noridian
Healthcare Solutions

Documentation Checklist
Negative Pressure Wound Therapy (NPWT) Pumps

References: L33821, A52511

All NPWT Pumps, Accessories and Supplies

- ☐ Written Order Prior to Delivery (WOPD)
- ☐ Beneficiary Authorization
- ☐ Refill Requirements
- ☐ Proof of Delivery (POD)
  - ☐ Method 1 - Direct Delivery to the Beneficiary by the Supplier
    The date the beneficiary/designee signs for the equipment is to be the date of service of the claim.
  - ☐ Method 2 - Delivery via Shipping or Delivery Service
    The shipping date is to be the date of service of the claim.
- ☐ Continued Need
- ☐ Continued Use

Medical Records

Initial Coverage

- ☐ NPWT pump (E2402) and supplies (A6550, A7000) are covered when either criterion A or B is met:
  - ☐ A. Ulcers and wounds in the home setting:
    - ☐ Beneficiary has a chronic Stage III or IV pressure, neuropathic, venous or arterial insufficiency ulcer, or a chronic (present for at least 30 days) ulcer of mixed etiology; **and**
    - ☐ A complete wound therapy program described by criterion 1 and criteria 2, 3, or 4 has 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:
        - ☐ Documentation in the beneficiary's medical records of evaluation, care, and wound measurements by a licensed medical professional; **and**
        - ☐ Application of dressings to maintain a moist wound environment; **and**
        - ☐ Debridement of necrotic tissue if present; **and**
        - ☐ Evaluation of and provision for adequate nutritional status; **and**
      - ☐ 2. For Stage III or IV pressure ulcers:

- ☐ Beneficiary has been appropriately turned and positioned; **and**
- ☐ Beneficiary has used a group 2 or 3 support surface for pressure ulcers on the posterior trunk or pelvis; **and**
- ☐ Beneficiary's moisture and incontinence have been appropriately managed; **or**

☐ 3. For neuropathic ulcers:

- ☐ Beneficiary has been on a comprehensive diabetic management program; **and**
- ☐ Reduction in pressure on a foot ulcer has been accomplished with appropriate modalities; **or**

☐ 4. For venous insufficiency ulcers:

- ☐ Compression bandages and/or garments have been consistently applied; **and**
- ☐ Leg elevation and ambulation have been encouraged

☐ B. Ulcers and wounds encountered in an inpatient setting:

- ☐ An ulcer or wound is encountered in the inpatient setting and, after wound treatments described under A-1 and A-2, A-3 or A-4 have been tried or considered and ruled out, NPWT is initiated because it is considered the best available treatment option; **or**
- ☐ Beneficiary has complications of a surgically created wound or traumatic wound where there is documentation of medical necessity for accelerated formation of granulation tissue which cannot be achieved by other topical wound treatments.

Note: E2402 must be capable of accommodating more than one (1) wound dressing set for multiple wounds.

NPWT pumps and supplies will be denied if one (1) or more of the following are present:

- ☐ Presence of necrotic tissue with eschar, if debridement is not attempted; **or**
- ☐ Osteomyelitis that is not concurrently being treated with intent to cure; **or**
- ☐ Cancer in the wound; **or**
- ☐ Presence of an open fistula to an organ or body cavity within vicinity of wound

Continued Coverage

☐ C. For wounds and ulcers described under A or B above, once placed on an NPWT pump and supplies, for coverage to continue, a licensed medical professional must do the following:

☐ 1. On a regular basis:

- ☐ Directly assess the wound(s); **and**
- ☐ Supervise or perform NPWT dressing changes; **and**

☐ 2. At least monthly, document changes in the ulcer's dimensions and characteristics

When Coverage Ends

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

- ☐ Criteria C1-C2 above cease to occur; **or**
- ☐ Per the treating physician, wound healing has occurred to the degree that NPWT may be discontinued; **or**
- ☐ Any measurable degree of wound healing has failed to occur over the prior month; **or**
- ☐ Four (4) months have elapsed using an NPWT pump in the treatment of the most recent wound; **or**

- ☐ Once equipment or supplies are no longer being used.

Documentation Requirements

☐ Information describing the history, previous treatment regimens, and current wound management for which an NPWT pump is being billed must be present in the medical record and must include:

- ☐ Length of sessions of use, dressing types, frequency of change, changes in wound conditions, including precise measurements, quantity of exudates, presence of granulation and necrotic tissue and concurrent measures being addressed relevant to wound therapy.
- ☐ Information describing the wound evaluation and treatment, recorded in the beneficiary's medical record, must indicate regular evaluation and treatment of the beneficiary's wounds
- ☐ Quantitative measurements of wound characteristics including wound length, width, depth, and amount of wound exudate, indicating progress of healing must be entered at least monthly.
- ☐ Description of the initial condition of the wound and efforts to address wound care (A1 through A4). For each subsequent month, the medical record must include updated wound measurements and what changes are being applied.
- ☐ Month-to-month comparisons of wound size must compare like measurements.
- ☐ If NPWT initiation occurs during an inpatient stay, the initial inpatient DOS must be documented.
- ☐ Specific and detailed information to explain the continuing problems with the wound, what additional measures are being undertaken to address those problems and promote healing and why a switch to alternative treatments alone is not possible.

Billing Reminders

- A diagnosis code, describing the wound being treated, must be included on each claim for the equipment and related supplies.
- The KX modifier must be added to the code if all the coverage criteria noted above have been met.
- KX modifier must not be used with an NPWT pump and supplies for wounds if:
  - The pump has been used to treat a single wound and the claim is for the 5th or subsequent month's rental, **or**
  - The pump has been used to treat more than 1 wound and the claim is for the 5th or subsequent month's rental after therapy has begun on the most recently treated wound.
- When there is an expectation of a medical necessity denial, the GA modifier must be added to the code if a valid Advance Beneficiary Notice of Noncoverage (ABN) has been obtained or a GZ modifier if a valid ABN has not been obtained.
- Disposable wound suction system pumps and related supplies must be coded A9272 and will be denied as statutorily noncovered.
- The only products which may be billed using E2402 are those for which a written Coding Verification Review has been made by the PDAC Contractor and subsequently published on the appropriate Product Classification List.
- Coverage is provided for up to a maximum of 15 dressing kits (A6550) per wound per month and a maximum of 10 canister sets (A7000) per month, unless there is documentation evidencing a large volume of drainage (90 ml of exudate per day).
- For high volume exudative wounds, a stationary pump with the largest capacity canister must be used.

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