperkeratotic rim and) (necrotic tissue, devitalized tissue, fibrotic tissue) from the wound bed. Debridement was carried out to the depth of (dermis, subcutaneous tissue, muscle/fascia, bone). A total of _____ sq cm of tissue was removed from the deepest depth of the wound debrided. Hemostasis was obtained with (pressure, electric cautery, chemical cautery). Upon completion, the wound was dressed with _____. This debridement was medically necessary in order to remove nonviable tissue in an attempt to promote healing and decrease risk of infection.

There is an expectation that this treatment will substantially affect tissue healing and viability, reduce or control tissue infection, remove necrotic tissue, or prepare the tissue for surgical management.

**** (Not necessary for patients with compromised healing due to severe underlying debility or other factors) ****

Treatment plan: _____

Patient instructions given include: _____

Goal of this treatment: Select one or more: (healing, palliation, comfort, prevent infection, limb salvage, other)

Follow up appointment: _____

Wound status: (Stable, Improved, Worsening)

Offloading modality in place: _____

Physician / practitioner signature _____

NOTES:

** Medicare coverage for wound care on a continuing basis for a given wound in a given patient is contingent upon evidence documented in the patient's medical record that the wound is improving in response to the wound care being provided.

** It is highly recommended that the treatment plan for a patient who requires frequent repeated debridement be reevaluated to ensure that issues including, but not limited to, pressure reduction, nutritional status, vascular insufficiency and infection control have been adequately addressed.

**In cases of excessive frequency or prolonged duration of treatment, documentation should include an evaluation for possible infection (e.g. culture and sensitivity), osteomyelitis (e.g. x-ray), and treatment of any infection by antibiotics.

Reference: First Coast Coverage Determination L37166, "Wound Care"

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