

## Negative Pressure Wound Vac, DME 241

### Table of Content

- [Purpose](#)
- [Description & Definitions](#)
- [Criteria](#)
- [Coding](#)
- [Document History](#)
- [References](#)
- [Special Notes](#)
- [Keywords](#)

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member’s condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.\*

### Purpose:

This policy addresses Negative Pressure Wound Vac.

### Description & Definitions:

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

### Criteria:

Negative Pressure Wound Vac is medically necessary for **1 or more** of the following

- Single (Disposable) use may used for **1 or more** of the following:
  - Clean, closed post-operative incision that has a high risk of infection
  - Clean, closed post-operative incision that has a high risk of wound dehiscence
  - Skin graft (small in size)
  - Chronic wounds with ALL of the following:
    - Low/moderate exudate production (<100mL/24h)
    - Low density (thin) exudate or drainage
    - No infection present
    - Smaller sized wound that are better situated for disposable vac use as evidenced by 1 or more of the following:
      - Stage III or IV pressure ulcers
      - Neuropathic ulcers
      - Ulcers related to venous or arterial insufficiency
      - Post surgical wounds.
      - Traumatic wounds
- Permanent (Non-disposable) use may be used for **ALL** of the following:
  - Wound as indicated by **1 or more** of the following:
    - Following skin graft or dermal substitute for acute or chronic wound

- Diabetic ulcer or wound, as indicated by **1 or more** of the following:
  - Complex diabetic ulcer or wound (eg, Wagner or University of Texas classification grade 2 wound)
  - Postamputation diabetic wound
  - Superficial ulcer or wound (eg, Wagner or University of Texas classification grade 1 diabetic wound that has not responded to 4 weeks of conventional treatment)(61)
- Open fracture
- Sternal infection
- Dehisced wounds or wound with exposed hardware or bone; or
- Post sternotomy wound infection or mediastinitis; or
- Complications of a surgically created wound where accelerated granulation therapy is necessary and cannot be achieved by other available topical wound treatment
- Ulcers related to venous or arterial insufficiency, in individuals who meet **ALL** of the following:
  - Compression bandages and/or garments have been consistently applied; and
  - Reduction in pressure on a foot ulcer has been accomplished with appropriate modalities; and
  - For initiation of therapy in the home setting, presence of the ulcer for at least 30 days;
- For Stage III or IV pressure ulcers **ALL** of the following:
  - The member has been appropriately turned and positioned, **AND**
  - The member has used a group 2 or 3 support surface for pressure ulcers on the posterior trunk or pelvis; **AND**
  - The member's moisture and incontinence have been appropriately managed.
- Conventional wound management ongoing (eg, debridement as indicated)
- No active bleeding or exposed vasculature in wound
- No eschar or necrotic tissue
- No exposed cortical bone, nerves, or organs
- No malignancy in wound
- No uncontrolled soft tissue infection or osteomyelitis
- No unexplored fistulas or fistulas to body organs or cavities
- Continuation is needed by **ALL** of the following:
  - Weekly assessment of the wound's dimensions and characteristics by a licensed health care professional is documented; and
  - Progressive wound healing is demonstrated.

Negative Pressure Wound Vac therapy is considered **not medically necessary** for any use other than those indicated in clinical criteria.

### Coding:

Medically necessary with criteria:

Coding	Description
A6550	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories.
A9272	Wound suction, disposable, includes dressing, all accessories and components, any type, each
E2402	Negative pressure wound therapy electrical pump, stationary or portable
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

Considered Not Medically Necessary:

Coding	Description
	None

### Document History:

Revised Dates:

- 2024: August
- 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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(2024). Retrieved Mar 25, 2024, from Centers for Medicare and Medicaid Services: <https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=negative%20pressure%20wound%20therapy&keywordType=starts&areald=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance>

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[https://www.google.com/search?q=Medical+Guidelines+for+single+use+negative+pressure+wound+therapy&sc\\_esv=ab02dd2696e7e4b9&rlz=1C1GCEJ\\_enUS1093US1093&sxsrf=ACQVn0\\_YtCWBk2kwqegkreFGNSIDygXYsg%3A1711482309833&ei=xSUDZq23MvWviLMPtJ2VuAU&ved=0ahUKEwjtrfe42JKF](https://www.google.com/search?q=Medical+Guidelines+for+single+use+negative+pressure+wound+therapy&sc_esv=ab02dd2696e7e4b9&rlz=1C1GCEJ_enUS1093US1093&sxsrf=ACQVn0_YtCWBk2kwqegkreFGNSIDygXYsg%3A1711482309833&ei=xSUDZq23MvWviLMPtJ2VuAU&ved=0ahUKEwjtrfe42JKF)

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LCA: Billing and Coding: Spiracur SNaP® Wound Care System (A53781). (2024, Jan 01). Retrieved Mar 25, 2024, from Centers for Medicare and Medicaid Services: <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=53781&ver=17&keyword=97607&keywordType=starts&areald=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>

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## Special Notes: \*

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

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.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan.

Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

All medically necessary medical equipment and supplies under the Virginia Administrative Code (12VAC30-50-165) may be covered only if they are necessary to carry out a treatment prescribed by a practitioner. Only supplies, equipment, and appliances that are determined medically necessary may be covered for reimbursement by DMAS. (12VAC30-50-165) The following criteria must be satisfied through the submission of adequate and verifiable documentation satisfactory to DMAS, or its contractor. Medically necessary DME and supplies shall be:

- Ordered by the practitioner on the CMN/DMAS-352;
- A reasonable and medically necessary part of the individual's treatment plan;
- Consistent with the individual's diagnosis and medical condition, particularly the functional limitations and symptoms exhibited by the individual; • Not furnished for the safety or restraint of the individual, or solely for the convenience of the family, attending practitioner, or other practitioner or supplier;
- Consistent with generally accepted professional medical standards (i.e., not experimental or investigational);
- Furnished at a safe, effective, and cost-effective level; and
- Suitable for use, and consistent with 42 CFR 440.70(b)(3), that treats a diagnosed condition or assists the individual with functional limitations.

#### Keywords:

SHP Negative Pressure Wound Vac, SHP Durable Medical Equipment 241, DME, Wound Vac, NPWT, PICO, sNPWT, Disposable NPWT System, SNAP Therapy System, PocketDoc Micro Wound Therapy System