

Single Use Negative Pressure Wound Therapy System

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[Coverage Policy](#) DME 241
[Version](#) 4

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details [*](#).

Purpose:

This policy addresses Single Use Negative Pressure Wound Therapy Systems.

Description & Definitions:

The single use negative pressure wound therapy (NPWT) system is a pocket size device attached tube and self-contained dressing that is applied to the wound to create vacuum assisted drainage collection dressing. The system is a single use application where the dressing collects the wound drainage instead of a canister for up to 7 days then discarded.

Criteria:

Single Use Negative Pressure Wound Therapy Systems **do not meet the definition of medical necessity.**

Coding:

Medically necessary with criteria:

Coding	Description
	None

Considered Not Medically Necessary:

Coding	Description
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

A9272	Wound suction, disposable, includes dressing, all accessories and components, any type, each
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Document History:

Revised Dates:

- 2022: April
- 2019: November
- 2016: February
- 2015: February, March, June, August
- 2014: January
- 2013: January
- 2011: January, September
- 2009: June

Reviewed Dates:

- 2023: April
- 2021: April
- 2020: April
- 2018: November
- 2010: December

Effective Date:

- July 2008

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Special Notes: *

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

MUST SEE MEMBER BENEFIT FOR DETERMINATION.

We only cover DME that is Medically Necessary and prescribed by an appropriate Provider. We also cover colostomy, ileostomy, and tracheostomy supplies, and suction and urinary catheters. We do not cover DME used primarily for the comfort and wellbeing of a Member. We will not cover DME if We deem it useful, but not absolutely necessary for Your care. We will not cover DME if there are similar items available at a lower cost that will provide essentially the same results as the more expensive items.

Pre-Authorization is Required for All Rental Items.

Pre-Authorization is Required for All Repair and Replacement.

Keywords:

SHP Single Use Negative Pressure Wound Therapy System, SHP Durable Medical Equipment 241, DME, Wound Vac, NPWT, PICO, sNPWT, Disposable NPWT System, SNAP Therapy System, Smart Negative Pressure [SNaP], PocketDoc Micro Wound Therapy System