

CLINICIAN CHECKLIST FOR NEGATIVE PRESSURE WOUND THERAPY (NPWT) - CONTINUOUS COVERAGE

Policy References:

- [Local Coverage Determination \(LCD\) \(L33821\)](#)
- [Policy Article \(A52511\)](#)

Documentation References: [Standard Documentation Requirements Policy Article \(A55426\)](#)

The treating clinician must complete the following items:

[Standard Written Order \(SWO\)](#)

Medical records for NPWT initial coverage

Coverage of NPWT pump and supplies is available for ulcers and wounds in the home setting or initiated during an inpatient setting. NPWT is indicated for up to three months if necessary. All initial coverage requirements in the NPWT Home Setting or NPWT Inpatient Setting checklists must be met before this checklist can be used for coverage after three months.

The medical records need to include the following information for continued coverage to be considered, and must be submitted one additional month at a time:

Specific and detailed contemporaneous information in your clinical record 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. Completion of wound healing is not an indication for extending coverage longer than three months.

On a monthly basis, directly evaluate and document wound measurements and healing progress. Please give this documentation to your DME supplier upon request.

Review the LCD referenced above for the allowable amount of supplies. If ordering for quantities greater than the allowable amounts, document why the beneficiary needs the additional quantities and give this documentation to your DME supplier upon request.