

# Local Coverage Determination (LCD): Negative Pressure Wound Therapy Pumps (L33821)

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## Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
<a href="#">CGS Administrators, LLC</a>	DME MAC	17013 -	DME MAC J-B	Illinois Indiana Kentucky Michigan Minnesota Ohio Wisconsin Alabama Arkansas Colorado Florida Georgia Louisiana Mississippi North Carolina New Mexico Oklahoma Puerto Rico South Carolina Tennessee Texas Virginia Virgin Islands West Virginia
<a href="#">CGS Administrators, LLC</a>	DME MAC	18003 -	DME MAC J-C	Connecticut District of Columbia Delaware Massachusetts Maryland Maine New Hampshire New Jersey New York - Entire State Pennsylvania Rhode Island Vermont Alaska American Samoa Arizona California - Entire State Guam Hawaii Iowa Idaho
<a href="#">Noridian Healthcare Solutions, LLC</a>	DME MAC	16013 -	DME MAC J-A	Kansas Missouri - Entire State Montana North Dakota Nebraska Nevada Oregon South Dakota
<a href="#">Noridian Healthcare Solutions, LLC</a>	DME MAC	19003 -	DME MAC J-D	

## LCD Information

### Document Information

LCD ID L33821	Original Effective Date For services performed on or after 10/01/2015
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Original ICD-9 LCD ID <a href="#">L11500</a> <a href="#">L5008</a> <a href="#">L27025</a> <a href="#">L11489</a>	Revision Effective Date For services performed on or after 05/25/2017
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	Revision Ending Date N/A
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LCD Title Negative Pressure Wound Therapy Pumps	Retirement Date N/A
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	Notice Period End Date N/A
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CMS National Coverage Policy None

Coverage Guidance

#### **Coverage Indications, Limitations, and/or Medical Necessity**

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements.

The purpose of a Local Coverage Determination (LCD) is to provide information regarding "reasonable and necessary" criteria based on Social Security Act § 1862(a)(1)(A) provisions.

In addition to the "reasonable and necessary" criteria contained in this LCD there are other payment rules, which are discussed in the following documents, that must also be met prior to Medicare reimbursement:

- The LCD-related Standard Documentation Requirements Article, located at the bottom of this policy under the Related Local Coverage Documents section.
- The LCD-related Policy Article, located at the bottom of this policy under the Related Local Coverage Documents section.
- Refer to the Supplier Manual for additional information on documentation requirements.
- Refer to the DME MAC web sites for additional bulletin articles and other publications related to this LCD.

For the items addressed in this LCD, the "reasonable and necessary" criteria, based on Social Security Act § 1862(a)(1)(A) provisions, are defined by the following coverage indications, limitations and/or medical necessity.

#### EQUIPMENT:

#### INITIAL COVERAGE:

Negative Pressure Wound Therapy (NPWT) is defined as the application of sub-atmospheric pressure to a wound to remove exudate and debris from wounds. NPWT is delivered through an integrated system of a suction pump, separate exudate collection chamber and dressing sets to a qualified wound. In these systems, exudate is completely removed from the wound site to the collection chamber. Refer to the CODING GUIDELINES section of the Policy Article for information about equipment and supply specifications.

Other suction pump systems (K0743 – K0746) may also be used to remove exudate from a wound. Refer to the Suction Pumps Local Coverage Determination for information about coverage of these items.

A Negative Pressure Wound Therapy pump (E2402) and supplies (A6550, A7000) are covered when either criterion A or B is met:

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

The beneficiary 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, must 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 beneficiary'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 beneficiary has been appropriately turned and positioned, and
  - b. The beneficiary has used a group 2 or 3 support surface for pressure ulcers on the posterior trunk or pelvis (see LCD on support surfaces), and
  - c. The beneficiary's moisture and incontinence have been appropriately managed
3. For neuropathic (for example, diabetic) ulcers:
  - a. The beneficiary 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 beneficiary 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 beneficiary 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 is ordered to continue 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 reasonable and necessary.

NPWT pumps (E2402) must be capable of accommodating more than one wound dressing set for multiple wounds on a beneficiary. Therefore, more than one E2402 billed per beneficiary for the same time period will be denied as not reasonable and necessary.

A licensed health care professional, for the purposes of this policy, may be a physician, physician's assistant (PA), registered nurse (RN), licensed practical nurse (LPN), or physical therapist (PT). The practitioner should be licensed to assess wounds and/or administer wound care within the state where the beneficiary is receiving NPWT.

**OTHER EXCLUSIONS FROM COVERAGE:**

An NPWT pump and supplies will be denied at any time as not reasonable and necessary if one or more of the following are present:

- 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.

NPWT systems, pumps and their associated supplies, that have not been specifically designated as being qualified to use HCPCS codes E2402 via written instructions from the Pricing, Data Analysis and Coding (PDAC) Contractor will be denied as not reasonable and necessary.

#### CONTINUED COVERAGE:

- 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 reasonable and 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 reasonable and 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 beneficiary, whether or not by the physician's order

#### GENERAL

A Detailed Written Order (DWO) must be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving a completed DWO, the claim shall be denied as not reasonable and necessary.

An item/service is correctly coded when it meets all the coding guidelines listed in CMS HCPCS guidelines, LCDs, LCD-related Policy Articles, or DME MAC articles. Claims that do not meet coding guidelines shall be denied as not reasonable and necessary/incorrectly coded.

Proof of delivery (POD) is a Supplier Standard and DMEPOS suppliers are required to maintain POD documentation in their files. Proof of delivery documentation must be made available to the Medicare contractor

upon request. All services that do not have appropriate proof of delivery from the supplier shall be denied as not reasonable and necessary.

#### SUPPLIES:

Coverage is provided up to a maximum of 15 dressing kits (A6550) per wound per month.

Coverage is provided up to a maximum of 10 canister sets (A7000) per month unless there is documentation evidencing a large volume of drainage (greater than 90 ml of exudate per day).

For high volume exudative wounds, a stationary pump with the largest capacity canister must be used.

When billing for quantities of canisters greater than those described in the policy as the usual maximum amounts, there must be clear and explicit information in the medical record that justifies the additional quantities.

#### REFILL REQUIREMENTS

For DMEPOS items and supplies provided on a recurring basis, billing must be based on prospective, not retrospective use. For DMEPOS products that are supplied as refills to the original order, suppliers must contact the beneficiary prior to dispensing the refill and not automatically ship on a pre-determined basis, even if authorized by the beneficiary. This shall be done to ensure that the refilled item remains reasonable and necessary, existing supplies are approaching exhaustion, and to confirm any changes or modifications to the order. Contact with the beneficiary or designee regarding refills must take place no sooner than 14 calendar days prior to the delivery/shipping date. For delivery of refills, the supplier must deliver the DMEPOS product no sooner than 10 calendar days prior to the end of usage for the current product. This is regardless of which delivery method is utilized.

For all DMEPOS items that are provided on a recurring basis, suppliers are required to have contact with the beneficiary or caregiver/designee prior to dispensing a new supply of items. Suppliers must not deliver refills without a refill request from a beneficiary. Items delivered without a valid, documented refill request will be denied as not reasonable and necessary.

Suppliers must not dispense a quantity of supplies exceeding a beneficiary's expected utilization. Suppliers must stay attuned to changed or atypical utilization patterns on the part of their clients. Suppliers must verify with the ordering physicians that any changed or atypical utilization is warranted.

Regardless of utilization, a supplier must not dispense more than a one (1)-month quantity at a time.

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## **Coding Information**

#### Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

#### Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes

**Group 1 Paragraph:** The appearance of a code in this section does not necessarily indicate coverage.

**HCPCS MODIFIER:**

EY - No physician or other health care provider order for this item or service

GA - Waiver of liability statement issued as required by payer policy, individual case

GZ - Item or service expected to be denied as not reasonable and necessary

KX - Requirements specified in the medical policy have been met

**HCPCS CODES:**

EQUIPMENT

**Group 1 Codes:**

E2402 NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE

**Group 2 Paragraph:** SUPPLIES

**Group 2 Codes:**

A6550 WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES

A7000 CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH

ICD-10 Codes that Support Medical Necessity N/A

ICD-10 Codes that DO NOT Support Medical Necessity N/A

ICD-10 Additional Information

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## [General Information](#)

Associated Information

### **DOCUMENTATION REQUIREMENTS**

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider". It is expected that the beneficiary's medical records will reflect the need for the care provided. The beneficiary's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available upon request.

### **GENERAL DOCUMENTATION REQUIREMENTS**

In order to justify payment for DMEPOS items, suppliers must meet the following requirements:

- Prescription (orders)
- Medical Record Information (including continued need/use if applicable)
- Correct Coding

- Proof of Delivery

Refer to the LCD-related Standard Documentation Requirements article, located at the bottom of this policy under the Related Local Coverage Documents section for additional information regarding these requirements.

Refer to the Supplier Manual for additional information on documentation requirements.

Refer to the DME MAC web sites for additional bulletin articles and other publications related to this LCD.

## POLICY SPECIFIC DOCUMENTATION REQUIREMENTS

Items covered in this LCD have additional policy-specific requirements that must be met prior to Medicare reimbursement.

Refer to the LCD-related Policy article, located at the bottom of this policy under the Related Local Coverage Documents section for additional information.

## MISCELLANEOUS

## APPENDICES

The staging of pressure ulcers used in this policy is as follows (National Pressure Ulcer Advisory Panel, 2016 Revision):

**Stage 1 Pressure Injury: Non-blanchable erythema of intact skin**

Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin. Presence of blanchable erythema or changes in sensation, temperature, or firmness may precede visual changes. Color changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury.

**Stage 2 Pressure Injury: Partial-thickness skin loss with exposed dermis**

Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (IAD), intertriginous dermatitis (ITD), medical adhesive related skin injury (MARS), or traumatic wounds (skin tears, burns, abrasions).

**Stage 3 Pressure Injury: Full-thickness skin loss**

Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.

**Stage 4 Pressure Injury: Full-thickness skin and tissue loss**

Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.

**Unstageable Pressure Injury: Obscured full-thickness skin and tissue loss**

Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar. If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed. Stable eschar (i.e. dry, adherent, intact without erythema or fluctuance) on the heel or ischemic limb should not be softened or removed.

**Deep Tissue Pressure Injury: Persistent non-blanchable deep red, maroon or purple discoloration**

Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood filled blister. Pain and temperature change often

precede skin color changes. Discoloration may appear differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury, or may resolve without tissue loss. If necrotic tissue, subcutaneous tissue, granulation tissue, fascia, muscle or other underlying structures are visible, this indicates a full thickness pressure injury (Unstageable, Stage 3 or Stage 4). Do not use DTPI to describe vascular, traumatic, neuropathic, or dermatologic conditions.

## UTILIZATION GUIDELINES

Refer to Coverage Indications, Limitations and/or Medical Necessity

Sources of Information and Basis for Decision

N/A [Back to Top](#)

## Revision History Information

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
05/25/2017	R4	<p><b>Revision Effective Date: 05/25/2017</b>            COVERAGE INDICATIONS, INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:            Removed: General instructions regarding WOPD</p> <p><b>Revision Effective Date: 01/01/2017</b>            COVERAGE INDICATIONS, INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:            Removed: Standard Documentation Language            Added: New reference language and directions to Standard Documentation Requirements            Added: General Requirements            Revised: Supply Requirements            Revised: Refill Requirements            DOCUMENTATION REQUIREMENTS:            Removed: Standard Documentation Language            Added: General Documentation Requirements            Added: New reference language and directions to Standard Documentation Requirements            POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:            Removed: Standard Documentation Language            Added: Direction to Standard Documentation Requirements            Removed: Reference to Supplier Manual under Miscellaneous            Revised: Pressure ulcer staging criteria per NPUAP 2016 Staging Consensus Conference            Removed: PIM reference under Appendices            RELATED LOCAL COVERAGE DOCUMENTS:            Added: LCD-related Standard Documentation Requirements article            Effective July 1, 2016 oversight for DME MAC LCDs is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the LCDs.            Revision Effective Date: 10/01/2015            COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:            Revised: Standard Documentation Language to add covered prior to a beneficiary's Medicare eligibility            DOCUMENTATION REQUIREMENTS:            Added: Standard Documentation Language for Dispensing Orders</p>	<ul style="list-style-type: none"> <li>Provider Education/Guidance</li> </ul>
01/01/2017	R3	<p><b>Revision Effective Date: 01/01/2017</b>            COVERAGE INDICATIONS, INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:            Removed: Standard Documentation Language            Added: New reference language and directions to Standard Documentation Requirements            POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:            Removed: Standard Documentation Language            Added: Direction to Standard Documentation Requirements            Removed: Reference to Supplier Manual under Miscellaneous            Revised: Pressure ulcer staging criteria per NPUAP 2016 Staging Consensus Conference            Removed: PIM reference under Appendices            RELATED LOCAL COVERAGE DOCUMENTS:            Added: LCD-related Standard Documentation Requirements article            Effective July 1, 2016 oversight for DME MAC LCDs is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the LCDs.            Revision Effective Date: 10/01/2015            COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:            Revised: Standard Documentation Language to add covered prior to a beneficiary's Medicare eligibility            DOCUMENTATION REQUIREMENTS:            Added: Standard Documentation Language for Dispensing Orders</p>	<ul style="list-style-type: none"> <li>Provider Education/Guidance</li> </ul>
07/01/2016	R2	<p><b>Revision Effective Date: 07/01/2016</b>            COVERAGE INDICATIONS, INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:            Removed: Standard Documentation Language            Added: New reference language and directions to Standard Documentation Requirements            POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:            Removed: Standard Documentation Language            Added: Direction to Standard Documentation Requirements            Removed: Reference to Supplier Manual under Miscellaneous            Revised: Pressure ulcer staging criteria per NPUAP 2016 Staging Consensus Conference            Removed: PIM reference under Appendices            RELATED LOCAL COVERAGE DOCUMENTS:            Added: LCD-related Standard Documentation Requirements article            Effective July 1, 2016 oversight for DME MAC LCDs is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the LCDs.            Revision Effective Date: 10/01/2015            COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:            Revised: Standard Documentation Language to add covered prior to a beneficiary's Medicare eligibility            DOCUMENTATION REQUIREMENTS:            Added: Standard Documentation Language for Dispensing Orders</p>	<ul style="list-style-type: none"> <li>Change in Assigned States or Affiliated Contract Numbers</li> </ul>
10/01/2015	R1	<p><b>Revision Effective Date: 10/01/2015</b>            COVERAGE INDICATIONS, INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:            Revised: Standard Documentation Language to add covered prior to a beneficiary's Medicare eligibility            DOCUMENTATION REQUIREMENTS:            Added: Standard Documentation Language for Dispensing Orders</p>	<ul style="list-style-type: none"> <li>Provider Education/Guidance</li> </ul>

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
		Revised: Standard Documentation Language to add who can enter date of delivery date on the POD Added: Instructions for Equipment Retained from a Prior Payer Added: Repair/Replacement section Removed: Diagnosis code type reference	

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## Associated Documents

Attachments N/A

Related Local Coverage Documents Article(s) [A52511 - Negative Pressure Wound Therapy Pumps - Policy Article A55426 - Standard Documentation Requirements for All Claims Submitted to DME MACs](#)

Related National Coverage Documents N/A

Public Version(s) Updated on 05/18/2017 with effective dates 05/25/2017 - N/A [Updated on 03/16/2017 with effective dates 01/01/2017 - 05/24/2017](#) [Updated on 06/07/2016 with effective dates 07/01/2016 - 12/31/2016](#) [Updated on 03/05/2015 with effective dates 10/01/2015 - 06/30/2016](#) [Updated on 04/04/2014 with effective dates 10/01/2015 - N/A](#) [Back to Top](#)

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## Keywords

N/A Read the [LCD Disclaimer](#) [Back to Top](#)

**END OF LOCAL COVERAGE DETERMINATION**

Per the Code of Federal Regulations, 42 C.F.R § 426. 325, only those portions of the currently effective Local Coverage Determination (LCD) that are based on section 1862(a)(1)(A) of the Social Security Act, may be challenged through an acceptable complaint as described in 42 C.F.R § 426.400. Also, per 42 C.F.R § 426.325 items that are not reviewable, and therefore cannot be challenged, include the Policy Article. Please note the distinction of the documents when reviewing the materials.

# Local Coverage Article: Negative Pressure Wound Therapy Pumps - Policy Article (A52511)

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## Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
<a href="#">CGS Administrators, LLC</a>	DME MAC	17013 -	DME MAC J-B	Illinois Indiana Kentucky Michigan Minnesota Ohio Wisconsin Alabama Arkansas Colorado Florida Georgia Louisiana Mississippi North Carolina New Mexico Oklahoma Puerto Rico South Carolina Tennessee Texas Virginia Virgin Islands West Virginia Connecticut District of Columbia Delaware Massachusetts Maryland Maine New Hampshire New Jersey New York - Entire State Pennsylvania Rhode Island Vermont Alaska American Samoa Arizona California - Entire State Guam Hawaii Iowa Idaho Kansas Missouri - Entire State Montana North Dakota Nebraska Nevada Oregon South Dakota
<a href="#">CGS Administrators, LLC</a>	DME MAC	18003 -	DME MAC J-C	
<a href="#">Noridian Healthcare Solutions, LLC</a>	DME MAC	16013 -	DME MAC J-A	
<a href="#">Noridian Healthcare Solutions, LLC</a>	DME MAC	19003 -	DME MAC J-D	

## Article Information

### General Information

**Article ID**

A52511

**Original Article Effective Date**

10/01/2015

Original ICD-9 Article ID

[A35347](#)[A35363](#)[A47111](#)[A35425](#)**Revision Effective Date**

05/25/2017

**Revision Ending Date**

N/A

**Article Title**

Negative Pressure Wound Therapy Pumps - Policy Article

**Retirement Date**

N/A

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### Article Guidance

**Article Text:**

## **NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES**

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. Information provided in this policy article relates to determinations other than those based on Social Security Act §1862(a)(1)(A) provisions (i.e. "reasonable and necessary").

Negative pressure wound therapy equipment is covered under the Durable Medical Equipment benefit (Social Security Act §1861(s)(6)). In order for a beneficiary's equipment to be eligible for reimbursement the reasonable and necessary (R&N) requirements set out in the related Local Coverage Determination (LCD) must be met. In addition, there are specific statutory payment policy requirements, discussed below, that also must be met.

Disposable wound suction pumps and related supplies (A9272) will be denied as statutorily noncovered because they do not meet the DME benefit.

## **POLICY SPECIFIC DOCUMENTATION REQUIREMENTS**

In addition to policy specific documentation requirements, there are general documentation requirements that are applicable to all DMEPOS policies. These general requirements are located in the DOCUMENTATION REQUIREMENTS section of the LCD.

Refer to the LCD-related Standard Documentation Requirements article, located at the bottom of this Policy Article under the Related Local Coverage Documents section for additional information regarding GENERAL DOCUMENTATION REQUIREMENTS and the POLICY SPECIFIC DOCUMENTATION REQUIREMENTS discussed below.

Information describing the history, previous treatment regimens (if applicable), and current wound management for which an NPWT pump is being billed must be present in the beneficiary's medical record and be available for review upon request. This documentation must include such elements as length of sessions of use, dressing types and frequency of change, and 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 (debridement, nutritional concerns, support surfaces in use, positioning, incontinence control, etc.).

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, as detailed in the Coverage Indications, Limitations and/or Medical Necessity section of the related LCD.

Documentation of quantitative measurements of wound characteristics including wound length and width (surface area), and depth, and amount of wound exudate (drainage), indicating progress of healing must be entered at least monthly. The supplier of the NPWT equipment and supplies must obtain from the treating clinician, an assessment of wound healing progress, based upon the wound measurement as documented in the beneficiary's medical record, in order to determine whether the equipment and supplies continue to qualify for Medicare coverage. (The supplier need not view the medical records in order to bill for continued use of NPWT. Whether the supplier ascertains that wound healing is occurring from month to month via verbal or written communication is left to the discretion of the supplier. However, the beneficiary's medical records may be requested in order to corroborate that wound healing is/was occurring as represented on the supplier's claims for reimbursement.)

When billing for NPWT, a diagnosis code (specific to the 5th digit or narrative diagnosis), describing the wound being treated by NPWT, must be included on each claim for the equipment and related supplies.

The medical record must include a statement from the treating physician describing the initial condition of the wound (including measurements) and the efforts to address all aspects of wound care (listed in A1 through A4 in the related LCD). For each subsequent month, the medical record must include updated wound measurements and what changes are being applied to effect wound healing.

Month-to-month comparisons of wound size must compare like measurements i.e. depth compared to depth or surface area compared to surface area.

If the initiation of NPWT occurs during an inpatient stay, in order to accurately account for the duration of treatment, the initial inpatient date of service must be documented. This date must be available upon request.

When NPWT therapy exceeds 4 months on the most recent wound and reimbursement ends, individual consideration for one additional month at a time may be sought using the appeals process. Information from the treating physician's medical record, contemporaneous with each requested one-month treatment time period

extension, must be submitted with each appeal explaining the special circumstances necessitating the extended month of therapy. Note, the LCD provides coverage for the use of NPWT limited to initiating healing of the problem wounds described in the "Coverage Indications, Limitations and/or Medical Necessity" section of the related LCD rather than continuation of therapy to complete healing since there is no published medical literature demonstrating evidence of a clinical benefit for the use of NPWT to complete wound healing. Therefore, general, vague or nonspecific statements in the medical record such as "doing well, want to continue until healed" provide insufficient information to justify the need for extension of treatment. The medical record must provide 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.

When billing for quantities of canisters greater than those described in the related LCD as the usual maximum amounts, there must be clear and explicit information in the medical record that justifies the additional quantities.

### **WRITTEN ORDER PRIOR TO DELIVERY (WOPD)**

Effective for claims with dates of service on or after 05/25/2017, a WOPD is no longer required.

### **MODIFIERS**

KX, GA, and GZ Modifiers:

Suppliers must add a KX modifier to a code only if all of the criteria in the "Coverage Indications, Limitations and/or Medical Necessity" section of the related LCD have been met.

The KX modifier must not be used with an NPWT pump and supplies for wounds if:

1. The pump has been used to treat a single wound and the claim is for the fifth or subsequent month's rental, or
2. The pump has been used to treat more than one wound and the claim is for the fifth or subsequent month's rental after therapy has begun on the most recently treated wound. In this situation, the KX modifier may be billed for more than four total months of rental.

In all of the situations above describing use of the KX modifier, if all of the coverage criteria have not been met, the GA or GZ modifier must be added to a claim line for the NPWT pump and supplies. When there is an expectation of a reasonable and necessary denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier if they have not obtained a valid ABN.

Claim lines billed without a KX, GA or GZ modifier will be rejected as missing information.

### **CODING GUIDELINES**

NPWT is provided with an integrated system of components. This system contains a pump (E2402), dressing sets (A6550) and a separate collection canister (A7000). Wound suction systems that do not contain all of the required components are not classified as NPWT. See below for component specifications.

#### **EQUIPMENT:**

Code E2402 describes a stationary or portable Negative Pressure Wound Therapy (NPWT) electrical pump which provides controlled sub-atmospheric pressure that is designed for use with NPWT dressings (A6550) and canisters (A7000) to promote wound healing. The NPWT pump must be capable of being selectively switched between continuous and intermittent modes of operation and is controllable to adjust the degree of sub-atmospheric pressure conveyed to the wound in a range of 40-80 mm Hg sub-atmospheric pressure. The system must contain sensors and alarms to monitor pressure variations and exudate volume in the collection canister.

Disposable wound suction system pumps and related supplies must be coded A9272 (WOUND SUCTION, DISPOSABLE, INCLUDES DRESSING, ALL ACCESSORIES AND COMPONENTS, ANY TYPE, EACH).

## SUPPLIES:

Code A6550 describes an allowance for a dressing set which is used in conjunction with a stationary or portable NPWT pump (E2402). A single code A6550 is used for each single, complete dressing change, and contains all necessary components, including but not limited to any separate, non-adherent porous dressing(s), drainage tubing, and an occlusive dressing(s) which creates a seal around the wound site for maintaining sub-atmospheric pressure at the wound.

HCPCS code A7000 describes a canister set which is used in conjunction with a stationary or portable NPWT pump and contains all necessary components, including but not limited to a container, to collect wound exudate. Canisters may be various sizes to accommodate stationary or portable NPWT pumps.

Supplies used with disposable wound suction systems that are separately billed must be coded as A9900 (MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE).

The only products which may be billed using codes E2402 are those for which a written Coding Verification Review has been made by the Pricing, Data Analysis and Coding (PDAC) Contractor and subsequently published on the appropriate Product Classification List.

Suppliers should contact the PDAC for guidance on the correct coding of these items. [Back to Top](#)

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## Coding Information

### Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

N/A

### Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

N/A

**CPT/HCPCS Codes** N/A

**ICD-10 Codes that are Covered** N/A

**ICD-10 Codes that are Not Covered** N/A

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## Revision History Information

Revision History Date	Revision History Number	Revision History Explanation
05/25/2017	R4	<b>Revision History Effective Date: 05/25/2017</b> NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES: Removed: WOPD requirement

Revision History Date	Revision History Number	Revision History Explanation
01/01/2017	R3	<p>POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:  Removed: WOPD requirement  Revision History Effective Date: 01/01/2017</p> <p>POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:  Added: Billing Information, Written Order Prior to Delivery and Modifiers requirements</p> <p>RELATED LOCAL COVERAGE DOCUMENTS:  Added: LCD-related Standard Documentation Requirements Language Article Effective July 1, 2016 oversight for DME MAC Articles is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the Articles.  Revision Effective Date: 10/01/2015</p>
07/01/2016	R2	<p>NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:  Added: HCPCS Code A9272 (code effective 01/01/2012) to statement regarding denial of disposable wound suction pumps and related supplies</p> <p>CODING GUIDELINES:  Added: Instructions for billing disposable wound suction system  Revised: Instructions for billing supplies used with disposable wound suction systems</p>
10/01/2015	R1	

[Back to Top](#) **Related Local Coverage Document(s)** Article(s) [A55426 - Standard Documentation Requirements for All Claims Submitted to DME MACs](#) LCD(s) [L33821 - Negative Pressure Wound Therapy Pumps](#)

**Related National Coverage Document(s)** N/A

**Statutory Requirements URL(s)** N/A

**Rules and Regulations URL(s)** N/A

**CMS Manual Explanations URL(s)** N/A

**Other URL(s)** N/A

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