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## Negative Pressure Wound Therapy in the Outpatient Setting Corporate Medical Policy

File Name: Negative Pressure Wound Therapy in the Outpatient setting

File Code: 1.01.VT16

Origination: 12/15/2010

Last Review: 05/2024

Next Review: 05/2025

Effective Date: 06/01/2024

### Description/Summary

Negative pressure wound therapy (NPWT) consists of the use of a negative pressure or suction device to aspirate and remove fluids, debris and infectious materials from the wound bed to promote the formation of granulation tissue and wound healing. For definitions, please see [Attachment II](#).

### Policy

#### Coding Information

Click the links below for attachments, coding tables & instructions.

[Attachment I- CPT® & HCPCS Code List & Instructions](#)

#### Initiation of a Powered Negative Pressure Wound Therapy (NPWT)

An initial therapeutic trial of up to 30 days using a powered negative pressure wound therapy (NPWT) system, as part of a comprehensive wound care program that includes controlling factors such as diabetes, nutrition, relief of pressure, etc., may be considered **medically necessary** in the following indications:

- Chronic (>90 days) stage III or IV pressure ulcers that have failed to heal despite optimal wound care when there is high-volume drainage that interferes with healing and/or when standard dressings cannot be maintained due to anatomic factors; **OR**

- Traumatic or surgical wounds where there has been a failure of immediate or delayed primary closure AND there is exposed bone, cartilage, tendon, or foreign material within the wound; **OR**
- Wounds in patients with underlying clinical conditions that are known to negatively impact wound healing, which are non-healing (at least 30 days), despite optimal wound care. (Examples of underlying conditions include, but are not limited to diabetes, malnutrition, small vessel disease, and morbid obesity. Malnutrition, while a risk factor, must be addressed simultaneously with the negative pressure wound therapy.)

### **Continuation of Powered NPWT**

Continuation of the powered NPWT system, as part of a comprehensive wound care program, may be considered **medically necessary** following an initial therapeutic trial if the treatment trial has resulted in documented objective improvements in the wound, and if there is ongoing objective improvement during subsequent treatment. Objective improvements in the wound should include the development and presence of healthy granulation tissue, progressive wound contracture and decreasing depth, and/or the commencement of epithelial spread from the wound margins.

### **When a service or procedure is considered not medically necessary**

Continuation of the powered NPWT system is considered **not medically necessary** when any of the following occurs:

- The therapeutic trial or subsequent treatment period has not resulted in documented objective improvement in the wound; **OR**
- The wound has developed evidence of wound complications contraindicating continued NPWT; **OR**
- The wound has healed to an extent that either grafting can be performed or the wound can be anticipated to heal completely with other wound care treatments.

Negative pressure wound therapy is contraindicated and not medically necessary in the presence of **ANY** of the following:

- The wound is a Stage I or Stage II pressure ulcer; **OR**
- necrotic tissue with eschar present; **OR**
- untreated osteomyelitis within the vicinity of the wound; **OR**
- presence of a fistula to an organ or body cavity within the cavity of the wound; **OR**
- malignancy in the wound; **OR**
- exposed vasculature; **OR**
- exposed nerves; **OR**
- exposed anastomotic site; **OR**
- exposed organs; **OR**

- active bleeding; **OR**
- Patient is non-adherent to plan of care.

### When a service is considered investigational

Use of single-use NPWT systems (powered or nonpowered) is considered **investigational** for the treatment of acute or chronic wounds, including but not limited to diabetic, venous, surgical, and traumatic wounds.

### Information required

A written order for the NPWT and supplies, signed and dated by the treating physician who is responsible for managing the wound care.

### Policy Guidelines

Incomplete authorization requests may result in a delay of decision pending submission of missing information. To be considered complete, requests for authorization of negative pressure wound therapy must include the following:

- The nutritional status of the patient;
- Medical history and management of all underlying conditions, or documentation to support use as an initial therapy, including but not limited to **ANY ONE** of the following conditions:
  - Diabetes;
  - Edema;
  - Venous insufficiency;
  - Arterial insufficiency;
  - Incontinence;
  - Dietary/ nutritional deficiency.
- Wound description at the time NPWT is initiated, from a nurse or physician who is responsible for the wound dressing changes which includes **ALL** of the following:
  - Location of the wound;
  - Wound measurement including length, width and depth;
  - Description of the wound, including color, odor, etc.
  - Quantity and description of drainage;
  - Presence of granulation and necrotic tissue;
  - Debridement of necrotic tissue if present.
- Documentation of the existence of **ANY ONE** of the following ulcer types:
  - A stage III pressure ulcer (see description of stages);
  - A Stage IV pressure ulcer;

- Neuropathic ulcers (i.e. diabetic);
- Venous or arterial insufficiency ulcers unresponsive to standard therapy
- where:
  - o Compression bandages and/or garments have been consistently applied; and
  - o Reduction in pressure on a foot ulcer has been accomplished with appropriate modalities
  
- A surgically created wound (i.e. dehiscence; dehisced wounds or wound with exposed hardware or bone; or post sternotomy wound infection or mediastinitis; complications of a surgically created wound where accelerated granulation therapy is necessary and cannot be achieved by other available topical wound treatment.)
- A traumatic wound (i.e. pre-operative flap or graft).

## References

1. Blue Cross and Blue Shield Association. Negative Pressure Wound Therapy in the Outpatient Setting MPRM# 1.01.16. Last reviewed: February 2024. Accessed April 2024.

## Document Precedence

Blue Cross and Blue Shield of Vermont (BCBSVT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language, or employer's benefit plan if an ASO group, determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, BCBSVT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract/employer benefit plan language, the member's contract/employer benefit plan language takes precedence.

## Audit Information

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, BCBSVT reserves the right to recoup all non-compliant payments.

# Administrative and Contractual Guidance

## Benefit Determination Guidance

Prior approval may be required and benefits are subject to all terms, limitations and conditions of the subscriber contract.

NEHP/ABNE members may have different benefits for services listed in this policy. To confirm benefits, please contact the customer service department at the member's health plan.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits prior to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Coverage varies according to the member's group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through an Administrative Services Only (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member's employer benefit plan documents or contact the customer service department. Language in the employer benefit plan documents takes precedence over medical policy when there is a conflict.

## Policy Implementation/Update information

|         |  |
|---------|--|
| 07/2011 | New policy.  |
| 03/2014 | ICD-10 remediation. RLJ.   |
| 02/2015 | Adopted some language from BCBSA policy# 1.01.16. HCPCS codes added. New 2015 CPT codes added.   |
| 05/2016 | Updated some language from BCBSA policy #1.01.16 Removed and Re-ordered some references. Diagnosis specificity removed. PA still required. |
| 4/2017  | Added updated references, minor bolding of headers. No change in policy statements.  |
| 09/2017 | Reviewed policy no changes to policy statements. Updated references, added HCPCS code A7001 to coding table.                               |
| 09/2019 | Reviewed policy with no changes to policy statements. Added HCPCS code A9272 to coding table. Updated reference.                           |
| 04/2021 | Reviewed policy no change to policy statements.  |

|         |   |
|---------|---|
| 07/2022 | Policy reviewed; updated reference. Policy statement regarding nonpowered NPWT devices for acute or chronic wounds was updated for clarity but maintained as investigational. Updated statement applies to single-use NPWT devices (powered or nonpowered) for acute or chronic wounds, including but not limited to diabetic, venous, surgical, or traumatic wounds. |
| 05/2023 | Reviewed policy. No change to policy statements.  |
| 05/2024 | Reviewed policy. No changes made to the policy statement. Minor formatting changes. Reference updated.  |

### Eligible Providers

Qualified healthcare professionals practicing within the scope of their license(s).

### Approved by BCBSVT Medical Directors

Tom Weigel, MD, MBA  
Vice President & Chief Medical Officer

Tammaji P. Kulkarni, MD  
Senior Medical Director

Attachment I  
CPT® and HCPCS Code List & Instructions

| Code Type   | Number | Description  | Policy Instructions        |
|---|--------|--|----------------------------|
| <b>The following codes will be considered medically necessary when applicable criteria have been met.</b> |        |  |                            |
| CPT®  | 97605  | Negative pressure wound therapy (e.g., vacuum assisted drainage collection), 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   | No Prior Approval Required |
| CPT®  | 97606  | Negative pressure wound therapy (e.g., vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters  | No Prior Approval Required |
| CPT®  | 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 | No Prior Approval Required |

|       |       |   |   |
|-------|-------|---|---|
| CPT®  | 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 | No Prior Approval Required  |
| HCPCS | A6550 | Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories  | Prior approval is required for all DME or DME supplies with a purchase price greater than the dollar threshold refer to prior approval list     |
| HCPCS | A7000 | Canister, disposable, used with suction pump, each  | Prior approval is required for all DME or DME supplies with a purchase price greater than the dollar threshold refer to prior approval list     |
| HCPCS | A7001 | Canister, non-disposable, used with suction pump, each  | Prior approval is required for all DME or DME supplies with a purchase price greater than the dollar threshold refer to prior approval list     |
| HCPCS | A9272 | Wound suction, disposable, includes dressing and all accessories and components, any type, each   | Prior approval is required for all DME or DME supplies with a purchase price greater than the dollar threshold refer to corporate approval list |
| HCPCS | E2402 | Negative pressure wound therapy electrical pump, stationary or portable   | Prior approval is required for all DME or DME supplies with a purchase price greater than the dollar threshold refer to prior approval list     |



|       |       |   |   |
|-------|-------|---|---|
| HCPCS | K0743 | Suction pump, home model, portable, for use on wounds   | Prior approval is required or all DME or DME supplies with a purchase price greater than the dollar threshold refer to prior approval list  |
| HCPCS | K0744 | Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 square inches or less  | Prior approval is required for all DME or DME supplies with a purchase price greater than the dollar threshold refer to prior approval list |
| HCPCS | K0745 | Absorptive wound dressing for use with suction pump, home model, portable, pad size more than 16 square inches but less than or equal to 48 square inches | Prior approval is required for all DME or DME supplies with a purchase price greater than the dollar threshold refer to prior approval list |
| HCPCS | K0746 | Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 square inches   | Prior approval is required for all DME or DME supplies with a purchase price greater than the dollar threshold refer to prior approval list |

## Attachment II Definitions

**Dehisced wounds:** a condition where a wound has a premature opening or splitting along natural or surgical suture lines due to improper healing

**Eschar:** a dry scab that forms on skin that has been burned or exposed to corrosive agents

**Group 2 or 3 support surfaces:** Two groups within the three classifications of specialized pressure reducing bed types available as a preventive measure for bedsores. The classification system is as follows:

Group 1 - Pressure reducing mattress overlays; these overlays may be filled with air, water, foam or gel and are intended for placement over a standard mattress

Group 2 - Special mattresses alone or fully integrated into a bed; these mattresses may be filled with air, water, foam or gel and are intended as a replacement for a standard mattress

Group 3 - Air Fluidized Beds; these are devices that employ the circulation of filtered air through silicone coated ceramic beads that create the characteristics of fluid, creating a sensation of floating

**Mediastinitis:** a condition characterized by inflammation of the cavity that holds the heart and other organs

**Neuropathic ulcer:** an ulcer resulting from the loss of sensation (i.e., pain, touch, stretch) as well as protective reflexes, due to loss of nerve supply to a body part

**Post-sternotomy:** the period of time immediately following any surgery where the sternum or breastbone is opened to gain access to the chest cavity

**Pressure ulcer (National Pressure Ulcer Advisory Panel, 2007):** A pressure ulcer is localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction; a number of contributing or confounding factors are also associated with pressure ulcers; the significance of these factors is yet to be elucidated.

Until enough slough and/or eschar is removed to expose the base of the wound, the true depth, and therefore stage, cannot be determined; stable (dry, adherent, intact without erythema or fluctuance) eschar on the heels serves as "the body's natural (biological) cover" and should not be removed

**Vacuum assisted wound therapy:** a type of medical therapy that involves the use of

suction (negative pressure) underneath airtight wound dressings to promote the healing of open wounds that have resisted previous treatments

### **Pressure ulcer staging Suspected deep tissue injury**

Purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear; the area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue. Note: Deep tissue injury may be difficult to detect in individuals with dark skin tones; evolution may include a thin blister over a dark wound bed; the wound may further evolve and become covered by thin eschar; evolution may be rapid exposing additional layers of tissue even with optimal treatment. The following staging criteria are based on the National Pressure Ulcer Advisory Panel (NPAUP) staging system.

#### **Stage I**

Non-blanchable redness of intact skin light toned skin, or darker or violet hue in darkly pigmented skin. Note: The area may be painful, firm, soft, warmer or cooler as compared to adjacent tissue; stage I may be difficult to detect in individuals with dark skin tones; may indicate "at risk" persons (a heralding sign of risk)

#### **Stage II**

Partial thickness loss of involving epidermis and/or dermis. Note: Presents as a shiny or dry shallow ulcer without slough or bruising.\* This stage should not be used to describe skin tears, tape burns, perineal dermatitis, maceration or excoriation

\*Bruising indicates suspected deep tissue injury

#### **Stage III**

Full thickness skin loss involving damage or necrosis of subcutaneous tissue that may extend down to, but not through, underlying fascia. Note: The depth of a stage III pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput and malleolus do not have subcutaneous tissue and stage III ulcers can be shallow; in contrast, areas of significant adiposity can develop extremely deep stage III pressure ulcers; bone/tendon is not visible or directly palpable.

#### **Stage IV**

Full thickness tissue loss with extensive destruction, tissue necrosis or damage to bone, muscle, or supporting structures. Note: The depth of a stage IV pressure ulcer varies by anatomical location; the bridge of the nose, ear, occiput and malleolus do not have subcutaneous tissue and these ulcers can be shallow; stage IV ulcers can extend into muscle and/or supporting structures (e.g., fascia, tendon or joint capsule) making osteomyelitis possible; exposed bone/tendon is visible or directly palpable

#### **Unstageable**

Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed.