

## Reimbursement Guidelines for E0651: Clinician Sheet

**Please note:** This guide does not replace medical record documentation required by CMS

1. **Face Sheet for Patient:** Include with DME Submission
2. **Diagnosis Codes:** \_\_\_\_\_
3. **Face to Face Documentation:** Include with DME Submission
4. **Standard Written Order:** Specify WoundExpress E0651 and E0669 (Garment)

**Patient's Name:** \_\_\_\_\_

**Order Date:** \_\_\_\_\_

**Order: One WoundExpress pump E0651 (WE100P-USA)**

Circle One (based on thigh measurement): One of the following: Garment Standard (WE100G) (17-28in) Large (WE100GL) (20-31 in) Extra Large (WE100GLX) (24-35 in). HCPC E0669

Use pump and garment on thigh of affected leg while elevated for 2 hours per day for the duration of an active wound. Use in addition to standard of care multi-layer bandaging. May use with compression wraps to prevent ulcers once ulcer has healed as needed.

**NP or PA/MD Signature and NPI Number:** \_\_\_\_\_

**MD/PA/NP Address:** \_\_\_\_\_

**Phone #/Fax #:** \_\_\_\_\_

5. **Prognosis:** Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_ (circle one)
6. **Medication List:** Include with DME submission
7. **Does the patient have Phlebolympheidema?** Yes or No (circle one)
8. **Type of Edema:**
  - Location \_\_\_\_\_
  - 3+ pitting: Yes or No (if not 3+, specify) \_\_\_\_\_ (circle one)
  - Fibrotic tissue: Yes or No (circle one)
9. **Does the patient have the following:**
  - Lipodermatosclerosis: Yes or No (circle one)
  - Brawny edema with fibrotic changes: Yes or No (circle one)
  - Stasis dermatitis: Yes or No (circle one)
  - Hyperpigmentation or Hemosiderin Staining: Yes or No (circle one)
  - + Stemmer Sign: Yes or No (circle one)
10. **Limb with Wound Location:** RLE or LLE (circle one)
11. **Reason device is required:** CVI/Phlebolympheidema/Non-healing VLU or mixed-etiology ulcer \_\_\_\_\_
12. **How long has patient had VLU?** \_\_\_\_\_
13. **Wound Measurements (LxWxD):** \_\_\_\_\_
14. **Leg Measurements:**
  - Mid-thigh circumference \_\_\_\_\_ (needed to size garment)
  - Mid-calf circumference \_\_\_\_\_ (needed for Medicare requirements)
  - Ankle circumference \_\_\_\_\_ (needed for Medicare requirements)
15. **Has the patient had compliant use of appropriate compression bandaging for 4 weeks with Phlebolympheidema and 6 months for CVI with VLU?** Yes or No (circle one disease state)
16. **Has the patient had regular exercise?** Yes or No (circle one)
17. **Has the patient been elevating the limb at home?** Yes or No (circle one)
18. **Has the patient had appropriate wound care including sharp debridement where appropriate?** Yes or No (circle one)

**Describe** \_\_\_\_\_

Call Kim Rozman MSN, RN, CWON 303-552-8750 for questions

## Education:

**If patient has had the VLU for more than 6 months, can use Chronic Venous Insufficiency (CVI) NCD Pathway:**

### **MEDICAL RECORD DOCUMENTATION MUST INCLUDE: (Questions above)**

1. 6 month trial of compression therapy demonstrating failed response to treatment which INCLUDES:
  - Compliant use of appropriate compression at the ankle
  - Medication list
  - Regular exercise
  - Elevation of limb
  - Appropriate wound care including sharp debridement where appropriate
2. INCLUDE: symptoms with objective findings that establishes the severity of the condition- use words like lipodermatosclerosis, brawny edema with fibrotic changes, stasis dermatitis, venous edema, lymphedema, hyperpigmentation or hemosiderin staining in documentation (all of these terms indicate phlebolymphe~~ma~~dem~~a~~)

**If patient has had VLU for less than 6 months, to be able to get the pump approved by the Lymphedema NCD Pathway (4 weeks of failure of standard of care therapy) patient must have documented diagnosis of phlebolymphe~~ma~~dem~~a~~:**

- In the objective findings of the documentation use these terms: phlebolymphe~~ma~~dem~~a~~, lipodermatosclerosis, hyperpigmentation, brawny edema with fibrotic changes, stasis dermatitis, +Stemmer sign
- Compliant use of appropriate compression
- Medication list
- Regular exercise
- Elevation of limb
- Appropriate wound care including sharp debridement where appropriate

## Reference:

Centers for Medicare and Medicaid Services. (2002). *National coverage determination pneumatic compression devices 280.6*. HYPERLINK "<https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=225>" NCD - Pneumatic Compression Devices (280.6) (cms.gov)