

CLINICIAN CHECKLIST FOR NEGATIVE PRESSURE WOUND THERAPY (NPWT) - HOME SETTING

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 (below)

Indications for Coverage NPWT is indicated for **initiating** healing of problem wounds described below and is not indicated for **complete** wound healing. The coverage is for up to three months if necessary, and NPWT is not indicated if a measurable degree of wound healing has failed to occur over the prior month. If the beneficiary needs NPWT after three months of initial therapy, review the NPWT Continued Coverage checklist for additional information.

Ulcers and wounds that may be covered in the home setting:

Beneficiary has a chronic Stage III or IV pressure ulcer, neuropathic ulcer, venous or arterial insufficiency ulcer, or a chronic ulcer (present for at least 30 days) of mixed etiology; **and**

1. For all ulcers/wounds, all of the following must be met:

Documentation of evaluation, care, and wound measurements by a licensed medical professional

Application of dressings to maintain a moist wound environment

Debridement of necrotic tissue, if present

Evaluation of and provision for adequate nutritional status

2. For Stage III or IV pressure ulcers, all of the following must be met:

The beneficiary has been appropriately turned and positioned

The beneficiary has used a group 2 or 3 support surface for pressure ulcers on the posterior trunk or pelvis

Moisture and incontinence have been appropriately managed

3. For neuropathic ulcers, all of the following must be met:

Beneficiary has been on a comprehensive diabetic management program

Reduction in pressure on a foot ulcer has been accomplished with appropriate modalities

4. For venous insufficiency ulcers:

Compression bandages and/or garments have been consistently applied

Leg elevation and ambulation have been encouraged

Non-Covered Indications:

The presence in the wound of necrotic tissue with eschar, if debridement is not attempted

Osteomyelitis within the vicinity of the wound that is not concurrently being treated with intent to cure

Cancer present in the wound

The presence of an open fistula to an organ or body cavity within the vicinity of the wound

Medical Documentation

A licensed medical professional must directly assess the wounds and supervise or directly perform the NPWT dressing changes. Documentation should include wound measurements, the length of need, dressing types required, frequency of change, changes in wound conditions, quantity of exudates, presence of granulation and necrotic tissue and concurrent measures being addressed relevant to wound therapy.

On at least a monthly basis, the treating practitioner must document changes in the ulcer's dimensions and characteristics and provide an assessment of wound healing progress based upon the wound measurements. Please give this documentation to your DME supplier upon request.

Please 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.