

Medical Policies



Policy E-31

Number:

Policy Name: Negative Pressure Wound Therapy Pumps/Vacuum Assisted Closure of Chronic Wounds

Policy Type: Medical Equipment (DME)

Subtype:

Effective 09-15-2025 End Date: 11-02-2025

Date:

Description

The purpose of the Negative Pressure Wound Therapy (NPWT) device is to promote wound healing. Wound healing is defined as improvement occurring in either surface area or depth of the wound. Lack of improvement of a wound is defined as a lack of progress in quantitative measurements of wound characteristics including wound length and width (surface area), or depth measured serially and documented over a specified time interval.

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date; and/or

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Criteria

Coverage is subject to the specific terms of the member's benefit plan.

Negative pressure wound therapy may be considered medically necessary when ALL of the following are met

- A complete wound therapy program involving **ALL** of the following has been tried or considered and ruled out prior to initiation of NPWT
 - Documentation of evaluation, care, and wound measurements by a licensed medical professional (i.e., physician, PA, CRNP, RN, LPN, RPT)

- Application of dressings to maintain a moist wound environment
- Debridement of necrotic tissue if present
- Evaluation of and provision for adequate nutritional status
- The indication is **ONE** or more of the following
 - The individual has been on an appropriate turn and position schedule
 - The individual's moisture and incontinence have been appropriately managed
 - A pressure reducing support surface has been used
 - The individual has been on a comprehensive diabetic management program
 - The individual has received reduction in pressure with appropriate modalities (i.e. saline wet-to-dry dressings, debridement, etc.)
 - The individual has received or participated in appropriate foot care (i.e., visual inspection, appropriate footwear, etc.)
 - Compression bandages and/or garments have been consistently applied
 - Leg elevation and ambulation have been encouraged
 - The wound requires accelerated formation of granulation tissue that cannot be achieved by other available topical wound treatments (e.g., comorbidities that prevent healing)
 - The wound requires accelerated formation of granulation tissue that cannot be achieved by other available topical wound treatments (e.g., comorbidities that prevent healing)
 - Continuation of treatment is ordered beyond discharge to the home setting
 - Appropriate wound treatments have been tried or considered and ruled out, and NPWT is initiated because it is considered, in the judgment of the treating physician, the best available treatment option
 - Complications of a surgically created wound (e.g., dehiscence, post-sternotomy disunion with exposed sternal bone, etc.) or traumatic wound (e.g., preoperative flap or graft, exposed bones) have occurred, and there is documentation of the medical necessity for accelerated formation of granulation tissue which cannot be achieved by other available topical wound treatments (e.g., other conditions that will not allow for healing times achievable with other topical wound treatments)
 - Chronic stage III or IV pressure ulcer and **ALL** of the following are met
 - Neuropathic ulcer (e.g., diabetic ulcer) and **ALL** of the following are met
 - Venous or arterial insufficiency ulcer and **ALL** of the following are met
 - Surgically created wound or traumatic wound and **ALL** of the following are met
 - An ulcer or wound encountered in an inpatient setting and **ONE** or more of the following are met

Note: The NPWT pumps/VAC must be prescribed by a physician and be capable of accommodating more than one (1) wound dressing set for multiple wounds on an individual. Therefore, more than one (1) pump billed per individual for the same time period is considered not medically necessary.

Negative pressure wound therapy not meeting the criteria as indicated in this policy is considered not medically necessary.

Procedure Codes

97605 97606 A6550 A7000 E2402		A6550	97606	97605
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Supplies

Supplies for negative pressure wound therapy are limited to the following;

- Fifteen (15) dressing kits per month Additional dressing kits per month must be supported by documentation that the wound size requires more than one dressing kit for each dressing change.
- Ten (10) canister sets per month Additional canister sets per month must be supported by documentation that a large volume of drainage (greater than 90 ml of exudate per day) requires more than one canister set.

Negative pressure wound therapy supplies exceeding these limits are considered not medically necessary.

Procedure Codes

A6550	A7000
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Negative Pressure Wound Therapy

Negative pressure wound therapy is considered not medically necessary when **ONE** or more of the following are met:

- Adequate wound healing has occurred to the degree that NPWT pumps/VAC may be discontinued, in the judgment of the treating physician; **or**
- Any measurable degree of wound healing has failed to occur over the prior month as documented in the individual's records; **or**
- Four (4) months (including the time NPWT was applied in an inpatient setting prior to discharge to the home) have elapsed using an NPWT pumps/VAC device in the treatment of any wound.

Coverage beyond four (4) months will be given individual consideration based upon additional documentation.

This additional documentation must address the initial condition of the wound including measurements, efforts to address all aspects of wound care, subsequent monthly wound measurements, and what changes in wound therapy are being applied to effect wound healing. This information must be updated with each subsequent request for additional months of use of NPWT pumps/VAC.

Procedure Codes

97605	97606	A6550	A7000

Professional Statements and Societal Positions Guidelines

American Academy of Orthopaedic Surgeons

The American Academy of Orthopaedic Surgeons (AAOS) 2022 guidelines for prevention of surgical site infections after major extremity trauma included recommendations for NPWT. The recommendations from AAOS do not support the continued use of NPWT in individuals undergoing fracture fixation due to similar outcomes to standard wound care but with an increased healthcare burden. In individuals with high-risk surgical incisions, the AAOS recommends that limited evidence suggests NPWT may be an option; however, its use will be influenced by cost. Importantly, these guidelines do not specifically address use in the outpatient setting.

American Academy of Wound Care (AAWC)

Clinical Practice Guidelines for the Use of Negative Pressure Wound Therapy (2018): This guideline provides specific recommendations for the use of NPWT in various wound types, including diabetic foot ulcers, pressure ulcers, and surgical wounds.

American College of Physicians

The American College of Physicians (2015) published guidelines on the treatment of pressure ulcers. The guidelines stated there was low-quality evidence that the overall treatment effect of NPWT did not differ from the standard of care.

Diagnosis Codes

For Stage III and IV Pressure Ulcers

L89.013	L89.014	L89.023	L89.024	L89.113	L89.114	L89.123
L89.124	L89.133	L89.134	L89.143	L89.144	L89.153	L89.154
L89.213	L89.214	L89.223	L89.224	L89.313	L89.314	L89.323
L89.324	L89.43	L89.44	L89.513	L89.514	L89.523	L89.524
L89.613	L89.614	L89.623	L89.624	L89.813	L89.814	L89.893
L89.894						

For diabetic ulcer of lower extremity, other than pressure ulcer

E08.621	E08.622	E09.621	E09.622	E10.621	E10.622	E11.621
E11.622	E13.621	E13.622				

and ONE of the following:

170.231	170.232	170.233	170.234	170.235	170.238	170.239
170.241	170.242	170.243	170.244	170.245	170.248	170.249
170.331	170.332	170.333	170.334	170.335	170.338	170.339
170.341	170.342	170.343	170.344	170.345	170.348	170.431
170.432	170.433	170.434	170.435	170.438	170.441	170.442
170.443	170.444	170.445	170.448	170.449	170.531	170.532

170.533	170.534	170.535	170.538	170.539	170.541	170.542
170.543	170.544	170.545	170.548	170.549	170.631	170.632
170.633	170.634	170.635	170.638	170.639	170.641	170.642
170.643	170.644	170.645	170.648	170.649	170.731	170.732
170.733	170.734	170.735	170.738	170.739	170.741	170.742
170.743	170.744	170.745	170.748	170.749	L97.111	L97.112
L97.113	L97.114	L97.115	L97.116	L97.118	L97.119	L97.121
L97.122	L97.123	L97.124	L97.125	L97.126	L97.128	L97.129
L97.211	L97.212	L97.213	L97.214	L97.215	L97.216	L97.218
L97.219	L97.221	L97.222	L97.223	L97.224	L97.225	L97.226
L97.228	L97.229	L97.311	L97.312	L97.313	L97.314	L97.315
L97.316	L97.318	L97.319	L97.321	L97.322	L97.323	L97.324
L97.325	L97.326	L97.328	L97.329	L97.411	L97.412	L97.413
L97.414	L97.415	L97.416	L97.418	L97.419	L97.421	L97.422
L97.423	L97.424	L97.425	L97.426	L97.428	L97.429	L97.511
L97.512	L97.513	L97.514	L97.515	L97.516	L97.518	L97.519
L97.521	L97.522	L97.523	L97.524	L97.525	L97.526	L97.528
L97.529	L97.811	L97.812	L97.813	L97.814	L97.815	L97.816
L97.818	L97.819	L97.821	L97.822	L97.823	L97.824	L97.825
L97.826	L97.828	L97.829	L97.913	L97.914	L97.915	L97.916
L97.918	L97.923	L97.924	L97.925	L97.926	L97.928	

For venous ulcer of lower extremity, other than pressure ulcer

I83.011	183.012	183.013	183.014	I83.015	183.018	183.019
183.021	183.022	183.023	183.024	183.025	183.028	183.029

183.211	183.212	I83.213	183.214	I83.215	183.218	183.219
183.221	183.222	183.223	183.224	183.225	183.228	183.229

For arterial insufficiency with ulcer

170.231	170.232	170.233	170.234	170.235	170.238	170.239
170.241	170.242	170.243	170.244	170.245	170.248	170.249
170.25						

OR

		187.2	I87.311	187.312	I87.313	I87.331	187.332	187.333
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AND one of the following

170.231	170.232	170.233	170.234	170.235	170.238	170.241
170.242	170.243	170.244	170.245	170.248	170.331	170.332
170.333	170.334	170.335	170.338	170.341	170.342	170.343
170.344	170.345	170.348	170.431	170.432	170.433	170.434
170.435	170.438	170.441	170.442	170.443	170.444	170.445
170.448	170.531	170.532	170.533	170.534	170.535	170.538
170.541	170.542	170.543	170.544	170.545	170.548	170.55
170.631	170.632	170.633	170.634	170.635	170.638	170.641
170.642	170.643	170.644	170.645	170.648	170.731	170.732
170.733	170.734	170.735	170.738	170.741	170.742	170.743
170.744	170.745	170.748	L97.111	L97.112	L97.113	L97.114
L97.115	L97.116	L97.118	L97.119	L97.121	L97.122	L97.123
L97.124	L97.125	L97.126	L97.128	L97.129	L97.211	L97.212
L97.213	L97.214	L97.215	L97.216	L97.218	L97.219	L97.221
L97.222	L97.223	L97.224	L97.225	L97.226	L97.228	L97.229

L97.311	L97.312	L97.313	L97.314	L97.315	L97.316	L97.318
L97.319	L97.321	L97.322	L97.323	L97.324	L97.325	L97.326
L97.328	L97.329	L97.411	L97.412	L97.413	L97.414	L97.415
L97.416	L97.418	L97.419	L97.421	L97.422	L97.423	L97.424
L97.425	L97.426	L97.428	L97.429	L97.511	L97.512	L97.513
L97.514	L97.515	L97.516	L97.518	L97.519	L97.521	L97.522
L97.523	L97.524	L97.525	L97.526	L97.528	L97.529	L97.811
L97.812	L97.813	L97.814	L97.815	L97.816	L97.818	L97.819
L97.821	L97.822	L97.823	L97.824	L97.825	L97.826	L97.828
L97.829	L97.911	L97.912	L97.913	L97.914	L97.915	L97.916
L97.918	L97.919	L97.921	L97.922	L97.923	L97.924	L97.925
L97.926	L97.928	L97.929				

Complications of a surgically created wound

K68.11	T81.31XA	T81.31XD	T81.31XS	T81.32D	T81.329A	T81.329D
T81.329S	T81.32XS	T81.42XA	T81.42XD	T81.42XS	T81.43XA	T81.43XD
T81.43XS	T81.44XA	T81.44XD	T81.44XS	T81.49XA	T81.49XD	T81.49XS
T81.4XXA	T81.89XA	T81.89XD	T81.89XS	T87.43	T87.44	T87.81

Open wound of upper or lower limb, Complicated

S41.001A	S41.001D	S41.001S	S41.002A	S41.002D	S41.002S	S41.021A
S41.021D	S41.021S	S41.022A	S41.022D	S41.022S	S41.041A	S41.041D
S41.041S	S41.042A	S41.042D	S41.042S	S41.101A	S41.101D	S41.101S
S41.102A	S41.102D	S41.102S	S41.121A	S41.121D	S41.121S	S41.122A
S41.122D	S41.122S	S41.141A	S41.141D	S41.141S	S41.142A	S41.142D
S41.142S	S51.001A	S51.001D	S51.001S	S51.002A	S51.002D	S51.002S

S51.021A	S51.021D	S51.021S	S51.022A	S51.022D	S51.022S	S51.041A
S51.041D	S51.041S	S51.042A	S51.042D	S51.042S	S51.801A	S51.801D
S51.801S	S51.802A	S51.802D	S51.802S	S51.821A	S51.821D	S51.821S
S51.822A	S51.822D	S51.822S	S51.841A	S51.841D	S51.841S	S51.842A
S51.842D	S51.842S	S61.501A	S61.501D	S61.502A	S61.502D	S61.502S
S61.521A	S61.521D	S61.521S	S61.522A	S61.522D	S61.522S	S61.541A
S61.541D	S61.541S	S61.542A	S61.542D	S61.542S	S71.021A	S71.021D
S71.021S	S71.022A	S71.022D	S71.022S	S71.041A	S71.041D	S71.041S
S71.042A	S71.042D	S71.042S	S71.101A	S71.101D	S71.101S	S71.102A
S71.102D	S71.102S	S71.121A	S71.121D	S71.121S	S71.122A	S71.122D
S71.122S	S71.141A	S71.141D	S71.141S	S71.142A	S71.142D	S71.142S
S81.001A	S81.001D	S81.001S	S81.021A	S81.021D	S81.021S	S81.022A
S81.022D	S81.022S	S81.041A	S81.042A	S81.801A	S81.801D	S81.801S
S81.821A	S81.821D	S81.821S	S81.822A	S81.822D	S81.822S	S81.841A
S81.841D	S81.841S	S81.842A	S81.842D	S81.842S	S91.021A	S91.021D
S91.021S	S91.022A	S91.022D	S91.022S	S91.041A	S91.041D	S91.041S
S91.042A	S91.042D	S91.042S	S91.102A	S91.102D	S91.102S	S91.301A
S91.301D	S91.301S	S91.321A	S91.321D	S91.321S	S91.322A	S91.322D
S91.341A	S91.342A					

CURRENT CODING

CPT:

97605 NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	Commercial
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97606	NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM	Commercial
97605	NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	Medicaid Expansion
97606	NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM	Medicaid Expansion

HCPCS:

A6550	Neg pres wound ther drsg set	Commercial
A7000	Disposable canister for pump	Commercial
E2402	Neg press wound therapy pump	Commercial
A6550	Neg pres wound ther drsg set	Medicaid Expansion
A7000	Disposable canister for pump	Medicaid Expansion
E2402	Neg press wound therapy pump	Medicaid Expansion

References

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- 10. Phillips MR, English SL, Reichard K, Vinocur C, Berman L. The safety and efficacy of using negative pressure incisional wound VACs in pediatric and neonatal patients. *J Pediatr Surg.* 2020;55(8):1470-1474.

doi:10.1016/j.jpedsurg.2019.10.011

ND Committee Review

Internal Medical Policy Committee 11-19-2020

- Changed statement, and
- o *Removed* procedure codes 97607; 97608; K0743; K0744; K0745; and K0746

Internal Medical Policy Committee 5-20-2021 Revision-

o *Changed* wording regarding dressing kits

Internal Medical Policy Committee 5-24-2022 Annual Review - no changes in criteria

Internal Medical Policy Committee 5-23-2023 Annual Review - no changes in criteria

Internal Medical Policy Committee 5-14-2024 Annual Review Coding - Effective July 1, 2024

- *Added* Policy Application
- o Added Diagnosis Code to the 'AND one of the following' section: L97.919
- Added Diagnosis Codes to the 'Complications of a surgically created wound' section: T81.31XS; T81.32XS; T81.42XA; T81.42XD; T81.42XS; T81.43XA; T81.43XD; T81.43XS; T81.44XA; T81.44XD; T81.44XS; T81.44XA; T81.44XD; T81.49XA; T81.49XA;
- Added Diagnosis Codes to the 'Open wound of upper or lower limb, complicated' section: S41.001D;
 S41.001S; S41.002D; S41.002S; S41.021D; S41.021S; S41.022D; S41.022S; S41.041D; S41.041S; S41.042D;
 S41.042S; S41.049D; S41.049S; S41.101D; S41.101S; S41.102D; S41.102S; S41.121D; S41.121S; S41.122D;
 S41.122S; S41.141D; S41.141S; S41.142D; S41.142S; S51.001D; S51.001S; S51.002D; S51.002S; S51.021D;
 S51.021S; S51.022D; S51.022S; S51.041D; S51.041S; S51.042D; S51.042S; S51.801D; S51.801S; S51.802D;
 S51.802S; S51.821D; S51.821S; S51.822D; S51.822S; S51.841D; S51.841S; S51.842D; S51.842S; S61.501D;
 S61.501D, S61.502D; S61.502S; S61.521D; S61.521S; S61.522D; S61.522S; S61.541D; S61.541S; S61.542D;
 S61.542S; S71.021D; S71.021S; S71.022D; S71.022S; S71.041D; S71.041S; S71.042D; S71.042S; S71.101A;
 S71.101D; S71.101S; S71.102A; S71.102D; S71.102S; S71.121D; S71.121S, S71.122D, S71.122S, S71.141D,
 S71.141S, S71.142D, S71.142S, S81.021D, S81.021S, S81.022D, S81.022S, S81.001A; S81.001D; S81.001S;
 S81.801A; S81.801D; S81.801S; S81.821D; S81.821S; S81.822D; S81.822S; S81.841D; S81.841S; S81.842D;
 S81.842S; S91.021D; S91.021S; S91.022D; S91.022S; S91.041D; S91.041S; S91.042D; S91.042S; S91.102A;
 S91.341S; S91.342D; and S91.342S; and
- Removed Diagnosis Codes from the 'For Stage III and IV Pressure Ulcers' section: L89.003; L89.004;
 L89.103; L89.104; L89.203; L89.204; L89.303; L89.304; L89.503; L89.504; L89.603; L89.604; L89.93; L89.94;
 and
- Removed Diagnosis Codes from 'AND one of the following' section: I70.239; I70.249; I70.339; I70.349; I70.439; I70.439; I70.539; I70.549; I70.639; I70.649; I70.739; I70.749; L97.101; L97.102; L97.103; L97.104; L97.105; L97.106; L97.108; L97.109; L97.201; L97.202; L97.203; L97.204; L97.205; L97.206; L97.208; L97.209; L97.301; L97.302; L97.303; L97.304; L97.305; L97.306; L97.308; L97.309; L97.401; L97.402; L97.403; L97.404; L97.405; L97.406; L97.408; L97.409; L97.501; L97.502; L97.503; L97.504; L97.505; L97.506, L97.508; L97.509; L97.801; L97.802; L97.803; L97.804; L97.805; L97.806; L97.808; L97.809; L97.901; L97.902; L97.903; L97.904; L97.905, L97.906; and L97.908; and
- Removed Diagnosis Codes from 'For venous ulcer of lower extremity other than pressure ulcer' section: 183.001; 183.002; 183.003; 183.004; 183.005; 183.008; 183.009; 183.201; 183.202; 183.203; 183.204; 183.205; 183.208; and 183.209; and
- o Removed Diagnosis Code from the 'Complications of a Surgically created wound' section: T81.4XXA; and

Removed Diagnosis Codes from 'Open wound of upper or lower limb, complicated' section: S41.009A;
 S41.029A; S41.129A; S41.149A; S51.009A; S51.029A; S51.049A; S41.109A; S51.809A; S51.829A; S51.849A;
 S61.509A; S61.529A; S61.549A; S71.029A; S71.049A; S71.129A; S71.149A; S81.029A; S81.049A; S81.829A;
 S81.849A, S91.029A; S91.049A; S91.329A; and S91.349A

Internal Medical Policy Committee 9-17-2024

- Coding update- Effective October 01, 2024
 - o Added diagnosis codes T81.329A; T81.329D; and T81.329S; and
 - o Removed diagnosis codes T81.32XA; and T81.32XD; and
- Revision Effective November 04, 2024
 - Removed diagnosis codes I70.239; I70.249; I70.339; I70.439; I70.449; I70.539; I70.549; I70.639; I70.649; I70.749; L97.101; L97.102; L97.103; L97.104; L97.105; L97.106; L97.108; L97.109; L97.201; L97.202; L97.203; L97.204; L97.205; L97.206; L97.208; L97.209; L97.301; L97.302; L97.303; L97.304; L97.305; L97.306; L97.308; L97.309; L97.401; L97.402; L97.403; L97.404; L97.405; L97.406; L97.408; L97.409; L97.501; L97.502; L97.503; L97.504; L97.505; L97.506; L97.508; L97.509; L97.801; L97.802; L97.803; L97.804; L97.805; L97.806; L97.808; L97.809; L97.901; L97.902; L97.903; L97.904; L97.905; L97.906; L97.908; L97.909; L97.919 & L97.929; and
 - Removed duplicate codes S61.501D; S91.102S; S91.301A; S91.301D; S91.301S; & S91.322D; and
 - *Removed* procedure code E2402.

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.