



Phone: (907) 274-0770

Fax: (907) 274-0773

Email: [dme@procarehm.com](mailto:dme@procarehm.com)

## **Negative Pressure Wound Therapy** ***Minimum Requirements for Initial order***

### **[ ] Detailed Written Order**

This can be on a Procure order form – It must include the following elements:

- |   |  |
|---|--|
| <input type="checkbox"/> Date of Order                          | <input type="checkbox"/> Description of the Item(s) Ordered: |
| <input type="checkbox"/> Beneficiary's Name                     | → Must include refill instructions for all supplies          |
| <input type="checkbox"/> Prescribing Practitioner's Name or NPI | • 10 canisters per month are allowed                         |
| <input type="checkbox"/> Prescribing Practitioner's Signature   | • 15 dressing kits per month allowed                         |

### **[ ] Medical Necessity Documentation – All Orders**

Records Must **Document One or More of the Following:**

- Chronic stage III or IV pressure ulcer – OR
- Chronic neuropathic (i.e. diabetic) ulcer – OR
- Chronic venous or arterial insufficiency ulcer – OR
- Chronic ulcer of mixed etiology – OR
- Acute complications of a surgical or traumatic wound

Records Must **Document the History of the Wound(s)**

- Include Previous Treatment Regimens
- Include Current Wound Management

Medical Records Must **Document that a Complete Wound Therapy Program has been Tried or Considered and Ruled Out** – *and the Program Must Include ALL of the Following:*

- |   |  |
|---|--|
| • Debridement of Necrotic Tissue (if present) | • Evaluation, Care, and Wound Measurements                                       |
| • Evaluation of Patient's Nutritional Status  | • Application of Dressings, Including Types of Dressings and Frequency of Change |

### **[ ] Medical Necessity Documentation – Wound Type Specific**

#### **Chronic Stage 3 or 4 Pressure Ulcer**

- If on trunk or pelvis, documentation of the use of a LAL or APP prior to order
- Documentation of turning and positioning program
- Moisture and incontinence management procedures
- Duration of ulcer

# Negative Pressure Wound Therapy

## *Minimum Requirements for Initial order*

### [ ] **Medical Necessity Documentation – Wound Type Specific** *(Continued)*

#### **Chronic Neuropathic (Diabetic) Ulcer**

- [ ] Documentation that pressure relief is in place for ulcer
- [ ] Documentation of comprehensive diabetes management program

#### **Chronic Venous or Arterial Insufficiency Ulcer**

- [ ] Documentation showing compression garments or bandages have been used
- [ ] Documentation that elevation and /or ambulation have been encouraged

#### **Complications of a Surgical or Traumatic Wound**

- [ ] Pre-operative report
- [ ] Post-operative report (if available)
- [ ] Additional supporting documentation as needed

#### **Chronic Ulcer of Mixed Etiology**

- [ ] All documentation required above based on wound type

#### **Continued Coverage Criteria**

- [ ] Licensed medical professional directly assess wound(s), supervise, or directly perform NPWT dressing change; AND document change in ulcer (dimensions & characteristics) monthly.

### [ ] **Most Common ICD 10 Codes for Negative Pressure Wound Therapy**

- Varicose Veins with Ulcer: **I83.001 – I83.029**
- Varicose Veins with Ulcer, Lower Extremity: **I83.202 – I83.229**
- Venous Insufficiency (Chronic) (Peripheral): **I87.2**
- Cellulitis of Limb: **L03.113 – L03.116**
- Cellulitis, Unspecified: **L03.90**
- Pilonidal Cyst with Abscess: **L05.01**
- Pressure Ulcer, Various - Various: **L89** Codes
- Disruption of Wound, Unspecified: **T81.30XA – T81.30XS**
- Disruption of External Operation (Surgical) Wound: **T81.31XA – T81.31XS**
- Non-Pressure Chronic Ulcer of Unspecified Heel and Midfoot with Unspecified Severity: **L97.409**
- Non-Pressure Chronic Ulcer of Unspecified Part of Unspecified Lower Leg with Unspecified Severity: **L97.909**
- Other Complications of Procedures, Not Elsewhere Classified, Initial Encounter: **T81.89XA**

Please note:: This list represents a condensed listing of common documentation requirement that are needed in order to process NPWT orders for patients with Medicare and other payors. Documentation requirements vary by payor and additional may be requested based on individual payor guidelines.