



ND

# Medical Policies



Policy Number:	E-47		
Policy Name:	Non-Powered Negative Pressure Wound Therapy System		
Policy Type:	Medical	Policy Subtype:	Durable Medical Equipment (DME)
Effective Date:	09-15-2025	End Date:	11-02-2025

## Description

The purpose of the non-powered negative pressure wound therapy system (NPWT) is to promote wound healing. The non-powered NPWT system is a portable negative pressure wound therapy device indicated for individuals who would benefit the device to promote wound healing.

## 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.

## Criteria

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

A non-powered negative pressure wound therapy system (e.g., Smart Negative Pressure [SNaP] Wound Care System, PICO) and related supplies 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;
  - 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;
  - Non-healing wound with a small amount of exudate;
  - Surgically closed incision;
- None of the following are present:
  - Actively infected ulcer;
  - Actively bleeding ulcer;
  - Inadequately drained ulcer;
  - Inadequately debrided ulcer;
  - Exposed blood vessels, anastomotic sites, organs, tendons, or nerves;
  - Ulcer containing malignancy;
  - Fistula;
  - Untreated osteomyelitis within the vicinity of the ulcer;
- Once placed on a non-powered NPWT system, a licensed medical professional will do **ALL** of the following:
  - Directly assess the ulcer(s) being treated with the non-powered NPWT system;
  - Document changes in the ulcer's dimension and characteristics at least monthly;

Note: A licensed health care professional, for the purposes of this policy, may be a physician, physician's assistant (PA), certified registered nurse practitioner (CRNP), registered nurse (RN), licensed practical nurse (LPN), or physical therapist (PT). The practitioner should be licensed to assess ulcers and/or administer ulcer care within the state where the individual is receiving non-powered NPWT.

## Procedure Codes

97607	97608	A9272	K0743	K0744	K0745	K0746
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The non-powered NPWT system and supplies is considered not medically necessary when **ONE** or more of the following are met:

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

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

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

## Procedure Codes

97607	97608	A9272	K0743	K0744	K0745	K0746
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## Supplies

Supplies for non-powered NPWT are limited to the following:

- Cartridge - 10 cartridges per ulcer per month - Additional cartridges per month must be supported by documentation evidencing the volume of drainage of exudates.
- Dressings -10 dressings per ulcer per month - Additional dressings per month must be supported by documentation in the individual's medical record and must be available upon request.
- Strap - one (1) per episode of treatment

Non-powered negative pressure wound therapy supplies exceeding these limits are considered not medically necessary.

## Procedure Codes

A9272	K0744	K0745	K0746
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## Staging of Pressure Ulcers

The following description of staging of pressure ulcers should be used when reviewing use of the NPWT device in the treatment of ulcers:

**Stage I:** Observable pressure related alteration of intact skin whose indicators as compared to the adjacent or opposite area on the body may include changes in one or more of the following: skin temperature (warmth or coolness), tissue consistency (firm or boggy feel), and/or sensation (pain, itching). The ulcer appears as a defined area of persistent redness in lightly pigmented skin, whereas in darker skin tones, the ulcer may appear with persistent red, blue, or purple hues.

**Stage II :** Partial thickness skin loss involving epidermis and/or dermis. The ulcer is superficial and presents clinically as an abrasion, blister, or shallow crater.

**Stage III :** Full thickness skin loss involving damage to, or necrosis of, subcutaneous tissue that may extend down to, but not through, underlying fascia. The ulcer presents clinically as a deep crater with or without undermining of adjacent tissue.

**Stage IV :** Full thickness skin loss with extensive destruction, tissue necrosis or damage to muscle, bone, or supporting structures (e.g., tendon, joint capsule). Undermining and sinus tracts also may be associated with Stage IV pressure ulcers.

# Professional Statements and Societal Positions Guidelines

Not Applicable

## Diagnosis Codes

**Covered Diagnosis Codes for Procedure Codes 97607; 97608; A9272; K0743; K0744; K0745; and K0746**

E08.51	E08.52	E08.59	E08.610	E08.618	E08.621	E08.622
E08.628	E08.630	E08.638	E08.69	E08.8	E08.9	E09.39
E09.40	E09.41	E09.42	E09.43	E09.44	E09.49	E09.51
E09.52	E09.59	E09.610	E09.618	E09.620	E09.621	E09.622
E09.628	E09.630	E09.638	E09.69	E10.21	E10.40	E10.41
E10.42	E10.43	E10.44	E10.49	E10.51	E10.52	E10.59
E10.610	E10.618	E10.620	E10.621	E10.622	E10.628	E10.630
E10.638	E10.65	E10.69	E10.8	E10.9	E11.21	E11.39
E11.40	E11.41	E11.42	E11.43	E11.44	E11.49	E11.51
E11.52	E11.59	E11.610	E11.618	E11.620	E11.621	E11.622
E11.628	E11.630	E11.638	E11.69	E11.8	E11.9	E13.21
E13.39	E13.40	E13.41	E13.42	E13.43	E13.44	E13.49
E13.51	E13.52	E13.59	E13.610	E13.618	E13.620	E13.621
E13.622	E13.628	E13.630	E13.638	E13.69	E13.8	E13.9
I83.011	I83.012	I83.013	I83.014	I83.015	I83.018	I83.019
I83.021	I83.022	I83.023	I83.024	I83.025	I83.028	I83.029
I83.211	I83.212	I83.213	I83.214	I83.215	I83.218	I83.219
I83.221	I83.222	I83.223	I83.224	I83.225	I83.228	I83.229

I87.011	I87.012	I87.013	I87.019	I87.031	I87.032	I87.033
I87.039	I87.2	I87.311	I87.312	I87.313	I87.9	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
L97.101	L97.102	L97.103	L97.104	L97.109	L97.111	L97.112
L97.113	L97.114	L97.119	L97.121	L97.122	L97.123	L97.124
L97.129	L97.211	L97.212	L97.213	L97.214	L97.219	L97.221
L97.222	L97.223	L97.224	L97.229	L97.311	L97.312	L97.313
L97.314	L97.319	L97.321	L97.322	L97.323	L97.324	L97.329
L97.411	L97.412	L97.413	L97.414	L97.419	L97.421	L97.422
L97.423	L97.424	L97.429	L97.511	L97.512	L97.513	L97.514
L97.519	L97.521	L97.522	L97.523	L97.524	L97.529	L97.811
L97.812	L97.813	L97.814	L97.819	L97.821	L97.822	L97.823
L97.824	L97.829	L97.911	L97.912	L97.913	L97.914	L97.919
L97.921	L97.922	L97.923	L97.924	L97.929	T81.31XA	T81.31XD
T81.32XA	T81.32XD	T81.89XA	T81.89XD			

## CURRENT CODING

### CPT:

97607	NEG PRESSURE WOUND THERAPY NON DME <= 50 SQ CM	Medicaid Expansion
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97608	NEG PRESSURE WOUND THERAPY NON DME >50 SQ CM	Medicaid Expansion
97607	NEG PRESSURE WOUND THERAPY NON DME <= 50 SQ CM	Commercial
97608	NEG PRESSURE WOUND THERAPY NON DME >50 SQ CM	Commercial

**HCPCS:**

A9272	Disp wound suct, drsg/access	Medicaid Expansion
K0743	Portable home suction pump	Medicaid Expansion
K0744	Absorp drg <= 16 suc pump	Medicaid Expansion
K0745	Absorp drg >16<=48 suc pump	Medicaid Expansion
K0746	Absorp drg >48 suc pump	Medicaid Expansion
A9272	Disp wound suct, drsg/access	Commercial
K0743	Portable home suction pump	Commercial
K0744	Absorp drg <= 16 suc pump	Commercial
K0745	Absorp drg >16<=48 suc pump	Commercial
K0746	Absorp drg >48 suc pump	Commercial

**References**

1. Nam JH, Park ES, Kim SH. The Utility of Disposable Negative Pressure Wound Therapy (PICO) in Wound Healing of Latissimus Dorsi Musculocutaneous Flap Donor Sites. J Wound Manage.2020;16(1): 21-25.
2. Hayes, Inc. Hayes Evidence Analysis Research Brief. PICO Single Use Negative Pressure Wound therapy System (Smith & Nephew) for Clean Surgical Incisions. Landsdale, PA: Hayes May 5, 2020.
3. Kirsner R, Dove C, Reyzelman A, Vayser D, Jaimes H. A prospective, randomized, controlled clinical trial on the efficacy of a single use negative pressure wound therapy system, compared to the traditional negative pressure wound therapy in the treatment of chronic ulcers of the lower extremities. Wound Rep Reg. 2019; 27:519-529.
4. Hayes, Inc. Hayes Technology Assessment. Prophylactic Negative Pressure Wound Therapy in Elective Open Abdominal Surgeries-Executive Summary. Landsdale, PA: Hayes. Feb 4, 2021, amended Apr 12, 2021.
5. Poteet SJ, Schulz SA, Povoski SP, Chao AH. Negative pressure wound therapy: Device design, indications, and the evidence supporting its use. Expert Rev Med Devices. 2021;18(2):151-160.  
doi:10.1080/17434440.2021.1882301
6. Shi J, Gao Y, Tian J, et al. Negative pressure wound therapy for treating pressure ulcers. Cochrane Database Syst Rev. 2023;5(5):CD011334. doi:10.1002/14651858.CD011334.pub3
7. Norman G, Shi C, Goh EL, et al. Negative pressure wound therapy for surgical wounds healing by primary

closure. Cochrane Database Syst Rev. 2022;4(4):CD009261. doi:10.1002/14651858.CD009261.pub7

8. Ailaney N, Johns WL, Golladay GJ, Strong B, Kalore NV. Closed incision negative pressure wound therapy for elective hip and knee arthroplasty: A systematic review and meta-analysis of randomized controlled trials. J Arthroplasty. 2021;36(7):2402-2411.doi:10.1016/j.arth.2020.11.039

9. Cooper HJ, Santos WM, Neuwirth AL, et al. Randomized controlled trial of incisional negative pressure following high-risk direct anterior total hip arthroplasty. J Arthroplasty. 2022;37(8S):S931-S936. doi:10.1016/j.arth.2022.03.039

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 11-19-20 Revisions-

- **Added** Procedure Codes A9272, K0743, K0744, K0745, K0746, and K0754
- **Added** Diagnosis Codes T81.31XA, T81.31XD, T81.32XA, T81.32XD, T81.89XA, and T81.89XD
- **Removed** Diagnosis Codes the following:

I70.231	I70.232	I70.234	I70.235	I70.238	I70.239	I70.241
I70.242	I70.243	I70.244	I70.245	I70.248	I70.249	I70.331
I70.331	I70.332	I70.333	I70.334	I70.335	I70.338	I70.339
I70.341	I70.342	I70.343	I70.344	I70.345	I70.348	I70.349
I70.431	I70.432	I70.433	I70.434	I70.435	I70.438	I70.439
I70.441	I70.442	I70.443	I70.444	I70.445	I70.448	I70.449
I70.531	I70.532	I70.533	I70.534	I70.535	I70.538	I70.539
I70.541	I70.542	I70.543	I70.544	I70.545	I70.548	I70.549
I70.631	I70.632	I70.633	I70.634	I70.635	I70.638	I70.639
I70.641	I70.642	I70.643	I70.644	I70.645	I70.648	I70.649
I70.731	I70.732	I70.733	I70.734	I70.735	I70.738	I70.739
I70.741	I70.742	I70.743	I70.744	I70.745	I70.748	I70.749

- **Updated** language

## Internal Medical Policy Committee 5-20-2021 Coding update-

- **Moved** Procedure Codes within policy (placement of codes)

## 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-no changes in criteria

- **Added** Policy Application

## Internal Medical Policy Committee 9-17-2024

- Coding update - **Effective October 01, 2024**
- **Added** Diagnosis Codes T81.320A; T81.320D; T81.320S; T81.321A; T81.321D; T81.321S; T81.328A; T81.328D; T81.328S; T81.329A; T81.329D; and T81.329S
- Revision - **Effective November 04, 2024**
- **Updated** verbiage; and
- **Removed** Diagnosis Codes I83.001; I83.002; I83.003; I83.004; I83.005; I83.008, I83.009; I83.201; I83.202; I83.203; I83.204; I83.205; I83.208; I83.209; I87.319; L89.003; L89.004; L89.103; L89.104; L89.203; L89.204; L89.303; L89.503; L89.504; L89.603; L89.604; L89.93; L89.94; L97.201; L97.202; L97.203; L97.204; L97.209; L97.301; L97.302; L97.303; L97.304; L97.309; L97.401; L97.402; L97.403; L97.404; L97.409; L97.501; L97.502; L97.503; L97.504; L97.509; L97.801; L97.802; L97.803; L97.804; L97.809; L97.901; L97.902; L97.903; L97.904; & L97.909.

## 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.*