Topical Negative Pressure Therapy for Wounds Request Form

Member Name:	Member ID:
Requesting Physician:	Contact Name:
Phone Number: ( )	Fax Number: ( )

The member named above has requested coverage for Topical Negative Pressure Therapy for Wounds Device.

BCBSNC will provide coverage for a Topical Negative Pressure Therapy for Wounds Device when the criteria shown below are met in accordance with
BCBSNC Topical Negative Pressure Therapy for Wounds Medical Policy
http://www.bcbsnc.com/services/medical-policy/pdf/topcialnegativepressuretherapyforwounds. PDF

INITIAL APPROVAL:

Please complete Part A below for chronic wounds, or Part B below for surgical created or traumatic wounds.

Part A [complete for chronic wounds, including information for the specific type of chronic wound under subsection (1) or (2) or (3)]

	Yes	No
Does the patient have a chronic wound present for over 30 days that has failed standard therapy?	☐	☐
▪ Is management with a complete wound therapy program documented in the medical records?	☐	☐
▪ Has there been application of dressing to maintain a moist wound environment?	☐	☐
▪ Has necrotic tissue been debrided, if present? (check here if not applicable ☐)	☐	☐
▪ Is nutritional status adequate to promote wound healing?	☐	☐
▪ Has the patient been compliant with the wound therapy program?	☐	☐
AND		
(1) For Stage III or IV pressure ulcers (must meet all three criteria):	☐	☐
▪ Has the patient been appropriately turned and positioned?	☐	☐
▪ Has the patient used a group 2 or 3 pressure reducing support surface on the posterior trunk or pelvis?	☐	☐
Specify type used: ________________________________		
▪ Have the patient's moisture and incontinence been appropriately managed?	☐	☐
OR		
(2) For neuropathic (e.g., diabetic) ulcers (must meet both criteria):		
▪ Has the patient been treated with a comprehensive diabetic management program?	☐	☐
▪ Has reduction in pressure on foot ulcer been accomplished?	☐	☐
OR		
(3) For venous insufficiency ulcers (must meet both criteria):		
▪ Have compression bandages and/or garments been consistently applied?	☐	☐
▪ Have leg elevation and ambulation been encouraged?	☐	☐

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Part B **[complete for surgical created or traumatic wounds]**	Yes	No
Has a conventional wound treatment program been tried and failed? If yes, please document dates and type of therapy tried. ______________________________	☐	☐
Is there documentation in the operative or wound care notes indicating why normal wound healing would not be expected and why use of this device is superior to normal wound healing process?	☐	☐
If YES, does patient have any of the following:		
▪ Post-sternotomy disunion with exposed bone?	☐	☐
▪ Post-sternotomy mediastinitis?	☐	☐
▪ Flap or graft failure?	☐	☐
▪ Other? (Specify)______________________	☐	☐
- Does the patient have a traumatic wound that will require a flap or graft? (e.g degloving injury, high-energy soft tissue injury, wound exposing tendon, bone, and/or joint)	☐	☐
- Does the patient have a co-morbidity that is expected to significantly prolong wound healing? If YES please specify:	☐	☐
▪ Diabetes?	☐	☐
▪ Renal disease (e.g. chronic kidney disease or ESRD)?	☐	☐
▪ Ischemic vascular disease?	☐	☐
▪ Other? (Specify)______________________	☐	☐
- Is the primary intent of the Topical Negative Pressure Therapy for Wounds Device to speed wound healing when normal healing would otherwise be expected?	☐	☐

Date of most recent wound measurements: ______________

Length: __________ Width: __________ Depth: __________

If the above BCBSNC Medical Policy criteria are met, coverage for a Topical Negative Pressure Therapy for Wounds Device will be approved for an initial period of 14 days.

BCBSNC does not provide coverage for Topical Negative Pressure Therapy for Wounds:

♦ When the above criteria are not met.

By my signature below, I certify that the information on this form accurately reflects the content of my medical records. I agree to submit medical records to BCBSNC for review upon request.

Physician signature: ______________________________ Date: ________________

Fax completed form to **1-800-228-0838**