Medical Policy
Negative Pressure Wound Therapy in the Outpatient Setting

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• Policy: Medicare
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Policy Number: 543
BCBSA Reference Number: N/A
NCD/LCD: N/A; See Negative Pressure Wound Therapy Interpretive Guidelines

Related Policies
• Orthopedic Applications of Platelet-Rich Plasma, #737
• Skin Contact Monochromatic Infrared Energy as a Technique to Treat Cutaneous Ulcers, Diabetic Neuropathy, and Miscellaneous Musculoskeletal Conditions, #507
• Electrostimulation and Electromagnetic Therapy for Treating Wounds, #655
• Noncontact Ultrasound Treatment for Wounds, #657
• Bio-Engineered Skin and Soft Tissue Substitutes, #663

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Initiation of a powered negative pressure wound therapy (NPWT) system is considered MEDICALLY NECESSARY when the individual meets all of the criteria (1, 2, 3, 4 and 5) below:

1. A complete wound care program, which meets ALL of the requirements below, has been tried:
   • Documentation in the individual's medical record of evaluation, care, and wound measurements by a licensed medical professional; AND
   • Application of dressings to maintain a moist environment; AND
   • Debridement of necrotic tissue if present; AND
   • Evaluation of and provision for adequate nutritional status; AND
   • Underlying medical conditions (e.g., diabetes, venous insufficiency) are being appropriately managed; AND

2. An eligible condition is documented (individual must meet one or more of the following):
   • Stage III or IV pressure ulcers (see key terms below) at initiation of vacuum assisted wound therapy, in individuals who meet ALL of the following:
     o The individual has been appropriately turned and positioned; AND
     o The individual has used a group 2 or 3 support surface for pressure ulcers on the posterior trunk or pelvis (no special support surface is required for ulcers not located on the trunk or pelvis); AND
     o The individual's moisture and incontinence have been appropriately managed, OR
   • Neuropathic ulcers in individuals who meet BOTH of the following:
The individual has been on a comprehensive diabetic management program; AND
Reduction in pressure on a foot ulcer has been accomplished with appropriate modalities; OR
Ulcers related to venous or arterial insufficiency, in individuals who meet ALL of the following:
Compression bandages and/or garments have been consistently applied; AND
Reduction in pressure on a foot ulcer has been accomplished with appropriate modalities; AND
For initiation of therapy in the home setting, presence of the ulcer for at least 30 days; OR
Dehisced wounds or wound with exposed hardware or bone; OR
Post sternotomy wound infection or mediastinitis; OR
Complications of a surgically created wound where accelerated granulation therapy is necessary and cannot be achieved by other available topical wound treatment; OR
Skin graft success is questionable and hospital admissions will be avoided (coverage is provided for 5 days); OR
Wounds with massive exudate/transudate where normal dressings fill up quickly and macerate the wound

3. The wound to be treated is free from all of the following absolute contraindications to vacuum assisted wound therapy:
Exposed anastomotic site; OR
Exposed nerves; OR
Exposed organs; OR
Exposed vasculature; OR
Malignancy in the wound; OR
Necrotic tissue with eschar present; OR
Non-enteric and unexplored fistulas; OR
Untreated osteomyelitis, OR
Macroscopic contamination.

4. The powered negative pressure wound therapy (NPWT) system is being used as an adjunct therapy or as an alternative to surgery, AND
5. The medical record documents that the patient is willing and able to comply with using continuous or intermittent V.A.C. application 22 of 24 hours per day.

Continued use of electrically powered vacuum assisted wound therapy is considered MEDICALLY NECESSARY when:
The initial trial has resulted in documented objective improvements in the wound, AND
Weekly assessment of the wound’s dimensions and characteristics by a licensed health care professional is documented; AND
Documentation of progressive wound healing is demonstrated.

Continued use of electrically powered vacuum assisted wound therapy is considered NOT MEDICALLY NECESSARY when the continuation of treatment criteria above have not been met.

Electrically powered vacuum assisted wound therapy is considered INVESTIGATIONAL and NOT MEDICALLY NECESSARY for all other applications not meeting the medical necessity criteria above, including when any absolute contraindications to vacuum assisted wound therapy are present.

Non-electrically powered vacuum assisted wound therapy (for example, the SNaP™ Wound Care Device) is considered INVESTIGATIONAL and NOT MEDICALLY NECESSARY for all conditions.

Portable, battery powered, single use (disposable) vacuum assisted wound therapy devices (for example, the PICO™ Single Use Negative Pressure Wound Therapy System or the V.A.C.Via™ Negative Pressure Wound Therapy System) are considered INVESTIGATIONAL and NOT MEDICALLY NECESSARY for all conditions.
Medicare HMO Blue℠ and Medicare PPO Blue℠ Members

Medical necessity criteria and coding guidance for Medicare Advantage members living in Massachusetts can be found through the links below.

**Negative Pressure Wound Therapy Interpretive Guidelines March 2012**

For medical necessity criteria and coding guidance for Medicare Advantage members living outside of Massachusetts, please see the Centers for Medicare and Medicaid Services website for information regarding your specific jurisdiction at [https://www.cms.gov](https://www.cms.gov).

**Prior Authorization Information**

**Inpatient**
- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

**Outpatient**
- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

<table>
<thead>
<tr>
<th>Product</th>
<th>Prior Authorization</th>
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</thead>
<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>Prior authorization is required.</td>
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<tr>
<td>Commercial PPO and Indemnity</td>
<td>Prior authorization is not required.</td>
</tr>
<tr>
<td>Medicare HMO Blue℠</td>
<td>Prior authorization is required.</td>
</tr>
<tr>
<td>Medicare PPO Blue℠</td>
<td>Prior authorization is not required.</td>
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</tbody>
</table>

**CPT Codes / HCPCS Codes / ICD Codes**

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above medical necessity criteria **MUST** be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

**CPT Codes**

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
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</thead>
<tbody>
<tr>
<td>97605</td>
<td>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</td>
</tr>
<tr>
<td>97606</td>
<td>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</td>
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**HCPCS Codes**

<table>
<thead>
<tr>
<th>HCPCS codes:</th>
<th>Code 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>A7001</td>
<td>Canister, nondisposable, used with suction pump, each</td>
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</tbody>
</table>
The following CPT and HCPCS codes are considered investigational for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

**CPT Codes**

<table>
<thead>
<tr>
<th>CPT codes</th>
<th>Code Description</th>
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<tr>
<td>97607</td>
<td>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</td>
</tr>
<tr>
<td>97608</td>
<td>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</td>
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**HCPCS Codes**

<table>
<thead>
<tr>
<th>HCPCS codes</th>
<th>Code Description</th>
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<tr>
<td>A9272</td>
<td>Mechanical wound suction, disposable, includes dressing and all accessories and components, each</td>
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**Description**

**Chronic Wounds**

**Management**

The management and treatment of chronic wounds, including decubitus ulcers, is challenging. Most chronic wounds will heal only if the underlying cause (ie, venous stasis, pressure, infection) is addressed. Also, cleaning the wound to remove nonviable tissue, microorganisms, and foreign bodies is essential to create optimal conditions for either re-epithelialization (ie, healing by secondary intention) or preparation for wound closure with skin grafts or flaps (ie, healing by primary intention). Therefore, debridement, irrigation, whirlpool treatments, and wet-to-dry dressings are common components of chronic wound care.

Negative pressure wound therapy (NPWT) involves the use of a negative pressure therapy or suction device to aspirate and remove fluids, debris, and infectious materials from the wound bed to promote the formation of granulation tissue. The devices may also be used as an adjunct to surgical therapy or as an alternative to surgery in a debilitated patient. Although the exact mechanism has not been elucidated, it is hypothesized that negative pressure contributes to wound healing by removing excess interstitial fluid, increasing the vascularity of the wound, reducing edema, and/or creating beneficial mechanical forces that lead to cell growth and expansion.

A nonpowered (mechanical) NPWT system has also been developed; the Smart Negative Pressure Wound Care System is portable and lightweight (3 oz) and can be worn underneath clothing. This system consists of a cartridge, dressing, and strap; the cartridge acts as the negative pressure source. The
The system is reported to generate negative pressure levels similar to other NPWT systems. This system is fully disposable.

The focus of this evidence review is the use of NPWT in the outpatient setting. It is recognized that patients may begin using the device in the inpatient setting as they transition to the outpatient setting.

**Summary**

Negative pressure wound therapy (NPWT) involves the use of 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 individuals who have diabetic lower-extremity ulcers or amputation wounds who receive outpatient NPWT, the evidence includes RCTs and systematic reviews of RCTs. The relevant outcomes are symptoms, change in disease status, morbid events, quality of life (QOL), and treatment-related morbidity. There was a higher rate of wound healing and fewer amputations with NPWT, although the studies were at risk of bias due to lack of blinding. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

For individuals who have chronic pressure ulcers who receive outpatient NPWT, the evidence includes RCTs and systematic reviews. The relevant outcomes are symptoms, change in disease status, morbid events, QOL, and treatment-related morbidity. All trials are of low-quality and at high-risk of bias. Also, most study populations were treated in inpatient settings. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have lower-extremity ulcers due to venous insufficiency who receive outpatient NPWT, the evidence includes an RCT and a systematic review. The relevant outcomes are symptoms, change in disease status, morbid events, QOL quality of life, and treatment-related morbidity. A single RCT in patients with nonhealing leg ulcers who were treated with skin grafts found a faster rate of healing with NPWT when used in the inpatient setting. No studies were identified on the effectiveness of NPWT as a primary treatment for leg ulcers or for the use of NPWT in the outpatient setting. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have burn wounds who receive outpatient NPWT, the evidence includes RCTs, systematic reviews, and case series. The relevant outcomes are symptoms, change in disease status, morbid events, QOL, and treatment-related morbidity. An interim report of an RCT evaluating NPWT in partial-thickness burns, summarized in a Cochrane review, did not permit conclusions on the efficacy of NPWT for this indication. A separate RCT comparing NPWT with split-skin grafts in patients with full-thickness burns did not show differences in graft take and wound epithelialization. A retrospective case series reported functional outcomes for most patients who were treated with NPWT at a single-center. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have traumatic or surgical wounds who receive outpatient NPWT, the evidence includes RCTs and systematic reviews. The relevant outcomes are symptoms, change in disease status, morbid events, QOL, and treatment-related morbidity. There are limited data on NPWT as a primary treatment of partial-thickness burns. One RCT found no benefit of NPWT on graft take and wound epithelialization in patients with full-thickness burns. NPWT showed no benefit in the treatment of patients with surgical wounds or skin grafts healing by primary intention, and a systematic review of NPWT for traumatic and surgical wounds found no differences between standard dressing and NPWT for any wound outcome measure. However, a small RCT has suggested that prophylactic NPWT may reduce the number of dressing changes and pain when used in an outpatient setting. A small retrospective study reported improved epithelialization with NPWT in patients free of comorbidities. Additional study in larger samples is needed to evaluate this outcome measure. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have any wound type (acute or nonhealing) who receive portable single-use outpatient NPWT, the evidence includes systematic reviews and RCTs. The relevant outcomes are...
symptoms, change in disease status, morbid events, QOL, and treatment-related morbidity. The evidence includes an RCT of the PICO Single Use Negative Pressure Wound Therapy System, an RCT of the nonpowered Smart Negative Pressure Wound Care System, and a pseudorandomized study of the Prevena Incision Management System. The PICO device was studied in an adequately powered but unblinded RCT of combined in- and outpatient use following total joint arthroplasty; also, a 2017 RCT compared the PICO device with standard dressing following abdominal surgery. Results showed some benefits, though not statistically significant. One study with the Smart Negative Pressure nonpowered Wound Care System showed noninferiority to a vacuum-assisted closure device. However, interpretation of this trial is limited by a high loss to follow-up and lack of a control group treated with dressings. These studies are insufficient to draw conclusions about its efficacy. Well-designed comparative studies with larger numbers of patients are needed to determine the effects of these technologies with greater certainty. The evidence is insufficient to determine the effects of the technology on health outcomes.

Overall, the evidence from comparative clinical trials has demonstrated there is a subset of problematic wounds for which the use of NPWT may provide a significant clinical benefit. However, due to clinical variability and limited data, it is not possible to determine prospectively which wounds are most likely to respond favorably to NPWT. In addition, clinical input supports a therapeutic trial of NPWT for chronic pressure ulcers that have failed to heal, for traumatic or surgical wounds that have failed to close when there is exposed bone, cartilage, tendon, or foreign material within the wound, and for nonhealing wounds in patients with underlying clinical conditions known to negatively impact wound healing. Therefore, a therapeutic trial of NPWT of not less than 14 days may be considered medically necessary for chronic wounds that have failed to heal, despite intense conventional wound therapy for at least 90 days, or for wounds of at least 30 days that have a high probability of failure to heal due to compounding factors involving the wound and the patient. For continued use of NPWT beyond 14 days to meet criteria for medical necessity, there must be objective evidence of wound healing, such as the development of healthy granulation tissue and progressive wound contracture.

Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
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<tbody>
<tr>
<td>2/2018</td>
<td>New references added from BCBSA National medical policy.</td>
</tr>
<tr>
<td>2/2017</td>
<td>New references added.</td>
</tr>
<tr>
<td>1/2015</td>
<td>Clarified coding information.</td>
</tr>
<tr>
<td>7/2014</td>
<td>Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.</td>
</tr>
<tr>
<td>3/2014</td>
<td>Coding information clarified.</td>
</tr>
<tr>
<td>2/1/2013</td>
<td>BCBSA National medical policy review. No change in medical policy statement.</td>
</tr>
<tr>
<td>2/1/2013</td>
<td>New policy describing ongoing coverage and non-coverage statements.</td>
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Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:
- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
- Clinical Exception Process
- Medical Technology Assessment Guidelines
References


therapy compared with conventional dressings in clean and contaminated surgery. Medicine (Baltimore). Sep 2016;95(36):e4673. PMID 27603360


Endnotes

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1 Based on expert opinion