Sentara Health Plans

Medicaid

Negative Pressure Wound Vac, DME 241

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Coverage Policy	DME 241
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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.*.

Description & Definitions:

Negative pressure wound therapy (vacuum-assisted wound closure) uses a specialized dressing and vacuum drainage to remove blood or serous fluid from a wound or operation site while maintaining a moist wound environment.

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
        - 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 is considered not medically necessary for any use other than those indicated in clinical criteria.

Document History:

Revised Dates:

- 2026: April – Implementation date of August 1, 2026. Annual review completed. No criteria changes or coding changes.
- 2024: August
- 2022: April
- 2019: November
- 2016: February
- 2015: February, March, June, August
- 2014: January
- 2013: January
- 2011: January, September
- 2009: June

Reviewed Dates:

- 2025: March – Implementation date of July 1, 2025. Annual review completed. No criteria changes, description of service and not medically necessary information. Updated to new policy format.
- 2023: April

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

Origination Date: July 2008

Coding:

Medically necessary with criteria:

Please refer to Prior Authorization List for most up to date requirement Search PAL List: Sentara Health Plans

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
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 sq in or less
K0745	Absorptive wound dressing for use with suction pump, home model, portable, pad size more than 16 sq in but less than or equal to 48 sq in
K0746	Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 sq in

Considered Not Medically Necessary:

Coding	Description
	None

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement.

Special Notes: *

- Coverage:
  - See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

- Application to products:
  - Policy is applicable to Sentara Health Plan Virginia Medicaid products.
- Authorization requirements:
  - Pre-certification by the Plan is required.
  - **Please refer to Prior Authorization List for most up to date requirement Search PAL List: Sentara Health Plans**
- 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 by medically necessary to correct or ameliorate the member's condition. EPSDT Supplement B (updated 5.19.22) Final.pdf.
  - **Documentation Requirements** DME Chapter IV (updated 5.23.25) Final.pdf appendix-b-21-excel-version-with-all-categories-of-appendix-b-july-2025.xlsx
    - All durable medical equipment (DME) and supplies must be ordered by a practitioner on the form: CMN/DMAS-352 (revised 2017) and must be medically necessary to treat a health condition. The CMN/DMAS352 may be completed by the practitioner, DME provider, or other health care professionals, but the practitioner must sign and date the completed Certification of Medical Necessity (CMN).
    - The CMN and any supporting verifiable documentation must be completed (signed and dated by the practitioner) within 60 days.
    - The CMN shall be valid for a maximum period of six (6) months for Medicaid individuals under 21 years of age. The CMN shall be valid for a maximum period of twelve (12) months for Medicaid individuals 21 years and older.
  - **Repair vs. Replacement Guidelines**
    - If individual owned equipment needs to be replaced prior to the service limit (Per Appendix B) expiring the provider will be required to justify and obtain service authorization.
    - Documentation for service authorization should include the required information as stated in this manual and the provider shall also include additional documentation as stated below:
      - What equipment the individual is currently using and why that equipment is no longer appropriate for the individual. This description shall include the reason why repairs could not be done or why the option to repair the equipment was not cost effective.
      - The provider shall include a breakdown of what items need to be repaired and include the cost to repair the items to justify why the purchase of new equipment would be more cost effective; and
      - If the item is no longer appropriate due to a change in medical condition, limitations and symptoms, or if the equipment was provided inappropriately, the provider shall give justification to describe the circumstances.

- **Rental vs. Purchase Guideline**
  - When determined to be cost effective by SHP, payment may be made for rental of the equipment in lieu of purchase. (12 VAC 30-50-165)
  - When usage is anticipated to be long-term, and the individual's need or condition is not expected to change, the items must be considered for purchase

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).

(2025, Jun 13). Retrieved Mar 03, 2026, from MCG 29th Edition: https://careweb.careguidelines.com/ed29/index.html

21 CFR 878.4783 - Negative pressure wound therapy device for reduction of wound complications. (2008, Jun 23). Retrieved Mar 03, 2026, from Code of Federal Regulations: https://www.ecfr.gov/current/title-21/section-878.4783

Durable Medical Equipment, Prosthetics, Orthotics and Supplies - Chapter IV: Covered Services and Limitations. (2025, Dec 05). Retrieved Mar 03, 2026, from Virginia Department of Medical Assistance Services: https://vamedicaid.dmas.virginia.gov/sites/default/files/2025-12/DME%20Chapter%20IV%20%28updated%2012.5.25%29_Final.pdf

Gestring, M. (2025, Jan 30). Negative pressure wound therapy. Retrieved Mar 03, 2026, from UpToDate: https://www.uptodate.com/contents/negative-pressure-wound-therapy?search=negative%20pressure%20wound%20therapy&source=search_result&selectedTitle=1~80&usage_type=default&display_rank=1#H881128800

LCA: Billing and Coding: Spiracur SNaP® Wound Care System (A53781). (2024, Jan 01). Retrieved Mar 03, 2025, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=Muscle+pain+detector&keywordType=starts&areaId=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all

LCD: Negative Pressure Wound Therapy Pumps (L33821). (2024, Jan 01). Retrieved Mar 03, 2026, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33821&ver=28&keyword=Negative%20pressure&keywordType=starts&areaId=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1

Negative Pressure Wound Therapy. (2025, Jun 02). Retrieved Feb 26, 2026, from Aetna: https://www.aetna.com/cpb/medical/data/300_399/0334.html

Negative Pressure Wound Therapy. (2026, Jan 01). Retrieved Feb 26, 2026, from United Healthcare: https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/negative-pressure-wound-therapy.pdf

Negative Pressure Wound Therapy for Closed Surgical Incisions Following Total Knee Arthroplasty. (2025, Jun 30). Retrieved Mar 03, 2026, from Hayes - a symplr company: https://evidence.hayesinc.com/report/hta.npwtjoint5426

Negative Pressure Wound Therapy/Vacuum Assisted Closure (VAC) for Nonhealing Wounds. (2025, May 15). Retrieved Feb 26, 2026, from Cigna Healthcare: https://static.cigna.com/assets/chcp/pdf/coveragePolicies/medical/mm_0064_coveragepositioncriteria_negative_pressure_vac.pdf

Negative Pressure Wound Therapy: Guideline. (2025, Oct). Retrieved Mar 03, 2026, from British Columbia Provincial Nursing Skin & Wound Committee: www.clwk.ca/get-resource/negative-pressure-wound-therapy-reusable-disposable-guideline/

Recently-Approved Devices. (2024, Feb 13). Retrieved Mar 03, 2026, from U.S. Food and Drug Administration: https://www.fda.gov/medical-devices/device-approvals-and-clearances/recently-approved-devices

Vacuum Assisted Wound Therapy in the Outpatient Setting. (2025, Oct 01). Retrieved Feb 26, 2026, from Anthem: https://www.anthem.com/medpolicies/abcbs_va/active/gl_pw_e001129.html

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