

Healthcare Provider Pre-Application Checklist for Mohs Repair

Patient Name _____

EPIFIX® request for day of procedure non-healing repair

Date of Birth _____

Procedure Date _____

Location of wound _____

EPIFIX Required for Closure (select all that apply)

- Side-by-side closure was not possible: tested using temporary tissue movement and fixation
- Patient declined alternative methods of incisional repair
- The wound/defect has failed to close via secondary intent alone
- The primary reconstruction has failed
- EPIFIX is being used as a temporary wound cover pending outside specialty referral for definitive repair
- To avoid the risks, complications and trauma associated with incisional reconstructions

Wound Site (Select all that apply)

- The wound/defect is located in a region where free skin margins exist (eyelid, ears, nose, mouth)
- The wound/defect is located in an area in which contraction would lead to asymmetry and disfigurement
- The wound/defect has exposed cartilage or bone status post tumor extirpation
- The wound/defect contains scar tissue
- The wound/defect is in a highly mobile area
- The wound/defect is in a location where primary incisional repair may results in nerve damage (temple, jaw, neck, cheek, calf, peroneal, antecubital fossa, popliteal fossa)
- The wound/defect is located in an area where the skin is atrophic (dorsum hand, forearm, shin, calf, scalp, arm, superior chest)
- The wound/defect is in an area of previously irradiated tissues

Co-Morbidities Impairing Wound Healing (Select all that apply)

- The patient has peripheral vascular disease and/or edema effecting same extremity as wound
- Condition(s) contributing to tissue hypoxia (smoker, COPD, or requires supplemental oxygen)
- Patient is immunocompromised
- Patient is on anticoagulants
- Patient is diabetic
- Patient with history of MMS/SE with healing complication
- Other: _____

Therapeutic Goals (Select all that apply)

- Optimizing the restoration of function and cosmesis
- Minimize undesirable wound contraction
- Promotion and expediting healing/reducing the risk of infection
- Minimize pain
- Stimulate neo-vascularization
- Stimulate cell growth
- Minimize scar tissue formation
- Decrease inflammation
- Enhance soft tissue healing and create a natural barrier with a skin substitute allograft
- Decrease the time and demands which the patient is required to devote to wound care

Physician Signature _____

Date _____

Medical Necessity

Providers must document the medical necessity for all services provided. If there is no documented evidence (e.g., objective measurements) of ongoing significant benefit, then the medical record documentation must provide other clear evidence of medical necessity for treatments. The medical record must also clearly indicate the complexity of skills required by the treating practitioner/clinician.

Documentation is key in demonstrating medical necessity for wound care services. Below is a list of a few examples of what to include in the patient's medical record.

- Documentation should reflect objective data and goals
- Documentation should reflect services that are medically necessary and meet utilization guidelines
- ICD-10 codes must be coded to highest level of specificity
- Pain (location, duration, intensity, quality)
- Imaging results
- What other treatments patient has tried and failed
- Is the treatment to delay or avoid surgery
- Patient and caregiver education

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