

CLINICIAN CHECKLIST FOR NEGATIVE PRESSURE WOUND THERAPY (NPWT) - INPATIENT 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 in-patient setting:

An ulcer/wound described in the NPWT in the Home setting checklist is encountered in the inpatient setting and, after wound treatments described in that checklist have been tried or considered and ruled out, NPWT is initiated because it is considered by the treating physician to be the best available treatment option; **or**

The beneficiary has complications of a surgically created wound or traumatic wound, where there is documentation for the need for accelerated formation of granulation tissue which cannot be achieved by other topical wound treatments.

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