Suggested Documentation for Ulcer Debridement Taken from NGS LCD L33614 (Debridement Services) for Illinois, Minnesota, Wisconsin, Connecticut, New York, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

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

Patient Name:

Patient Number:

Chief Complaint:

History of Present Illness:_____

_____

Ulcer's co-morbid conditions and what has been done to address them:

Etiology of the ulcer:

Duration of ulcer:

Prior treatments received:

Nutritional status:

Patient functional level:

Exam:

Vascular exam (including any studies): _____

There is (choose 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: (choose) (dermis, subcutaneous, muscle/fascia, bone)

Drainage type : (choose) (Serous, Sanguinous, Serosanguinous, Purulent)
Drainage amount:
Drainage frequency:
Drainage color:
Drainage odor:

Undermining / Tunneling: Yes / No
If yes, where: N/A or _____

Necrosis? Yes / No

Infection? Yes / No
If yes, describe signs and treatment and any response to treatment:

Plan / Procedure

Was anesthesia used? Yes/ No
If so, what anesthesia: N/A or _____

Attention was directed to the ulcer on the _____. A sterile prep of the area (was / was not) performed. A (choose) (scalpel, scissors, curette) was utilized to remove the (hyperkeratotic rim and) (necrotic tissue, devitalized tissue, fibrotic tissue) from the wound bed. Debridement was carried out to the depth of (choose) (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 (choose) (pressure, electric cautery, chemical cautery). Upon completion, the wound was dressed with _____.

Treatment plan: _____

Expected duration of ulcer treatment: _____
Expected frequency of treatments needed: _____
Potential to heal: (choose) (Excellent, Good, Fair, Poor)
Wound status: (choose) (Stable, Improved, Worsening)
Offloading modality in place:

information should be documented. All pertinent and required information should be documented. The only entity responsible for a provider's documentation and coding is the provider.