DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES	**Health Resources Division:** Durable Medical Equipment Program
	Effective Date: 1/1/2024
	Subject: Coverage criteria for negative pressure wound therapy pump

Negative pressure wound therapy pump Coverage Criteria

1. **Purpose**
   This policy outlines the coverage criteria for negative pressure wound therapy pump (HCPCS E2402).

2. **Coverage Criteria**
   To be eligible for coverage, members must meet the Medicare coverage criteria described in the *Negative Pressure Wound Therapy Pumps (L33821)* Local Coverage Determination (LCD), available on the Noridian website.

   For members aged 20 and under, coverage is reviewed on a case-by-case basis when the criteria in L33821 are not met.

3. **Quantity Limits**
   Negative pressure wound therapy pumps are subject to the capped rental period and the 5-year reasonable use lifetime (RUL).

4. **Authorization Requirements**
   All prior authorization requests must include documentation demonstrating medical necessity.

   - For all members, prior authorization is **not required** when the above criteria are met.
   - For members aged 20 and under who **do not** meet the L33821 criteria, prior authorization **is required**. These requests must include a completed EPSDT Prior Authorization and Certification of Medical Necessity form.

   Submit prior authorization requests to Mountain Pacific, the Department's utilization review contractor, through the Qualitrac Portal.

5. **Reimbursement**
   Reimbursement will be made in accordance with ARM 37.86.1807. Providers must refer to the Durable Medical Equipment Fee schedule for applicable rates.

Version History

Version Number	Revision Date	Summary Changes
1	N/A	None – Original posting.