

# WOUND CARE PHYSICIAN ORDER

Fill out this form and include the patient's demographics and insurance information.



P: 888.771.9229 | F: 866.680.5574 | [strivemedical.com](http://strivemedical.com)

Patient Name: \_\_\_\_\_ Order Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Phone: \_\_\_\_\_ Patient DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Fax: \_\_\_\_\_

## Wound Care Dressings Needed

Patient is aware of this order  Yes  No

	Wound 1	Wound 2	Wound 3
ICD-10 Codes (Diagnosis)			
Wound Size (LxWxD)	____ x ____ x ____ (cm)	____ x ____ x ____ (cm)	____ x ____ x ____ (cm)
Wound Location	____ <input type="checkbox"/> L <input type="checkbox"/> R	____ <input type="checkbox"/> L <input type="checkbox"/> R	____ <input type="checkbox"/> L <input type="checkbox"/> R
Thickness	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Full <input type="checkbox"/> Partial
Stage (Pressure Ulcers)	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Exudate	<input type="checkbox"/> Min <input type="checkbox"/> Mod <input type="checkbox"/> Heavy	<input type="checkbox"/> Min <input type="checkbox"/> Mod <input type="checkbox"/> Heavy	<input type="checkbox"/> Min <input type="checkbox"/> Mod <input type="checkbox"/> Heavy
Debridement - required by Medicare (unless surgical wound)	<input type="checkbox"/> Yes, Date _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes, Date _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes, Date _____ <input type="checkbox"/> No

*Items require FULL thickness for Medicare insurance coverage	Frequency of Change Wound 1	Frequency of Change Wound 2	Frequency of Change Wound 3
*Alginate/Gelling Fiber <input type="checkbox"/> Silver			
*Collagen <input type="checkbox"/> Silver			
*Foam – Bordered <input type="checkbox"/> Silver			
*Foam – Non-bordered <input type="checkbox"/> Silver			
*Hydrogel Filler <input type="checkbox"/> Silver			
*Hydrogel Sheet <input type="checkbox"/> Silver			
*Specialty Absorptive (ABD)			
Composite Dressing			
Contact Layer			
Gauze			
Gauze – Bordered			
Gauze – Impregnated			
Gauze – Roll			
Hydrocolloid Dressing			
Transparent Film			
Other:			

## Compression

### Insurance Coverage

Does the patient have a debrided open venous stasis ulcer?  Y  N

Medicare only covers below products if venous stasis ulcer is present.

### Products

#### Compression Garment

Medicare only covers one garment per leg every 6 months with a present venous stasis ulcer

Jobst UlcerCare  L  R

FarrowWrap  L  R

Other: \_\_\_\_\_  L  R

#### Multilayer Compression Bandage Systems

TwoPress2  L  R

ThreePress  L  R

FourPress  L  R

Compri2  L  R

Comprifore  L  R

Other: \_\_\_\_\_  L  R

#### Measurements (cm)

Calf (Circumference) \_\_\_\_\_ L \_\_\_\_\_ R

Ankle (Circumference) \_\_\_\_\_ L \_\_\_\_\_ R

Length (Back of knee to floor) \_\_\_\_\_ L \_\_\_\_\_ R

#### Compression Level

30-40 mmHg  L  R

40-50 mmHg  L  R

Does the patient currently have any of the requested products at home?

Yes  No *If Yes, list the remaining qty of each product in Notes section.*

## Notes

## Provider Info

Physician Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician NPI: \_\_\_\_\_ Signature: \_\_\_\_\_

*This Rx is valid for 90 days. Any edits need to be initialed and dated by the physician.*

# Medicare Checklist for WOUND CARE SUPPLIES

For any questions or assistance feel free to contact a Strive Medical Wound Care Specialist at 888.771.9229.



## FOR SURGICAL DRESSINGS

### PATIENT FACE SHEET

- Patient Name
- DOB
- Address/Phone Number
- Insurance Information

### DISPENSING ORDER

- Patient Name & DOB
- Products Needed
- NPI
- Doctor Signature & Date
- Frequency of Change  
*\*If the frequency of change is more than QD, please provide reason for the frequency.*

### WOUND ASSESSMENT/ PLAN OF CARE

- Wound Location (*L-Left; R-Right*)
- Type of Wound (*Arterial, Diabetic, Pressure, Surgical, Trauma (includes burns), and Venous*)
- Wound Size (*length x width x height*)
- Drainage (*minimum, moderate or heavy*)
- Stage (*II, III or IV*) *\*if applicable*
- Thickness (*full or partial*) *\*if applicable*

### FAX ALL DOCUMENTS TO 866.680.5574

- Patient Face Sheet
- Detailed Written Order
- Wound Assessment / Plan of Care

\*\*\*Medicare requires a new wound assessment every 30 days\*\*\*

## Medicare Maximum Allowed per wound/per month

KEY: *adh* = adhesive, *hyd* = hydrogel, *NS* = normal saline, *w/out* = without, *w/* = with

TYPE OF DRESSING	HCPC/SIZE	QTY
Alginate Dressing, wound cover	A6196 (2x2), A6197 (4x4), A6198 (6x6)	30 Dressings
Alginate Rope, wound filler	A6199 (per 6 inches)	60 Dressings
Collagen Dressing, sterile	A6021 (2x2), A6022 (4x4), A6023 (6x6)	30 Dressings
Collagen Filler, dry form, sterile	A6010 (per gram)	30 Grams
Collagen Filler, gel/paste	A6011 (per gram)	30 Grams
Collagen Dressing, wound filler, sterile	A6024 (per 6 inches)	60 Dressings
Composite Dressing, sterile, w/adh	A6203 (2x2), A6204 (4x4), A6205 (6x6)	12 Dressings
Contact Layer, sterile	A6206 (2x2), A6207 (4x4), A6208 (6x6)	4 Dressings
Foam Dressing, w/out adh border	A6209 (2x2), A6210 (4x4), A6211 (6x6)	12 Dressings
Foam Dressing, w/adh border	A6212 (2x2), A6213 (4x4), A6214 (6x6)	12 Dressings
<b>Non-impregnated &amp; Non-Sterile:</b>		
Gauze w/out adh border	A6216 (2x2), A6217 (4x4), A6218 (6x6)	30 Dressings
Gauze w/adh border	A6219 (2x2), A6220 (4x4), A6221 (6x6)	30 Dressings
<b>Impregnated with other than water, sterile:</b>		
Gauze, NS, or hyd, w/out adh border	A6222 (2x2), A6223 (4x4), A6224 (6x6)	30 Dressings
Gauze, NS, or zinc paste, any width	A6266 (per linear yard)	150 Yard
<b>Impregnated and sterile:</b>		
Gauze, water or NS, w/out adh border	A6228 (2x2), A6229 (4x4), A6230 (6x6)	30 Dressings
Gauze, hyd, for direct wound contact	A6231 (2x2), A6232 (4x4), A6233 (6x6)	30 Dressings
Hydrocolloid Dressing, w/out adh	A6234 (2x2), A6235 (4x4), A6236 (6x6)	12 Dressings
Hydrocolloid Dressing, w/adh border	A6237 (2x2), A6238 (4x4), A6239 (6x6)	12 Dressings
Hydrocolloid Filler, Paste	A6240 (per ounce)	12 Ounces
Hydrocolloid Filler, Dry Form	A6241 (per gram)	12 Grams
Hydrogel Dressing, w/out adh border	A6242 (2x2), A6243 (4x4), A6244 (6x6)	30 Dressings
Hydrogel Dressing, w/any size border	A6245 (2x2), A6246 (4x4), A6247 (6x6)	12 Dressings
Hydrogel Dressing, Filler, gel	A6248 (per fluid ounce)	3 Ounces
<b>ABD Pads:</b>		
Specialty Absorpt. Dressing, w/out adh	A6252 (5x9), A6253 (8x10)	30 Dressings
Specialty Absorpt. Dressing, w/adh	A6255 (5x9), A6256 (8x10)	15 Dressings
Transparent Film, sterile	A6257 (2x2), A6258 (4x4), A6259 (6x6)	12 Dressings
Tube Gauze	A6457 (per yard)	30 Yards
Tape, non-waterproof	A4450 (2 in x 10 in)	40 Units
Tape, waterproof	A4452 (2 in x 10 in)	40 Units

**Several dressings available with silver (AG)**

## Medicare Non-Covered Items

- Small adhesive bandages (e.g. Band-Aid)
- A6025 - A silicone gel sheet used for treatment of keloids
- A6413 - A first-aid type adhesive bandage
- A6250 - Skin sealants, barriers, protectants, moisturizers, ointments
- A6260 - Wound cleansers or irrigating solutions, topical antiseptics, etc.
- A4465 - Non-elastic binder for an extremity