GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Negative Pressure Wound Therapy (NPWT) is a topical treatment intended to promote healing in acute and chronic wounds. It involves the application of negative pressure (suction) to the wound bed. NPWT consists of a non-adherent porous wound dressing (sponge), a drainage tube placed adjacent or inserted in the dressing, occlusive transparent film which seals the wound and the drainage tube, and a connection to a vacuum source which supplies the negative pressure. The concept is to turn an open wound into a controlled closed wound, while removing excess fluid from the wound bed; thus enhancing circulation and disposal of cellular waste from the lymphatic system.

Powered NPWT devices may be stationary or portable, rely on AC or battery power, allows for regulation of the suction strength, has alarms to indicate loss of suction, and has a replaceable collection canister. Examples of portable rental units include, but may not be limited to:
- ActiV.A.C. Therapy Unit
- Invia Liberty and Invia Motion NPWT Systems
- RENASYS GO
- V.A.C. Freedom Therapy Unit

Non-powered NPWT devices use a mechanical (i.e., spring loaded) device to create a vacuum. These portable, single-use disposable devices are intended to treat smaller wounds. Examples of single-use disposable units include, but may not be limited to:
- Smart Negative Pressure (SNaP) Wound Care System
- PICO Single Use Negative Pressure Wound Therapy Wound System
- MyNeWT Negative Pressure Wound System
- Prevena and Prevena Duo Incision Management System
- UNO Negative Pressure Wound Therapy System
- V.A.C. Via Therapy System

POLICY
Powered NPWT (97605, 97606, A6550, E2402) does not require prior authorization.

Non-powered NPWT (97607, 97608) does not require prior authorization.

HMO, PPO, Individual Marketplace, Elite, Advantage

Powered NPWT
Paramount covers powered NPWT (97605, 97606, A6550, E2402) for non-healing wounds as medically necessary as listed below.

A complete wound therapy program depending on the type of wound should have been tried or considered, and ruled out prior to application of NPWT. The patient’s history, previous treatment regimens (if applicable), and current wound management for which an NPWT pump is being billed must be documented in the patient’s medical record, and be available for review upon request. The documentation must include such elements as length of sessions of use, dressing types and frequency of change, changes in wound conditions including precise measurements, quantity of exudates, presence of granulation and necrotic tissue, and concurrent measures being addressed relevant to wound therapy (debridement, nutritional concerns, support surfaces in use, positioning, incontinence control, etc.).

Paramount covers powered NPWT for nonhealing wounds as medically necessary.
• Coverage is provided up to a maximum of 15 dressing kits (A6550) per wound per month, unless there is documentation that the wound size requires more than one dressing kit for each dressing change.
• Coverage is provided up to a maximum of 10 canister sets (A7000) per month for HMO, PPO, Individual Marketplace, & Elite and 3 canister sets (A7000) per month for Advantage, unless there is documentation evidencing a large volume of drainage (>90ml of exudate per day). For high volume exudative wounds, a stationary pump with the largest capacity canister must be used.
• These items are considered rental only items. They are allowed for a limit of four months without medical review. When NPWT exceeds four months for the most recent wound and reimbursement ends, individual consideration for additional months may be sought using the appeals process. Documentation should be submitted with the appeal explaining the special circumstances necessitating the extended therapy time.
• For some suppliers, the kits and sets will not be reported separately and are considered included in the monthly reimbursement rate of the therapy pump.

Powered NPWT will be denied as not medically necessary if one or more of the following are present when a chart has been randomly reviewed:
• Presence in the wound of necrotic tissue with eschar, if debridement is not attempted
• Untreated osteomyelitis within the vicinity of the wound
• Cancer present in the wound
• Presence of a fistula to an organ or body cavity within the vicinity of the wound

Non-powered NPWT
Paramount covers non-powered NPWT (97607, 97608) if it is indicated for use as an adjunct to standard treatment in carefully selected patients who have failed all other forms of treatment. Non-powered NPWT may be indicated for wounds such as:
• Stage III and IV pressure ulcer
• Neuropathic (diabetic) ulcer
• Chronic (present for at least 30 days) ulcer of mixed etiology
• Venous or arterial insufficiency ulcer
• Complications of a surgically created wound
• Traumatic wound

Paramount expects providers to utilize all accepted wound care standards prior to using these devices.

Accepted wound care standards include the following:
• Patient turning and positioning
• Appropriate surface modalities to prevent pressure wounds
• Appropriate management of moisture and incontinence
• Consistent application of compression garments and/or bandages
• Leg elevation and ambulation
• Appropriate topical wound treatments
• Appropriate necrotic tissue debridement
• Nutritional status evaluation with appropriate intervention

The patient medical record maintained by the health care professional must include the following patient-specific information:
• Physician order for treatment
• Documentation to substantiate standard protocols have been met
• Wound description including specific measurements and condition
• Patient-specific treatment plan

CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<table>
<thead>
<tr>
<th>CPT CODES</th>
<th>Description</th>
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<tbody>
<tr>
<td>97605</td>
<td>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</td>
</tr>
<tr>
<td>97606</td>
<td>Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME),</td>
</tr>
</tbody>
</table>
including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters

<table>
<thead>
<tr>
<th>HCPCS CODE</th>
<th>Description</th>
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<tbody>
<tr>
<td>A6550</td>
<td>Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories</td>
</tr>
<tr>
<td>A7000</td>
<td>Canister, disposable, used with suction pump, each</td>
</tr>
<tr>
<td>E2402</td>
<td>Negative pressure wound therapy electrical pump, stationary or portable</td>
</tr>
</tbody>
</table>

**TAWG REVIEW DATES:** 04/18/2014, 04/23/2015

**REVISION HISTORY EXPLANATION**

**01/03/14:** Added codes 97605, 97606, G0456, G0457. Policy reviewed and updated to reflect most current clinical evidence. Policy approved by Medical Policy Steering Committee as revised.

**04/18/14:** Non-powered NPWT (G0456, G0457) may be now covered with prior authorization for Elite per CMS guidelines. Policy reviewed and updated to reflect most current clinical evidence. Policy approved by TAWG as revised.

**12/03/14:** New 2015 CPT codes 97607 & 97608 added.

**04/23/15:** Revised codes effective 1/1/15 97605 & 97606. Deleted codes effective 1/1/15 removed G0456, G0457. Non-powered NPWT (97607, 97608) is now covered without prior authorization for all product lines per TAWG. Policy reviewed and updated to reflect most current clinical evidence per TAWG.

**08/14/18:** Coverage increased from 3 to 10 canister sets (A7000) per month for HMO, PPO, Individual Marketplace, & Elite per CMS guidelines, and Advantage per ODM guidelines will continue with limit of 3 canister sets per month. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

**REFERENCES/RESOURCES**

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid [http://jfs.ohio.gov/](http://jfs.ohio.gov/)
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc