

NPWT Billing Accuracy Checklist (2025 Edition)

SECTION 1: Documentation Verification

- ☐ Wound size and depth: Record pre- and post-treatment measurements in cm (L × W × D).
- ☐ Wound location and type: Specify anatomical site and wound category.
- ☐ Device type: Note whether a durable or disposable NPWT system was used.
- ☐ Pressure setting: Include mmHg level and suction mode.
- ☐ Medical necessity: Justify therapy (e.g., failure of standard dressings for 4 weeks).
- ☐ Progress documentation: Include measurable healing or granulation over time.
- ☐ Physician/NPP signature: Ensure signature and credentials match billing provider.

SECTION 2: CPT & HCPCS Coding Accuracy

- ☐ CPT code selection: 97605/97606 (durable) or 97607/97608 (disposable).
- ☐ Surface area calculation: Base CPT choice on wound size ($\leq$ or $>$ 50 sq cm).
- ☐ HCPCS linkage: A6550 & A7000 only with 97605–97606; not for 97607–97608.
- ☐ Modifiers: Use 59, KX, RT/LT as required.
- ☐ ICD-10 pairing: Align with wound type codes.
- ☐ POS codes: Use 11, 22, or 12.

SECTION 3: LCD & Payer Compliance

- ☐ LCD review: Verify coverage under LCD L33821 or local MAC.
- ☐ Prior authorization: Required for many plans.
- ☐ Progress justification: Updated wound notes for >30 days therapy.
- ☐ Photo documentation: Attach if payer requires.
- ☐ Device usage tracking: Record number of kits and canisters used.

SECTION 4: Pre-Submission Quality Control

- ☐ EHR verification: Confirm all NPWT fields completed.
- ☐ Modifier/CPT audit: Check NCCI edits.

- [] Duplicate claim prevention: Review prior sessions.
- [] Medical necessity language: Ensure documented.
- [] Final review: Confirm documentation matches CPT/ICD usage.