Negative Pressure Wound Therapy (NPWT)

Coverage and Payment Policy

Negative Pressure Wound Therapy (NPWT) is the application of sub-atmospheric pressure to a wound in order to remove exudate and debris from wounds. NPWT is delivered through a system which includes a suction pump, exudate collection chamber and dressing sets.

This service requires prior authorization.

The prescribing provider must submit the following information:

A. Ulcers and Wounds in the Home Setting:

   The beneficiary has a chronic Stage III or IV pressure ulcer, neuropathic (for example, diabetic) ulcer, venous, or arterial insufficiency ulcer. A complete wound therapy program described by criterion 1 and criteria 2, 3, or 4, 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 all of the following measures which should 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 dressing 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 ulcers on the back or pelvis, and

      c. 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.

3. 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. The beneficiary has complications of a surgically created wound (for example, dehiscence) or a traumatic wound (for example, pre-operative flap or graft).

Continued coverage

In order for coverage of NPWT to continue, a licensed medical professional must submit the following:

1. On at least a monthly basis, document changes in the ulcer’s dimensions and characteristics.

Exclusions from coverage:

1. Presence of necrotic tissue with eschar if debridement has not been attempted; or
2. Presence of osteomyelitis in area of wound without treatment with intent to cure; or
3. Cancer in the wound; or
4. Presence of an open fistula to an organ or body cavity within the vicinity of the wound.

Approved by: [Signature]
Jerry Fingerut, MD
Associate Medical Director

Date: [Signature]

Reviewed: ________________

Revised: ________________