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Subject: Negative Pressure Wound Therapy (NPWT)

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DESCRIPTION:

The management and treatment of chronic wounds, including decubitus ulcers, remain a treatment challenge. Most chronic wounds will heal only if the underlying cause, (i.e. venous stasis, pressure, infection) is addressed. In addition, cleaning the wound to remove nonviable tissue, microorganisms, and foreign bodies is essential to create the optimal conditions for either re-epithelialization (i.e. healing by secondary intention) or preparation for wound closure with skin grafts or flaps (i.e. healing by primary intention). Therefore, debridement, irrigation, whirlpool treatments, and wet-to-dry dressings are common components of chronic wound care.

Negative pressure wound therapy (NPWT) involves the use of a negative pressure therapy or suction device to aspirate and remove fluids, debris, and infectious materials from the wound bed to promote the formation of granulation tissue. The devices may also be used as an adjunct to surgical therapy or as an alternative to surgery in a debilitated patient. Although the exact mechanism has not been elucidated, it is hypothesized that negative pressure contributes to wound healing by removing excess interstitial fluid, increasing the vascularity of the wound, and/or creating beneficial mechanical forces that lead to cell growth and expansion.

Nonpowered (mechanical) NPWT systems have also been developed and can be worn under clothing. These systems may consist of a cartridge, dressing, and strap; the cartridge acts as the negative pressure source. The systems are fully disposable and are reported to generate negative pressure levels similar to other NPWT systems.

POSITION STATEMENT:

Note: The focus of this guideline is the use of NPWT in the outpatient setting. Although it is recognized that patients may begin using the device in the inpatient setting as they transition to the outpatient setting, this policy applies to the outpatient setting.

INITIATION of Powered Negative Pressure Wound Therapy (NPWT)

An initial therapeutic trial of not less than 2 weeks using a powered negative pressure wound therapy (NPWT) system, as part of a comprehensive wound care program that includes controlling factors (eg, diabetes, nutrition, relief of pressure), **meets the definition of medical necessity** for any **ONE** of the following indications:

- Chronic (greater than 90 days) stage III or IV pressure ulcers that have failed to heal despite optimal wound care when there is high-volume drainage that interferes with healing and/or when standard dressings cannot be maintained due to anatomic factors;
- Wounds in members with underlying clinical conditions that are known to negatively impact wound healing, which are nonhealing (at least 30 days), despite optimal wound care. (Examples of underlying conditions include, but are not limited to diabetes, malnutrition, small vessel disease, and morbid obesity. Malnutrition, while a risk factor, must be addressed simultaneously with the NPWT.); **OR**
- Surgical wounds (eg, dehiscence, exposed hardware or bone) or traumatic wounds (e.g. preoperative flap or graft, exposed bone, tendon) where there has been a failure of immediate or delayed primary closure.

CONTINUATION of Powered Negative Pressure Wound Therapy (NPWT)

Continuation of the powered NPWT system, as part of a comprehensive wound care program, **meets the definition of medical necessity** following an initial 2-week therapeutic trial if the treatment trial has resulted in documented objective improvements in the wound, and if there is an ongoing objective improvement during subsequent treatment. (Objective improvements in the wound should include the development and presence of healthy granulation tissue, progressive wound contracture and decreasing depth, and/or the commencement of epithelial spread from the wound margins.)

Continuation of the powered NPWT system **does not meet the definition of medical necessity** when any of the following occurs:

- The therapeutic trial or subsequent treatment period has not resulted in documented objective improvement in the wound;
- The wound has developed evidence of wound complications contraindicating continued NPWT; **OR**
- The wound has healed to the extent that either grafting can be performed or the wound can be anticipated to heal completely with other wound care treatments.

Therapeutic trials of powered NPWT systems for the treatment of other acute or chronic wounds except as noted above **do not meet the definition of medical necessity**.

Use of nonpowered NPWT systems for the treatment of acute or chronic wounds is considered **experimental or investigational**. The evidence is insufficient to determine the effects of the technology on health outcomes.

Single-use NPWT systems (e.g., PICO Single Use NPWT) are considered **experimental or investigational**. The evidence is insufficient to determine the effects of the technology on health outcomes.

BILLING/CODING INFORMATION:

CPT Coding:

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	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 greater than 50 square centimeters
97607	Negative pressure wound therapy, (e.g., 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 **(Investigational)**
97608	Negative pressure wound therapy, (e.g., 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 **(Investigational)**

HCPCS Coding:

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 and all accessories and components, each **(Investigational)**
E2402	Negative pressure wound therapy electrical pump, stationary or portable
K0743	Suction pump, home model, portable, for use on wounds **(Investigational)**
K0744	Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 square inches or less **(Investigational)**

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 **(Investigational)**
K0746	Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 square inches **(Investigational)**

ICD-10 Diagnosis Codes That Support Medical Necessity:

L89.000 – L89.899	Pressure ulcer of specified site
L89.90 – L89.95	Pressure ulcer of unspecified site
S01.00xA – S01.95xS	Open wound of head
S11.80Xa – S11.95xS	Open wound of neck
S31.000A – S31.839S	Open wound of abdomen, lower back, pelvis and external genitals
S41.001A – S41.159S	Open wound of shoulder and upper arm
S51.001A – S51.859S	Open wound of elbow and forearm
S61.001A – S61.559S	Open wound of wrist, hand and fingers
S71.001A – S71.159S	Open wound of hip and thigh
S81.001A – S81.859S	Open wound of knee and lower leg
S91.001A – S91.359S	Open wound of ankle, foot and toes

REIMBURSEMENT INFORMATION:

Reimbursement for vacuum-assisted wound closure devices is limited to 4 months.

Because negative pressure wound therapy pumps are capable of accommodating more than one wound dressing set for multiple wounds on a member, reimbursement for more than one pump per member for the same time period **does not meet the definition of medical necessity**.

Code E2402: one (1) unit of service allowed per member date of service.

Reimbursement for the following supplies used with a covered negative pressure wound therapy pump is limited to the following:

A6550	dressing kit	15 dressing kits per wound, per month
A7000	canister set	10 per month unless there is documentation evidencing a large volume of drainage (greater than 90 ml of exudate per day).

The following information may be required documentation to support medical necessity: Physician history and physical, physician treatment notes including documentation of failure conservative medical management, treatment plan, radiology and surgical reports, physical therapy notes (if applicable).

LOINC Codes:

Documentation Table	**LOINC Codes**	**LOINC Time Frame Modifier Code**	**LOINC Time Frame Modifier Codes Narrative**
Physician history and physical	28626-0	18805-2	Include all data of the selected type that represents observations made six months

			or fewer before starting date of service for the claim.
Physician treatment/ visit notes including documentation of failure of conservative medical management	18733-6	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Treatment plan	18776-5	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Radiology study report	18726-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physician operative note	28573-4	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physical therapy notes	28579-1	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage Products: The following Durable Medical Equipment Regional Carrier (DMERC) Local Coverage Determinations (LCDs) were reviewed on the last guideline reviewed date: Negative Pressure Wound Therapy Pumps (L33821) and Suction Pumps (L33612) located at cgsmedicare.com.

DEFINITIONS:

None applicable.

RELATED GUIDELINES:

None applicable.

OTHER:

None applicable.

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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 05/25/23.

GUIDELINE UPDATE INFORMATION:

04/15/01	New Medical Coverage Guideline.
04/15/03	Reviewed; no changes in coverage statement.
01/01/04	Annual HCPCS coding update.
04/15/05	Scheduled review: no change in coverage statement; reimbursement information updated to reflect DME contracted fee schedule agreement.
01/01/06	Annual HCPCS coding update: revise A6550, and remove A6551.

04/15/07	Scheduled review; no change in coverage statement; reimbursement statement revised for clarification; A6550 deleted; references updated.
06/15/07	Reformatted guideline.
05/15/09	Scheduled review: added reimbursement statement regarding multiple pumps; re-named guideline; added Program Exception information for Medicare Advantage; updated references.
08/15/10	Position Statement unchanged; coding section updated; Program Exception section updated; references updated.
02/01/11	Revision; formatting changes.
07/01/11	3rd Quarter HCPCS coding update: added codes K0743 – K0746.
07/15/11	Revision; formatting changes.
09/15/11	Revision; formatting changes.
11/15/11	Review and revision; Position Statement updated to include information for non-electric NPWT pumps; references updated; formatting changes.
01/01/12	Annual HCPCS coding update: added A9272.
08/15/12	Revision to add position statement regarding single-use NPWT devices; revision of Reimbursement section; references updated; formatting changes.
01/01/13	Annual HCPCS coding update: added G0456 and G0457.
08/15/13	Scheduled review: Position Statement unchanged; Program Exceptions section updated; references updated.
01/01/14	Annual HCPCS coding updated: revised descriptor for A9272.
08/15/14	Scheduled review: position statement revised for clarification of criteria; references updated.
01/01/15	Annual coding update. Revised 97605 and 97606; added 97607 and 97608; deleted G0456 and G0457.
11/01/15	Revision: ICD-9 Codes deleted.
07/15/18	Revision; title, description, position statements, reimbursement section, and references updated; formatting changes.
07/15/19	Review; position statements maintained; coding and references updated.
05/15/20	Review; position statements maintained and references updated.
06/15/21	Review; position statements maintained; references updated.
08/15/22	Revision: Description section and position statement note updated.
06/15/23	Review: Position statements maintained and references updated.