**DOCUMENTATION CHECKLIST FOR NEGATIVE PRESSURE WOUND THERAPY DEVICES**

The provider/clinician documentation checklist below applies to traditional NPWT devices and supplies - NPWT pump (E2402) and supplies (A6550, A7000).

Medicare coverage of NPWT devices is managed by Durable Medical Equipment Medicare Administrative Contractors (DME MAC). As it relates to NPWT devices, DME MAC Jurisdictions (A,B,C and D) follow the same local coverage determination (LCD) and policy (L33821 and A52511).

Adequate medical records documentation is needed for quality of care and coverage of supplies and services. Medicare covers NPWT pump (E2402) and supplies (A6550, A7000) in the home setting and inpatient setting for the following diagnoses:

- **Home setting**: diagnosis of chronic Stage 3 or 4 pressure, neuropathic, venous or arterial insufficiency ulcer, or a chronic (present for at least 30 days) ulcer of mixed etiology;
- **Inpatient setting**: diagnoses above, surgically created wound or traumatic wound

In the checklist below, documentation needed for Medicare coverage is listed in **black font**. Documentation not mentioned on the Medicare coverage determination and policy but important for quality of care is in **blue font**.

<table>
<thead>
<tr>
<th>Wound Etiology</th>
<th>Assessment (History and Physical Exam)</th>
<th>Treatment Plan</th>
</tr>
</thead>
</table>
| For all wounds or ulcers | Prior to initiation of NPWT:  
□ History and physical exam  
□ Evaluation of nutritional status;  
□ Description of the initial condition of the wound and previous wound treatment  
□ Wound exam: wound measurements and characteristics  
□ Lower extremity vascular status  
□ Absence of cancer in the wound  
□ Absence of an open fistula to an organ or body cavity within vicinity of wound  

**After NPWT is initiated:**  
□ Dressing changes. For quality of care, document:  
   - Device settings  
   - Dressing materials removed from the wound (e.g., number of pieces of foam, gauze, and any additional contact layers or products such as fistula isolation devices)  
   - Utilization of products/dressings during reapplication including skin barriers, adjunctive products such as stoma rings or paste, number of foam pieces or other physical barriers such as contact layers over exposed tissue structures  
   - Time needed for removal, assessment, and reapplication of therapy  
   - Pain management strategies used and tolerance of therapy
   - If any assistance is required during change  

□ On a regular basis, directly assess the wound(s);  
□ At least monthly, document changes and improvement over the previous month through quantitative measurements of wound characteristics including: wound length, width, depth, and amount of wound exudate, presence of granulation and necrotic tissue, periwound appearance. Also note presence of visible anatomical structures, sutures or other devices, signs of non-healing such as rolled wound edges or excessive maceration, which necessitate re-assessment of therapy plan  
□ Specific and detailed information to explain the continuing

□ Previous attempt to heal wound with traditional wound care, which should either be addressed, applied, or considered and ruled out prior to application of NPWT:  
   - Application of dressings to maintain a moist wound environment;  
   - Debridement of necrotic tissue if present;  

□ Provision for adequate nutritional status  
□ If osteomyelitis present, document treatment (e.g., antibiotics)  
□ NPWT dressing changes: Length of sessions of use, dressing types, frequency of change
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.

If NPWT initiation occurs during an inpatient stay, the start date of NPWT application must be documented.

<table>
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<tr>
<th>For Stage 3 or 4 pressure ulcers</th>
<th>☐ Appropriate turning and repositioning; ☐ Use of group 2 or 3 support surface for pressure ulcers on the posterior trunk or pelvis; ☐ Appropriate management of moisture and incontinence</th>
</tr>
</thead>
<tbody>
<tr>
<td>For diabetic foot ulcers</td>
<td>☐ Comprehensive diabetes management program; ☐ Adequate offloading of diabetic foot ulcer</td>
</tr>
<tr>
<td>For venous insufficiency ulcers</td>
<td>☐ Adequate compression therapy ☐ Leg elevation and ambulation have been encouraged</td>
</tr>
<tr>
<td>For surgically created wounds or traumatic wounds (inpatient setting only)</td>
<td>☐ Documentation of medical necessity for accelerated formation of granulation tissue which cannot be achieved by other topical wound treatments</td>
</tr>
</tbody>
</table>

REFERENCES

- **L33821**: Negative Pressure Wound Therapy Pumps
- **A52511**: Negative Pressure Wound Therapy Pumps
- **Documentation Checklist Negative Pressure Wound Therapy (NPWT) Pumps (Noridian)**

The content of this document was prepared as an educational tool and is not intended to grant rights or impose obligations. Use of this document is not intended to take the place of either written law or regulations. Clinicians are reminded to review the Local Coverage Determination and Policy Article for specific documentation guidelines.