Michigan Department of Health and Human Services
Program Policy Division PO Box 30809
Lansing MI 48909

MDHHS
Michigan Department of Health & Human Services
GRETCHEN WHITMER, GOVERNOR | ELIZABETH HERTEL, DIRECTOR

November 25, 2025

<Provider Name>
<Provider Address 1>
<Provider Address 2>
<City> <State> zipcode5-zipcode4

Dear Medicaid Providers:

RE: Clarification of Negative Pressure Wound Therapy (NPWT) Equipment and Supplies when Provided to Beneficiaries in the Home Setting

The Michigan Department of Health and Human Services (MDHHS) is issuing this letter as clarification to all providers regarding the provision of negative pressure wound therapy equipment and supplies to beneficiaries in their home setting and the telephonic prior authorization (PA) process. This clarification applies to Medicaid Fee-for-Service (FFS) only. Medicaid Managed Care Organizations (MCOs) must provide, at a minimum, the full range of covered services as indicated in policy but may have different PA and documentation requirements. For beneficiaries enrolled in an MCO, the provider must check with the health plan for coverage requirements.

The provision of NPWT equipment and supplies to beneficiaries in their home is through medical supply providers. This applies to the following Healthcare Common Procedure Coding System (HCPCS) codes:

HCPCS Code	Description
E2402	Negative Pressure Wound Therapy Electrical Pump, Stationary or Portable
A7000	Canister, Disposable, Used With Suction Pump, Each
A6550	Wound Care Set, For Negative Pressure Wound Therapy Electrical Pump, Includes All Supplies and Accessories

Refer to the MDHHS Medicaid Provider Manual, Medical Supplier Chapter, Section 2.23 Negative Pressure Wound Therapy (Pump and Accessories). When negative pressure wound therapy is provided in the beneficiary's home (including pumping, drainage collection and dressing changes), the equipment and supplies are provided by an enrolled medical supplier. It is the responsibility of the medical supplier to deliver the equipment and supplies to the beneficiary's home. When NPWT (including dressing changes) is provided in the practitioner's office setting or in a wound clinic, these supplies are included in the practitioner's or wound clinic's service and are not separately reimbursed to a medical supplier. Practitioners and wound clinics must follow billing procedures and policies applicable to their provider type when providing NPWT in the office/clinic setting.

Supplies in the Practitioner's (e.g. physician) Office/Clinic Setting:

Per the MDHHS Medicaid Provider Manual, Practitioner Chapter, Section 3.22 Supplies in the Office Setting:

In most cases, the overhead includes the supplies used or provided by the practitioner in connection with the service, and the supplies are not separately reimbursed.

Providers must not require beneficiaries to purchase an item in advance from a pharmacy or medical supplier that is an integral component of the service. Surgical dressings applied by a physician in the office or other non-facility setting are not covered separately.

Medicaid does not cover take-home supplies dispensed from the office setting. If a beneficiary requires in-home supplies, a written prescription must be presented to the pharmacy or medical supplier and supplies dispensed accordingly.

Telephonic Prior Authorization:

NPWT equipment and supplies for use in the beneficiary's home require PA through a telephonic process to expedite the approval process. To initiate the PA, the ordering practitioner (or the practitioner's appointed clinical staff) telephones the MDHHS Program Review Division at:

844-PACERMI (844-722-3764)

Instead of preparing a written PA request, the ordering practitioner (or the practitioner's appointee) places the request for the service(s) over the telephone and verbally provides all the required information to the MDHHS Program Review Division. The request is approved or denied immediately during the telephone call. The following information must be provided when contacting the MDHHS Program Review Division:

- Beneficiary ID.
- Date of birth.
- Diagnosis(es) related to the item(s)/service(s) requested.
- Ordering practitioner's National Provider Identifier (NPI).
- The name, address, and telephone number of the medical supplier that will supply the NPWT equipment and supplies.
- The NPI of the medical supplier.
- Item(s)/service(s) requested (along with quantity/frequency).
- Evaluation, care and wound measurements by a licensed medical professional.
- All previous dressings tried.
- Debridement of necrotic tissue, if applicable.
- Evaluation and provision of adequate nutritional status.
- Appropriate turning/repositioning schedule.
- Incontinence management, if applicable.

- Appropriate pressure reduction addressed if wound is pressure related.

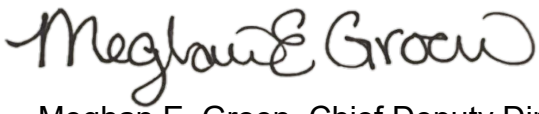
Note: Medical Suppliers do not initiate the telephone PA. A copy of the approval letter is sent to the medical supplier.

The MDHHS Program Review Division telephone business hours are 8:00 a.m. – 5:00 p.m., Monday through Friday, excluding holidays. For instances in which the ordering practitioner's directive for services occurs on weekends or holidays, the PA request may be telephoned in on the next business day. If the Medicaid Standards of Coverage have been met, the MDHHS Program Review Division may authorize the services retroactively. The MDHHS Program Review Division toll free number is: 1-844-722-3764.

This clarification is not a policy change; therefore, MDHHS suggests providers retain this letter until otherwise notified.

An electronic version of this document is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Sincerely,



Meghan E. Groen, Chief Deputy Director
Health Services