

### DME MAC Jurisdiction A

## Negative Pressure Wound Therapy (NPWT) Billing Reminder [\(SPE\)](#)

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Refer to Tricenturion's Web site for the May 2007 article, [Widespread Quarterly Review Results for Negative Pressure Wound Therapy \(NPWT\) HCPCS E2402 - Jurisdiction A](#), addressing widespread pre-pay probe results for more information.

Based on findings of this audit, suppliers are reminded to reference the following publications in regard to documentation and coverage requirements:

- DME MAC A Supplier Manual, Chapter 9, regarding Documentation in the *Patient's Medical Record and Supplier Documentation*  
[http://www.medicarenhic.com/dme/dme\\_publications.shtml](http://www.medicarenhic.com/dme/dme_publications.shtml)
- Criteria for *Initial Coverage, Continued Coverage, and When Coverage Ends* which are outlined below and can also be referenced within the *Indications and Limitations of Coverage and/or Medical Necessity* section of the NPWT LCD  
[http://www.tricenturion.com/content/lcd\\_current\\_dyn.cfm](http://www.tricenturion.com/content/lcd_current_dyn.cfm)

To further ensure accuracy of billing claims, suppliers are reminded to read, understand and develop a working knowledge of the NPWT LCD in regard to coverage criteria and documentation requirements.

### Initial Coverage Criteria:

An NPWT pump and supplies are covered when either criterion A or B is met:

#### A. Ulcers and Wounds in the Home Setting:

The patient has a chronic Stage III or IV pressure ulcer (see Appendices Section), neuropathic (for example, diabetic) ulcer, venous or arterial insufficiency ulcer, or a chronic (being present for at least 30 days) ulcer of mixed etiology. A complete wound therapy program described by criterion 1 and criteria 2, 3, or 4, as applicable depending on the type of wound, should have been tried or considered and ruled out prior to application of NPWT.

1. For all ulcers or wounds, the following components of a wound therapy program must include a minimum of all of the following general measures, which should either be addressed, applied, or considered and ruled out prior to application of NPWT:
  - a. Documentation in the patient's medical record of evaluation, care, and wound measurements by a licensed medical professional, and
  - b. Application of dressings to maintain a moist wound environment, and
  - c. Debridement of necrotic tissue if present, and

- d. Evaluation of and provision for adequate nutritional status.
2. For Stage III or IV pressure ulcers:
    - a. The patient has been appropriately turned and positioned, and
    - b. The patient has used a group 2 or 3 support surface for pressure ulcers on the posterior trunk or pelvis (see medical policy on support surfaces), (a group 2 or 3 support surface is not required if the ulcer is not on the trunk or pelvis) and
    - c. The patient's moisture and incontinence have been appropriately managed.
  3. For neuropathic (for example, diabetic) ulcers:
    - a. The patient has been on a comprehensive diabetic management program, and
    - b. Reduction in pressure on a foot ulcer has been accomplished with appropriate modalities.
  4. For venous insufficiency ulcers:
    - a. Compression bandages and/or garments have been consistently applied, and
    - b. Leg elevation and ambulation have been encouraged.

**B. Ulcers and Wounds Encountered in an Inpatient Setting:**

1. An ulcer or wound (described under A above) is encountered in the inpatient setting and, after wound treatments described under A-1 through A-4 have been tried or considered and ruled out, NPWT is initiated because it is considered in the judgment of the treating physician, the best available treatment option.
2. The patient has complications of a surgically created wound (for example, dehiscence) or a traumatic wound (for example, pre-operative flap or graft) where there is documentation of the medical necessity for accelerated formation of granulation tissue which cannot be achieved by other available topical wound treatments (for example, other conditions of the patient that will not allow for healing times achievable with other topical wound treatments).

In either situation B-1 or B-2, NPWT will be covered when treatment continuation is ordered beyond discharge to the home setting.

If criterion A or B above is not met, the NPWT pump and supplies will be denied as not medically necessary.

**Continued Coverage Criteria:**

- C. For wounds and ulcers described under A or B above, once placed on an NPWT pump and supplies, in order for coverage to continue a licensed medical professional must do the following:
1. On a regular basis,
    - a. directly assess the wound(s) being treated with the NPWT pump, and
    - b. supervise or directly perform the NPWT dressing changes, and
  2. On at least a monthly basis, document changes in the ulcer's dimensions and characteristics.

If criteria C-1 and C-2 are not fulfilled, continued coverage of the NPWT pump and supplies will be denied as not medically necessary.

**When Coverage Ends:**

D. For wounds and ulcers described under A or B above, an NPWT pump and supplies will be denied as not medically necessary with any of the following, whichever occurs earliest:

1. Criteria C1-C2 cease to occur,
2. In the judgment of the treating physician, adequate wound healing has occurred to the degree that NPWT may be discontinued,
3. Any measurable degree of wound healing has failed to occur over the prior month. Wound healing is defined as improvement occurring in either surface area (length times width) or depth of the wound.
4. 4 months (including the time NPWT was applied in an inpatient setting prior to discharge to the home) have elapsed using an NPWT pump in the treatment of the most recent wound.
5. Once equipment or supplies are no longer being used for the patient, whether or not by the physician's order.