


<b>MEDICAL POLICY</b>	<b>Negative Pressure Wound Therapy (Medicare Only)</b>
<b>Effective Date: 09/01/2021</b>   <div style="text-align: right;">9/1/2021</div>	Medical Policy Number: 192
	Medical Policy Committee Approved Date: 05/2020; 6/2021
Medical Officer	Date

**See Policy CPT/HCPCS CODE section below for any prior authorization requirements**

## SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

## APPLIES TO:

Medicare only

### MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines
<i>Negative Pressure Wound Therapy Pumps</i>	<ul style="list-style-type: none"> <li>Local Coverage Determination (LCD): Negative Pressure Wound Therapy Pumps (<a href="#">L33821</a>)<sup>1</sup></li> <li>Local Coverage Article (LCA): Negative Pressure Wound Therapy Pumps (<a href="#">A52511</a>)<sup>2</sup></li> <li>LCA: Standard Documentation Requirements for All Claims Submitted to DME MACs (<a href="#">A55426</a>)<sup>3</sup></li> </ul>
<i>Suction Pumps</i>	<ul style="list-style-type: none"> <li>Local Coverage Determination (LCD): Suction Pumps (<a href="#">L33612</a>)<sup>4</sup></li> <li>Local Coverage Article: Suction Pumps - Policy Article (<a href="#">A52519</a>)<sup>5</sup></li> </ul> <p>Note: see sections on <i>Wound Suction</i></p>

## POLICY GUIDELINES

See guidelines above for specific documentation requirements – specifically [LCA A52511](#), [LCA A52519](#), and DOCUMENTATION REQUIREMENTS section of [LCA A55426](#).

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**BILLING GUIDELINES**

See [LCA A55426](#) for claims processing guidance.

**CPT/HCPCS CODES**

<b>Medicare Only</b>	
<b>Prior Authorization Required</b>	
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
E2402	Negative pressure wound therapy electrical pump, stationary or portable
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 square inches or less
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
K0746	Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 square inches
<b>No Prior Authorization Required</b>	
A6550	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories
A7000	Canister, disposable, used with suction pump, each
<b>Not Covered</b>	
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
A9272	Wound suction, disposable, includes dressing, all accessories and components, any type, each

## INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

## REGULATORY STATUS

### Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

## REFERENCES

1. Centers for Medicaid & Medicare Services. Local Coverage Determination (LCD): Negative Pressure Wound Therapy Pumps (L33821). Effective 5/1/2021. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33821>. Accessed 5/3/2021.
2. Centers for Medicaid & Medicare Services. Local Coverage Article: Negative Pressure Wound Therapy Pumps (A52511). Revision Effective Date: 01/01/2020. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52511>. Accessed 5/3/2021.
3. Centers for Medicaid & Medicare Services. Local Coverage Article: Standard Documentation Requirements for All Claims Submitted to DME MACs (A55426). Revision Effective Date: 04/06/2020. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=55426>. Accessed 5/3/2021.
4. Centers for Medicaid & Medicare Services. Local Coverage Determination (LCD): Suction Pumps (L33612). Effective 1/1/2020. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33612>. Accessed 5/3/2021.
5. Centers for Medicaid & Medicare Services. Local Coverage Article: Suction Pumps - Policy Article (A52519). Effective 4/3/2020. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52519>. Accessed 5/3/2021.