Sentara Health Plans

Commercial

Negative Pressure Wound Vac, DME 241

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Implementation	7/1/2025
Next Review Date	04/2026
Coverage Policy	DME 241
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Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details *.

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:

- 2024: April
- 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

Effective Date:

- July 2008

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
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. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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 Commercial products.
- Authorization Requirements: Pre-certification by the Plan is required.
- 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.

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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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