

CORKU

EMPOWERING OUR PARTNERS

INSURANCE DOCUMENTATION REQUIREMENTS FOR NPWT*



NISUS PUMP
NEGATIVE PRESSURE
WOUND THERAPY **TRAINING**

*Check with insurance company for their specific guidelines and criteria.

- ❖ NPWT is for patients wound patients that have either: Traumatic, Surgical, Pressure ulcer, Neuropathic & Diabetic, Venous Stasis, or Chronic Mixed Etiology Ulcer. NPWT is the application of sub-atmospheric pressure to a wound using a therapy unit to intermittently or continuously convey negative pressure to a specialized wound dressing to help promote wound healing. There are three separate components to NPWT. The first is the Pump itself (suction device). Next is the dressing kits, which contain all dressings necessary to apply to wound. Finally, the canister- collection device that contains exudates removed from wound.
- ❖ HCPCS Code: E2402 (pump), A6550 (dressing kit), and A7000 (canisters)
- ❖ Medicare* requires a prescription, statement of ordering physician, and medical records that support the need for NPWT. The patient's medical records include the physician's office records, hospital records, nursing home records, home health records or records from other healthcare professional. This documentation must be made available to DMERC upon request.

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Physician's order & Statement of Ordering Physician

A. This includes a minimum of patient name, DOB, equipment ordered, LON, Therapy Settings, Diagnosis Code(s), Clinical Questions & Wound Questions answered, detailed wound description as well as Physician's signature and date signed

Chart Notes within 30 days

- A. Description of wound
- B. History of previous treatment
- C. Plan of care for the wound. What is being doing to be treat the wound. a. Similar to a Group 2 Mattress
- D. Documentation of regular evaluation and quantitative measurements

Ordering Guide Form

All Wounds

- ❖ Full thickness injury, insurance will not approve for partial thickness injuries including skin grafts/flaps
- ❖ Application of dressings to maintain a moist wound environment
- ❖ Debridement of necrotic tissue if greater than 20 percent of the wound bed
- ❖ Evaluation of and provision for adequate nutritional status

PRESSURE ULCERS DOCUMENTATION*

*Check with insurance company for their specific guidelines and criteria.

INSURANCE FOR NPWT

SLIDE 5

- ❖ Must be a Stage III or IV, full thickness injury
- ❖ Patient has been appropriately turned and positioned
- ❖ Patient has used a group 2 or 3 support surface if the pressure ulcer is on the posterior trunk or pelvis
- ❖ Patient's moisture and incontinence has been appropriately managed

DIABETIC ULCERS DOCUMENTATION*

*Check with insurance company for their specific guidelines and criteria.

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SLIDE 6

- ❖ Patient has been on a comprehensive diabetic management program
- ❖ Reduction in pressure on a foot ulcer has been accomplished with appropriate modalities
- ❖ **Please have Blood Glucose or A1C in the chart notes**

VENOUS ULCERS DOCUMENTATION*

*Check with insurance company for their specific guidelines and criteria.

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SLIDE 7

- ❖ Compression bandages and/or garments have been consistently applied
- ❖ Leg elevation and ambulation have been encouraged

SURGICAL WOUND DOCUMENTATION*

*Check with insurance company for their specific guidelines and criteria.

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SLIDE 8

- ❖ All other post-operative healing techniques have been attempted or documentation is needed to support the medical necessity for accelerated formation of granulation tissue which cannot be achieved by other available wound treatments

If patient has the following contraindications, they will not qualify for NPWT

1. Greater than 20% eschar.
2. Cancer in the wound.
3. If bone is present, osteo has to be ruled out prior. If osteo is present, then antibiotics must be ordered to treat osteo, prior to NPWT
4. Being used to manage a fistula drainage, it is fine to have a fistula in the vicinity of wound, but a wound must be present to qualify for NPWT
5. Being used over organs, blood vessels, arteries and/or nerves.
6. Partial thickness injury: depth less than or equal to 0.1 cm depth

SUBSEQUENT MONTH APPROVALS*

*Check with insurance company for their specific guidelines and criteria.

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SLIDE 10

- ❖ Will require new wound notes and measurements
- ❖ Wound must decrease in size from the previous month, measure the cubic centimeter size. Take the length x width x dept to figure
- ❖ Generally will only pay for NPWT for 4 months on the same wound

INSURANCE QUICK FACTS FOR NPWT*

*Check with insurance company for their specific guidelines and criteria.

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SLIDE 11

- ❖ Diagnosis Code of T81.89XA (initial encounter) will not be approved for NPWT
- ❖ If approving with a T code, you will need a secondary code describing the wound
- ❖ All wounds must have a depth of 0.2cm to be approved
- ❖ If cancer is present in wound, it will be denied, we would need a pathology report showing that the wound margins are free of cancer
- ❖ NPWT can only be approved for a skin graft, if they have not used human skin
- ❖ If NPWT is being placed immediately post-surgery, an LMN or detailed notes are required stating why NPWT is the preferred treatment

WHAT WILL INSURANCE REIMBURSE?*

*Check with insurance company for their specific guidelines and criteria.

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SLIDE 12

- ❖ One pump, even if the patient has multiple wounds, HCPCS of E24202
- ❖ Max of 15 dressing kits a month, HCPCS of A6550
- ❖ Max of 10 canister a month, HCPCS of A7000
- ❖ If patient has two wounds, the provider will not be reimbursed for Y connectors and extra kits
- ❖ If white foam is needed, the provider will not be reimbursed

QUESTIONS?

INSURANCE FOR NPWT

SLIDE 13