



**Central Medical Systems, LLC**

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# Prescription Form

Patient's Name \_\_\_\_\_ Date \_\_\_\_\_

Name of Facility \_\_\_\_\_ City/State \_\_\_\_\_ Phone \_\_\_\_\_

Case Manager \_\_\_\_\_

- In order for CMSI to process your patient's order, we need the following documentation faxed:
- copy of the **PATIENT FACE SHEET** • signed **AUTHORIZATION/AGREEMENT** (attached) •
  - copy of current **ASSESSMENT RECORD** •

OTHER PRODUCTS
(SPECIFY WOUND NUMBER)

DRESSINGS	FREQUENCY	WOUND 1	WOUND 2	WOUND 3	WOUND 4
Prisma					
Antimicrobial Dressing					
Hydrofera Blue	x1 every 3 days				
Fibracol Collagen					
Promogran					
Silvercel	daily				
Transparent Film	x1 every 3 days				
Calcium Alginate	daily				
Calcium Alginate AG	daily				
Hydrogel: Gauze <b>OR</b> Tube	daily				
Foam Dressing	x1 every 3 days				
Foam w/ border	x1 every 3 days				
Hydrocolloid / Thin	x1 every 3 days				
Hydrocolloid w/ border	x1 every 3 days				
Adaptic/oil emulsion	daily				
Xeroform	daily				
Packing Strip	daily				
Covaderm Plus	x1 every 3 days				
ABD	daily				
Telfa	daily				
Kerlix	daily				
Kling 4" <b>OR</b> 2"	daily				
Gauze 2" x 2" <b>OR</b> 4" x 4"	daily				
Tape	daily				

Compression Stockings		
<i>Circle your selection</i>		
Section 1:	Right Leg	Left Leg
Section 2:	Open Toe	Closed Toe
Section 3:	Ankle	Calf
Size A ( )	7-8	10-13
Size B ( )	8-9	12-15
Size C ( )	9-10	14-17
Size D ( )	10-11	16-19
Size E ( )	11-12	18-21
Size F ( )	12-13	20-23
Size G ( )	13-14	22-26
Section 4:		
( ) Class II 30-40mm hg		
( ) Class III 40-50mm hg		

	ICD9 CODES/DESCRIPTION	SIZE	LOCATION	FREQUENCY	DURATION
WOUND 1					
WOUND 2					
WOUND 3					
WOUND 4					

Is this patient currently being seen by Home health?  Yes  No Does patient have diabetes?  Yes  No

Exudate  None 1 2 3 4  Low 1 2 3 4  Moderate 1 2 3 4  High 1 2 3 4

Has wound been debrided?  Yes  No

Physician's Name \_\_\_\_\_ NPI \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Wound Dressing Formulary

with Medicare Part B Coverage Rules & Usage Guidelines

WOUND CHARACTERISTICS									
	DRAINAGE				THICKNESS		Colonized	Eschar/Slough	MEDICARE 30-day allowable
	None	Light	Moderate	Heavy	Partial	Full			
<b>PRIMARY DRESSINGS</b>									
ABD Pad (ea)			✓	✓		✓			30
Alginate (ea)			✓	✓		✓			30
Collagen (ea)			✓	✓		✓			
Gel Impregnated Gauze (ea)	✓	✓				✓		✓	30
Hydrocolloid (ea)		✓	✓		✓	✓			30
Hydrogel Pad (ea)	✓	✓				✓		✓	30
Hydrogel Sheet (ea)	✓	✓				✓			12
Silver Alginate (ea)			✓	✓		✓	✓		30
Silver Gel Sheet (ea)	✓	✓				✓	✓		30
Silver Hydrogel (oz)	✓	✓				✓	✓		3
Transparent Film (ea)	✓	✓			✓			✓	12
<b>SECONDARY DRESSINGS</b>									
ABD Pad (ea)	<b>MEDICARE PART B COVERAGE TIPS</b> <ul style="list-style-type: none"> <li>• Combination of a hydrating dressing with an absorptive dressing may not be covered</li> <li>• Pad size of a wound cover should be 2" larger than the dimensions of the wound</li> <li>• Tape is only covered when used in conjunction with non-adhesive bordered dressings</li> </ul>								30
Antimicrobial Roll Gauze (ea)									15
Bordered Gauze (ea)									30
Conforming Bandage Sterile (ea)									90
Hydrocolloid Sheet (ea)									12
Transparent Film (ea)									12

Disclaimer: The Medicare guidelines in this document are for informational purposes only. Central Medical Systems, LLC is not responsible for the accuracy of this information, nor do they assume any responsibility to any party that uses this information in any way.