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|-----------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------|
|  | <b>Negative Pressure Wound Therapy</b> |                                           |
|                                                                                   | <b>Policy Number: POL-PP-217</b>       | <b>Original Creation Date: 08/09/2022</b> |
|                                                                                   | <b>Version Number: 5</b>               | <b>Version Effective Date: 08/09/2022</b> |
|                                                                                   | <b>Policy Status: Active</b>           | <b>Next Review Date: 08/09/2026</b>       |

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

| PROVIDER/ENTITY IMPACTED                                   |                                                        |                                                   |                                                                  |                                        |                                          |
|------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------------|----------------------------------------|------------------------------------------|
| <input checked="" type="checkbox"/><br><b>PROFESSIONAL</b> | <input checked="" type="checkbox"/><br><b>FACILITY</b> | <input checked="" type="checkbox"/><br><b>DME</b> | <input checked="" type="checkbox"/><br><b>AMBULATORY SURGERY</b> | <input type="checkbox"/><br><b>LAB</b> | <input type="checkbox"/><br><b>OTHER</b> |

| LINES OF BUSINESS IMPACTED                               |                                                                       |                                                                   |                                                               |                                                               |                                                               |                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------|
| <input checked="" type="checkbox"/><br><b>COMMERCIAL</b> | <input checked="" type="checkbox"/><br><b>BLUE MEDICARE ADVANTAGE</b> | <input checked="" type="checkbox"/><br><b>ACA QHP<sup>1</sup></b> | <input checked="" type="checkbox"/><br><b>SMALL GROUP ACA</b> | <input checked="" type="checkbox"/><br><b>JAA<sup>2</sup></b> | <input checked="" type="checkbox"/><br><b>FEP<sup>3</sup></b> | <input type="checkbox"/><br><b>DENTAL</b> |

<sup>1</sup> ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family    <sup>2</sup> JAA: Joint Administrative Account    <sup>3</sup> FEP: Federal Employee Program

| Disclaimer |
|------------|
|------------|

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

| Description/Application |
|-------------------------|
|-------------------------|

Negative pressure wound therapy (NPWT) is a type of therapy to help wounds heal. During the treatment, a device decreases air pressure on the wound. This can help the wound heal more quickly.

The gases in the air around us put pressure on the surface of our bodies. A wound vacuum device (wound vac) removes this pressure over the area of the wound. This can help a wound heal in several ways. It can gently pull fluid from the wound over time. This can reduce swelling and may help clean the wound. It's unclear if it reduces bacteria.

NPWT also helps pull the edges of the wound together. And it may stimulate the growth of new tissue that helps the wound close. These gastrointestinal endoscopy procedures may be performed to evaluate and treat disorders of the esophagus, stomach, small intestine, colon, and the pancreas and bile ducts.

## Policy

The application of a negative pressure wound device is considered incidental to the surgical procedure when performed at the same intervention and is not separately payable.

### **Single Use NPWT (powered or nonpowered)**

Single-use NPWT for the treatment of acute or chronic wounds, including diabetic, venous, surgical, and traumatic wounds will not be reimbursed.

For more information on covered and non-covered criteria please see Blue KC Medical Policy 1.01.16 Negative Pressure Wound Therapy in the Outpatient Setting.

When billing for NPWT:

- Include a diagnosis code describing the wound treated on each claim for the equipment and related supplies
- The medical record must include a statement from the treating practitioner describing the first condition of the wound, including measurements, and the efforts to address all aspects of wound care
- The medical record must, for each later month, include updated wound measurements and what changes are being applied to effect wound healing
  - Month-to-month comparisons of wound size must compare like measurements (that's, depth compared to depth or surface area compared to surface area)

If the initiation of NPWT occurs during an inpatient stay, document the first inpatient date of service to correctly account for the duration of treatment. This date must be available upon request.

### **Rental**

Rental of the NPWT device is daily and will not be reimbursed on a monthly basis. Modifier RR should be used on all claims to indicate when DME (durable medical equipment) is rented.

**Coding**

| CPT Range | Description                                                                                                                                                                                                                                                                                                                                                                               |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| E2402     | Negative pressure wound therapy electrical pump, stationary or portable.                                                                                                                                                                                                                                                                                                                  |
| A6550     | Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories.                                                                                                                                                                                                                                                                               |
| A7000     | Canister, disposable, used with suction pump, each.                                                                                                                                                                                                                                                                                                                                       |
| A7001     | Canister, non-disposable, used with suction pump, each.                                                                                                                                                                                                                                                                                                                                   |
| 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 sq in or less.                                                                                                                                                                                                                                                                                     |
| K0745     | Absorptive wound dressing for use with suction pump, home model, portable, pad size more than 16 sq in but less than or equal to 48 sq in.                                                                                                                                                                                                                                                |
| K0746     | Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 sq in.                                                                                                                                                                                                                                                                                |
| 97605     | Negative pressure wound therapy (e.g., 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 (e.g., 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                                                                                              |
| 97607     | Negative pressure wound therapy, (e.g., 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 <b>(INVESTIGATIONAL)</b> |
| 97608     | Negative pressure wound therapy, (e.g., 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 <b>(INVESTIGATIONAL)</b>          |

**References and Resources**

American Medical Association CPT Manual  
Centers for Medicare and Medicaid Services

**Related Documents**

Blue KC Medical Policy 1.01.16 Negative Pressure Wound Therapy in the Outpatient Setting  
Blue KC Medical Policy 10.01.528 Miscellaneous Investigational Procedures

**Revision History**

| Version | Date     | Summary of Revisions                                                                                                                                             |
|---------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 001     | 8/9/2022 | Initial version                                                                                                                                                  |
| 002     | 8/9/2023 | Removed medically necessary language from policy and added reference to Blue KC Medical Policy 1.01.16 Negative Pressure Wound Therapy in the Outpatient Setting |
| 03      | 8/9/2024 | Annual review, information on proof of delivery and standard written order were removed                                                                          |
| 05      | 8/9/2025 | Annual review, Misc. Investigational Procedures Medical Policy added as related document                                                                         |