

Policy Name:	Non-Powered or Single Use Negative Pressure Wound Therapy Systems
Effective Date:	8/20/2018

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member's plan document for specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare and Minnesota Health Care Programs, this policy will apply unless those programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

Coverage Policy

Non-powered or single use negative pressure wound therapy systems are investigative and therefore **NOT COVERED**.

Description

Negative pressure wound therapy (NPWT) is used in the treatment of acute and chronic wounds. 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 wound healing. Negative pressure wound therapy (NPWT) is also referred to as subatmospheric pressure wound therapy or vacuum-assisted wound therapy. NPWT involves the application of subatmospheric pressure to the surface of a wound. NPWT devices are classified as either powered (i.e. requiring an electrical power source), such as the V.A.C.® Therapy System, or non-powered (mechanical).

Disposable non-powered NPWT or single-use non-powered NPWT have been proposed for the treatment of smaller wounds. Examples of these devices include, but are not limited to: SNaP Wound Care System, PICO™ Single Use Negative Pressure Wound Therapy, V.A.C.Via Therapy System, ciSNaP Closed Incision system, and Prevena Incision Management System.

FDA Approval

Multiple non-powered and single use negative pressure wound therapy systems have received 510(k) clearance or FDA approval, including but not limited to:

- a. SNaP™ Wound Care System
- b. PICO™ Single Use Negative Pressure Wound Therapy System
- c. V.A.C.Via™ Negative Pressure Wound Therapy System
- d. ciSNaP™ Closed Incision System
- e. Prevena Incision Management System

Prior Authorization

Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes

- **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

HCPC Codes

A9272 - Mechanical wound suction, disposable, includes dressing and all accessories and components, each

Original Effective Date: 5/1/2012

Re-Review Date(s): 1/15/2015
6/20/2018

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