

Negative Pressure Wound Therapy



INDEPENDENT CARE HEALTH PLAN

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Medicare Advantage Medical Coverage Policy

Table of Contents

[Related Medical/Pharmacy Coverage Policies](#)

[Related Documents](#)

[Description](#)

[Coverage Determination](#)

[Coverage Limitations](#)

[Coding Information](#)

[References](#)

[Appendix](#)

[Change Summary](#)

Disclaimer

The Coverage Summaries are reviewed by the iCare Medicare Utilization Management Committee. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from iCare

Related Medicare Advantage Medical/Pharmacy Coverage Policies

None

Related Documents

Please refer to [CMS website](#) for the most current applicable National Coverage Determination (NCD)/ Local Coverage Determination (LCD)/Local Coverage Article (LCA)/CMS Online Manual System/ Transmittals.

Type	Title	ID Number	Jurisdiction Medicare Administrative Contractors (MACs)	Applicable States/Territories
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LCD LCA	Wound Care Billing and Coding: Wound Care	L37228 A55909	J5 - Wisconsin Physicians Service Insurance Corporation J8 - Wisconsin Physicians Service Insurance Corporation	IA, KS, MO, NE IN, MI
LCD LCA	Wound and Ulcer Care Billing and Coding: Wound and Ulcer Care	L38902 A58565	JE - Noridian Healthcare Solutions, LLC	CA, HI, NV, American Samoa, Guam, Northern Mariana Islands
LCD LCA	Wound and Ulcer Care Billing and Coding: Wound and Ulcer Care	L38904 A58567	JF - Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
LCD LCA	Wound Care Billing and Coding: Wound Care	L35125 A53001	JH - Novitas Solutions, Inc. (Part A/B MAC) JL - Novitas Solutions, Inc. (Part A/B MAC)	AR, CO, NM, OK, TX, LA, MS DE, D.C., MD, NJ, PA
LCD LCA	Wound Care Billing and Coding: Wound Care	L37166 A55818	JN - First Coast Service Options, Inc. (Part A/B MAC)	FL, PR, U.S. VI
LCD LCA	Negative Pressure Wound Therapy Pumps Negative Pressure Wound Therapy Pumps - Policy Article	L33821 A52511	DME A - Noridian Healthcare Solutions, LLC (DME MAC) DME B - CGS Administrators, LLC (DME MAC) DME C - CGS Administrators, LLC (DME MAC) DME D - Noridian Healthcare Solutions, LLC (DME MAC)	CT, DE, DC, ME, MD, MA, NH, NJ, NY, PA, RI, VT IL, IN, KY, MI, MN, OH, WI AL, AR, CO, FL, GA, LA, MS, NM, NC, OK, SC, TN, TX, VA, WV, PR, U.S. VI AK, AZ, CA, HI, ID, IA, KS, MO, MT, NE, NV, ND, OR, SD, UT, WA, WY, American Samoa, Guam,

				Northern Mariana Islands
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Description

Negative pressure wound therapy (NPWT), also called vacuum assisted wound closure, refers to wound dressing systems that continuously or intermittently apply subatmospheric pressure to the surface of a wound. NPWT is most commonly used in the treatment of acute and chronic wounds such as surgical wounds, various soft tissue injuries or ulcers (eg, diabetic foot, pressure and venous leg). This technique may also be prescribed to promote healing prior to using a flap or skin graft by advancing early healing of the site, thereby preparing the wound bed for surgical reconstruction. NPWT involves the application of a localized vacuum to the wound surface to draw the edges of the wound together. NPWT devices are available as rental (portable) or disposable (single-use) units.

The NPWT device consists of a dressing of gauze and/or open-celled reticulated foam that is placed in the wound. A tube is embedded into the dressing and sealed with an adhesive transparent dressing. Attached to the tube is a vacuum pump which applies negative pressure to the wound. This pressure drains fluid and exudates from the wound to a disposable canister. The intent of this treatment is to help reduce edema, improve vascularity and oxygenation of the wound bed, provide a moist environment and help stimulate healthy granulation tissue conducive to rapid wound healing.

Negative pressure wound therapy placement over surgically closed incisions is an alternative to absorbent dressings, gauze and adhesive medical tape (eg, npSIMS, Prevena, Prevena Duo and Prevena Restor Incision Management System). Purportedly intended to promote healing by holding incision sides closed, removing fluid and reducing the incidence of seromas and surgical site infections.

Negative pressure wound therapy with instillation (NPWTi) is the combination of NPWT with timed, intermittent delivery of a topical solution. The fluid reportedly helps to remove wound exudate, slough and bacteria to purportedly promote more rapid healing of the wound. The solution is delivered and remains in the wound for a set amount of time and subsequently removed via NPWT.

Coverage Determination

iCare follows the CMS requirements that only allows coverage and payment for services that are reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by Medicare.

Please refer to the above Medicare guidance for **negative pressure wound therapy (NPWT) device**.

In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, iCare may consider the following criteria:

Negative pressure wound therapy, or NPWT, (codes 97605-97608) will be considered medically reasonable and necessary when one of the following indications is met^{12,13}:

- Chronic, non-healing ulcer with lack of improvement despite standard wound therapy which includes: applications of dressings, adequate blood glucose control, debridement of necrotic tissue (if present), maintenance of an adequate nutritional status, offloading, and weekly evaluations with documentation of wound measurements (i.e. length, width, and depth) in one of the following clinical situations:
 - Acute wounds; **OR**
 - Subacute and dehisced wounds; **OR**
 - Traumatic wounds; **OR**
 - Ulcers (such as diabetic or pressure); **OR**
 - Chronic [Stage III or IV pressure ulcers](#); **OR**
 - Chronic diabetic neuropathic ulcer; **OR**
 - Chronic venous ulcer; **OR**
 - Flaps and grafts; **OR**
- Complications of a surgically created wound (e.g., dehiscence, post sternotomy disunion with exposed sternal bone, post sternotomy mediastinitis, or postoperative disunion of the abdominal wall); **OR**
- Traumatic wound (preoperative flap or graft, exposed bones, tendons, or vessels) and a need for accelerated formation of granulation tissue not achievable by other topical wound treatments (the individual has comorbidities that will not allow for healing times usually achievable with other available topic wound treatments).

Continuation of NPWT treatment for an additional 30 days for the treatment of wounds will be considered medically reasonable and necessary when documentation is provided by an appropriate licensed medical professional and **ALL** of the following criteria are met:

- There is improvement in the wound measurements (volume or surface dimension) with NPWT treatment

The use of the criteria in this Medicare Advantage Medical Coverage Policy provides clinical benefits highly likely to outweigh any clinical harms. Services that do not meet the criteria above are not medically necessary and thus do not provide a clinical benefit. Medically unnecessary services carry risks of adverse outcomes and may interfere with the pursuit of other treatments which have demonstrated efficacy.

Coverage Limitations

[US Government Publishing Office. Electronic code of federal regulations: part 411 – 42 CFR § 411.15 - Particular services excluded from coverage](#)

NPWT devices will not be considered medically reasonable and necessary for wounds that have responded to standard therapeutic measures **OR** for individuals with the following contraindications^{12,13,54}:

- Exposed vital organs; **OR**
- Fistulas to organs or body cavities; **OR**

- Malignancy in the wound; **OR**
- Necrotic tissue with eschar; **OR**
- Placement over exposed arteries or veins; **OR**
- Placement over exposed nerves; **OR**
- Presence of exposed anastomotic sites (located at the site of the surgical connection of two tubular structures); **OR**
- Untreated osteomyelitis

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	
97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	
97607	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	
97608	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		

HCPCS Code(s)	Description	Comments
A6550	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories	
A7000	Canister, disposable, used with suction pump, each	
A9272	Wound suction, disposable, includes dressing, all accessories and components, any type, each	
E2402	Negative pressure wound therapy electrical pump, stationary or portable	
K0743	Suction pump, home model, portable, for use on wounds	
K0744	Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 sq in or less	
K0745	Absorptive wound dressing for use with suction pump, home model, portable, pad size more than 16 sq in but less than or equal to 48 sq in	
K0746	Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 sq in	

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Appendix

Appendix A

Pressure injury/wound staging classifications:

<p>Stage 1 Pressure Injury</p>	<p>Nonblanchable erythema of intact skin – Intact skin with a localized area of nonblanchable erythema which may appear differently in darkly pigmented skin. Presence of blanchable erythema or changes in sensation, temperature or firmness may precede visual changes. Color changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury.</p>
<p>Stage 2 Pressure Injury</p>	<p>Partial thickness skin loss with exposed dermis – The wound bed is viable, pink or red, moist and may also present as an intact or ruptured serum filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (IAD), intertriginous dermatitis (ITD), medical adhesive related skin injury (MARS) or traumatic wounds (skin tears, burns, abrasions).</p>
<p>Stage 3 Pressure Injury</p>	<p>Full thickness skin loss – Adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed.</p>
<p>Stage 4 Pressure Injury</p>	<p>Full-thickness skin and tissue loss – Full-thickness skin and tissue loss with exposed or directly palpable bone, cartilage, fascia, ligament, muscle or tendon in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location.</p>
<p>Unstageable Pressure Injury</p>	<p>Obscured full-thickness skin and tissue loss – The extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar. If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed. Stable eschar (dry, adherent and intact without erythema or fluctuance) on the heel or ischemic limb should not be softened or removed.</p>
<p>Deep Tissue Pressure Injury (DTPI)</p>	<p>Persistent nonblanchable deep red, maroon or purple discoloration – Intact or nonintact skin with localized area of persistent nonblanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood filled blister. Pain and temperature change often precede skin color changes. Discoloration may appear differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury or may resolve without tissue loss. If fascia, granulation tissues, muscle, necrotic tissues, subcutaneous tissues or other underlying structures are visible, this indicates a full thickness pressure injury (Unstageable, Stage 3 or Stage 4). Do not use DTPI to describe vascular, traumatic, neuropathic or dermatologic conditions.</p>

Medical Device Related Pressure Injury	Injury resulting from the use of devices designed and applied for diagnostic or therapeutic purposes. The resultant pressure injury generally conforms to the pattern or shape of the device. The injury should be staged using the staging system.
Mucosal Membrane Pressure Injury	Injury is found on mucous membranes with a history of a medical device in use at the location of the injury. Due to the anatomy of the tissue these injuries cannot be staged.

Change Summary

- 01/01/2024 New Policy.