

NPWT

Question

Recently we had a series of Medicare audits of NPWT patients. We use a one page referral form with measurements on the top and the order on the bottom. The order was developed by the pump manufacturer. In the audit it was noted we should NOT have the order and the measurements on the same page.

Answer

An order is not part of the medical record. While it's ok to have measurements on the order, it also needs to be documented in the medical record such as the treating practitioner's notes, nurses notes, etc. Having it on the order only will cause denials.

Can you explain the capped rental with Medicare?

In regard to Medicare - it's a capped rental at 4 months. If you are talking to commercial insurances, it will vary. If it's a facility, generally you charge the facility on a monthly or daily basis.

Sometimes patients require two different negative pressure wound therapy units for two separate wounds (different parts of the body), can you get reimbursed for both devices?

Not usually, but depends on the individual situation. You have a better chance with commercial payors than with Medicare. In the facility setting, you definitely could do it.

Why is NPWT considered a last resort?

Medicare pays for least costly alternative. NPWT is aggressive therapy that may be avoided if alternative therapies are considered/tried and ruled out.

Who is responsible for performing wound measurements, the supplier or treating physician?

The treating clinician. The supplier must obtain a copy to ensure continued coverage.

Is the depth of the wound one of the qualifying criteria?

The depth of the wound is not a criterion by itself; however, must be documented prior to, during, and after therapy to support continued coverage.

If a wound is caused by cancer, but later the physician documents the "margins are clear", could NPWT be applied if all other coverage criteria is met?

Yes if verified with a pathology report that all margins are clear.

If a beneficiary has a pressure ulcer on the trunk but is ambulatory, does the beneficiary still need incontinence management and group 2/3 support surface?

Yes

How long should topical treatment be utilized prior to placing NPWT?

This is left up to the judgment of the treating physician, but there must be documentation in the beneficiary's medical record to support accelerated formation of granulation tissue.

What documentation is required/acceptable to prove the beneficiary has been "turned and repositioned" in order to meet the goal of the Stage III or IV wound therapy program? This has been indicated on the Nursing Care Plan but not signed by the physician. Is this acceptable?

Yes. There should be nursing notes supporting the care plan. The physician doesn't need to sign the care plan. If the beneficiary was a resident in a SNF, there are also tissue tolerances that are required on an annual basis and more frequently depending on the individual. There needs to be some type of documentation addressing skin integrity.

Is the NPWT pump, HCPCS code E2402, under the Home Health Consolidated Billing Master Code List?

No, this code is not on the Home Health Consolidated Billing Master Code List and must be billed to the DME MAC.