



Negative Pressure

Documentation Requirements

Medicare/Medicaid (Commercial plans follow similar guidelines but are subject to the member's plan.)

- ★ NPWT Prescription
- ★ Medicaid - Medicaid Certificate of Medical Necessity
 - May replace prescription form if the "plan" section of the CMN lists all equipment and quantity of supplies needed per month.

Medical Records

- ★ Face to face visit with the treating practitioner documenting condition requiring the negative pressure wound therapy.
 - For Medicaid, this visit must be within the last 6 months.
 - Coverage is limited to 30 days. Please see below for requirements for ongoing coverage.
- ★ Medical record must support the patient has one of the following:
 - Chronic stage 3 or 4 pressure ulcer and all of the following:
 - Patient has been appropriately turned and positioned,
 - Patient has used a group 2 or 3 support surface for pressure ulcers on the trunk or pelvis,
 - Patient's moisture and incontinence have been appropriately managed.
 - Neuropathic ulcer, and all of the following:
 - Patient has been on a comprehensive diabetic management program,
 - Reduction in pressure on a foot ulcer has been accomplished with appropriate modalities.
 - Venous or arterial insufficiency ulcer, and all of the following:
 - Compression bandages and/or garments have been consistently applied,
 - Leg elevation and ambulation have been encouraged.
 - Chronic (present at least 30 days) ulcer of mixed etiology
 - While inpatient, patient has complications of surgically created wound or a traumatic wound and:
 - Medical necessity for accelerated formation of granulation tissue which cannot be achieved by other available topical wound treatments is well documented in the medical record.
- ★ Medical record must support that all available treatments listed above have been tried and/or ruled PRIOR to initiating negative pressure wound therapy.
- ★ Medical record must support the patient has had a comprehensive wound therapy program, which addresses the following:
 - 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.
 - These records should include:
 - Wound sessions,
 - Dressing types and frequency of change,
 - Changes in wound conditions, including precise measurements (wound length, width, and depth),

- Quantity of exudate,
 - Presence of granulation and necrotic tissue.
- ★ NPWT will always be denied for the following:
- 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.

Ongoing coverage up to 4 months

- On a regular basis, a licensed medical professional directly assesses the wound being treated and supervises or directly performs the NPWT dressing changes and, at least monthly, documents in the medical record the changes in the ulcer's dimensions and characteristics.
- Medical records documenting all of the above MUST be submitted to Procure monthly.