

Clinical Policy: Negative Pressure Wound Therapy

Reference Number: CP.MP.193

Last Review Date: 09/20

[Coding Implications](#)

[Revision Log](#)

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Description Negative Pressure Wound Therapy (NPWT) is defined as the application of sub-atmospheric pressure to a wound to remove exudate and debris from wounds. NPWT is delivered through an integrated system consisting of a suction pump, separate exudate collection chamber and dressing sets. In these systems, exudate is completely removed from the wound site to the collection chamber.¹

Policy/Criteria

- I.** It is the policy of health plans affiliated with Centene Corporation® that initial coverage of Negative Pressure Wound Therapy (NPWT) in the home setting is **medically necessary** for one of the following indications:
- A.** Non-healing ulcers, all of the following:
1. One of the following is present:
 - a. Stage III or IV pressure ulcer;
 - b. Neuropathic (diabetic) ulcer;
 - c. Venous or arterial insufficiency ulcer;
 - d. Chronic (being present for at least 30 days) ulcer of mixed etiology;
 2. Documentation of evaluation, care, and wound measurements by a licensed medical professional;
 3. Application of dressings to maintain a moist wound environment;
 4. Debridement of necrotic tissue if present;
 5. Evaluation of and provision for adequate nutritional status;
 6. One of the following depending on the type of ulcer:
 - a. Stage III or IV pressure ulcers:
 - i. Member/enrollee has been appropriately turned and positioned;
 - ii. Group 2 or 3 support surface for pressure ulcers on the posterior trunk or pelvis are in use;
 - iii. Moisture and incontinence have been appropriately managed;
 - b. Neuropathic (diabetic) ulcers:
 - i. There is a comprehensive diabetic management program;
 - ii. Reduction in pressure on a foot ulcer has been accomplished with appropriate modalities;
 - c. Venous insufficiency ulcers:
 - i. Compression bandages and/or garments have been consistently applied;
 - ii. Leg elevation and ambulation have been encouraged;
- B.** Acute surgical or traumatic wound with documentation of both of the following:
1. Wound complications for which accelerated formation of granulation tissue is necessary;
 2. Accelerated granulation tissue formation cannot be achieved by other available topical wound treatments due to other conditions such as diabetes mellitus, peripheral neuropathy, lymphedema, peripheral artery disease, etc.

II. It is the policy of health plans affiliated with Centene Corporation that continued coverage of negative pressure wound therapy (NPWT) in the home setting is **medically necessary** when all of the following criteria are met:

- A. A licensed medical professional has documented the following over the past authorization period:
 - 1. Regular direct assessments of the wound(s) being treated with the NPWT pump;
 - 2. Supervision or performance of NPWT dressing changes;
 - 3. On at least a monthly basis, documented changes in the ulcer's dimensions and characteristics;
- B. NPWT has been in use < 4 months from initial application (including time in an inpatient setting);
- C. In the judgment of the treating practitioner, continued therapy is necessary;
- D. A measurable degree of wound healing has occurred over the prior month. Wound healing is defined as improvement occurring in either surface area (length x width) or depth of the wound.

III. It is the policy of health plans affiliated with Centene Corporation® that negative pressure wound therapy (NPWT) is **not medically necessary** if one or more of the following are present:

- A. The wound contains necrotic tissue with eschar, if debridement is not attempted;
- B. Osteomyelitis within the vicinity of the wound that is not concurrently being treated with intent to cure;
- C. Cancer in the wound;
- D. The presence of an open fistula to an organ or body cavity within the vicinity of the wound.

Background

Negative pressure wound therapy (NPWT), also called vacuum-assisted wound closure, refers to wound dressing systems that continuously or intermittently apply subatmospheric pressure the surface a wound through a vacuum system, which provides a positive pressure to the surface of a wound. The device has been applied to a wide range of clinical situations, including the open abdomen, following surgical debridement of acute or chronic wounds, diabetic foot ulcers, and reconstructive surgery. It has also been used in an effort to prevent surgical wound infection and as a means of instillation therapy. NPWT promotes the development of granulation tissue to cover deeper exposed tissues and enhances wound healing by reducing edema surrounding the wound, stimulating circulation, and increasing the rate of granulation tissue formation.^{2,3,4}

Commercially available negative pressure wound therapy systems include the vacuum-assisted closure (VAC therapy) device and the Chariker-Jeter wound sealing kit. The device consists of an open-pore polyurethane ether foam sponge, semi occlusive adhesive cover, fluid collection canister, and suction pump.²

Placing the device involves trimming the foam sponge to fit the open wound and placing it inside. Once the foam has been placed it is secured with an adhesive sheet and a hole is cut to place the suction port. The port connects to the tubing which drains into a disposable collection

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canister. A portable pump is connected to the suction tubing. The pump applies -50 to -175 mmHg of continuous or intermittent suction, which reduces the volume of the foam by up to 80 percent. The dressing and tubing are typically changed every 2 to 5 days depending on wound.²

Coding Implications

This clinical policy references Current Procedural Terminology (CPT[®]). CPT[®] is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2020, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT [®] Codes	Description
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

HCPCS Codes	Description
A6550	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and
A7000	Canister, disposable, used with suction pump, 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 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
K0746	Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 square inches

Reviews, Revisions, and Approvals	Date	Approval Date
Policy developed. Replaced “members” with “members/enrollees” in all instances.	09/20	09/20

References

1. Local coverage determination for negative pressure wound therapy pumps (L33821). Centers for Medicare and Medicaid Services. <http://www.cms.hhs.gov/mcd/search.asp>. Published October 2015 (updated January 1, 2020). Accessed April 1 2019.
2. Gestring M. Negative pressure wound therapy. UpToDate website. www.uptodate.com. Published July 22, 2020. Accessed September 9, 2020.
3. Evans K, Kim PJ. Overview of treatment of chronic wounds. UpToDate website. www.uptodate.com. Published September 1, 2020. Accessed September 9, 2020.
4. Armstrong DG, Meyr AJ. Basic principles of wound management. UpToDate website. www.uptodate.com. Published June 12, 2020. Accessed September 10, 2020.
5. Hayes Health Technology Assessment. Negative pressure wound therapy for chronic wounds: home use. Published December 15, 2016 (reviewed April 17, 2020). Accessed September 9, 2020.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise

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professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

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Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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