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Medicare Advantage Policy Manual **Policy ID:** M-DME42

Negative Pressure Wound Therapy in the Outpatient Setting

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IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member, including care that may be both medically reasonable and necessary.

The Medicare Advantage medical policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and Centers of Medicare and Medicaid Services (CMS) policies and manuals, along with general CMS rules and regulations. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of a specific CMS coverage determination for a requested service, item or procedure, the health plan may apply CMS regulations, as well as their Medical Policy Manual or other applicable utilization management vendor criteria developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Some services or items may appear to be medically indicated for an individual but they may also be a direct exclusion of Medicare or the member's benefit plan. Medicare and member EOCs exclude from coverage, among other things, services or procedures considered to be investigational (experimental) or cosmetic, as well as services or items considered not medically reasonable and necessary under Title XVIII of the Social Security Act, §1862(a)(1)(A). In some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services. Members, their appointed representative, or a treating provider can request coverage of a service or item by submitting a pre-service organization determination prior to services being rendered.

DESCRIPTION

Negative pressure wound therapy (NPWT), also called vacuum assisted closure (VAC), uses subatmospheric pressure to assist in treatment of acute, subacute, and chronic wounds. NPWT promotes healing by increasing local vascularity and oxygenation of the wound bed, evacuating wound fluid thereby reducing edema, and removing exudates and bacteria. The subatmospheric pressure is produced using a separately reported electrical pump supply with HCPC code (E2402). The electrical pump conveys intermittent or continuous subatmospheric pressure through connecting tubing to a specialized wound dressing. A specialized wound dressing includes porous foam dressing that covers the entire wound surface and an airtight adhesive dressing that seals the wound and contains the subatmospheric pressure at the wound site. Each wound care set inclusive of all supplies and accessories is reported with A6550.

MEDICARE ADVANTAGE POLICY CRITERIA

Note: Pre-authorization is required for the initial one-month therapeutic trial. Pre-authorization requests should be submitted prior to subsequent months, starting with the 31st day (month 2) for up to three additional months, for a total of four months.

CMS Coverage Manuals

None

National Coverage Determinations (NCDs)

For Medicare Coverage Determinations and Articles, see the Medicare Coverage Database

None

Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles

For Medicare Coverage Determinations and Articles, see the Medicare Coverage Database

Negative Pressure Wound Therapy Pumps (LCD L33821)

Policy specific documentation requirements with coding guidelines and information about equipment and supplies for ***Negative Pressure Wound Therapy Pumps*** (Article A52511)

Suction Pumps (LCD L33612) and associated article A52519, which includes specific documentation requirements with coding guidelines and information about equipment and supplies

When provided in a physician's office (97605-97608): ***Wound and Ulcer Care*** (LCD L38902) associated article A58565

When provided as part of a home health plan (97607-97608): ***Medicare Claims Processing Manual, Chapter 10*** *– Home Health Agency Billing – Billing Instructions for Disposable Negative Pressure Wound Therapy Services* (Section 90.3)

Standard Documentation Requirements for All Claims Submitted to DME MACs (Article A55426)

**Scroll to the "Public Version(s)" section at the bottom of the LCD for links to prior versions if necessary.

Note: Disposable NPWT systems are not eligible for coverage as DME when used by the member in the home setting, in the absence of a home health plan (Articles A52511 and A52519). However, disposable NPWT may be eligible for coverage when requested as part of a service in a home health plan or when provided in a physician's office (Article A58567 and Medicare Claims Processing Manual, Chapter 10, Section 90.3).[3]

Medical Policy Manual

None

POLICY GUIDELINES

REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

- Information describing the history, previous treatment regimens (if applicable), and current wound management for which a NPWT pump is being billed to include length of sessions of use, dressing types and frequency of change, and changes in wound conditions, including precise measurements, quantity of exudates, presence of granulation and necrotic tissue and concurrent measures being addressed relevant to wound therapy.
- Information describing regular evaluation and treatment of the beneficiary's wounds.
- Documentation of quantitative measurements of wound characteristics including wound length and width (surface area), and depth, and amount of wound exudate (drainage), indicating progress of healing must be entered at least monthly. The supplier of the NPWT equipment and supplies must obtain from the treating clinician an assessment of wound healing progress, based upon the wound measurement as documented in the beneficiary's medical record, in order to determine Medicare coverage.
- Month-to-month comparisons of wound size must compare like measurements i.e. depth compared to depth or surface area compared to surface area.

CROSS REFERENCES

None

REFERENCES

1. Medicare Claims Processing Manual, Chapter 20; §10.1.1 Durable Medical Equipment
2. MLN Fact Sheet for NPWT
3. Centers for Medicare and Medicaid Services (CMS). Medicare MLN Matters Number: SE17027 for Clarification of Billing and Payment Policies for Negative Pressure Wound Therapy (NPWT) Using a Disposable Device.

CODING

NOTE: Disposable negative pressure wound therapy systems (dNPWT) must be reported with HCPCS code A9272 when used by a member in the home setting. When dNPWT is requested as part of a home health plan of care or provided in a physician's office, CPT codes 97607 and 97608 should be used.[3]

Codes	Number	Description
CPT	97605	Negative pressure wound therapy (e.g., 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	;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	;total wound(s) surface area greater than 50 square centimeters
HCPCS	A6550	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories
	A7000	Canister, disposable, used with suction pump, each
	A7001	Canister, nondisposable, used with suction pump, each
	A9270	Noncovered item or service
	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 square inches or less
	K0745	Absorptive wound dressing for use with suction pump, home model, portable, pad size more than 16 square inches but less than or equal to 48 square inches
	K0746	Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 square inches