Medica Coverage Policy

Policy Name:	**Non-Powered or Single Use Negative Pressure Wound Therapy Systems**
Effective Date:	**08/19/2024**

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other 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, Medicaid, and other government programs, this policy will apply unless these 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 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.

NOTE: This position statement does not address non-disposable powered vacuum assisted wound devices (e.g.V.A.C.® Therapy System).

Coverage Policy

Non-powered or single use negative pressure wound therapy systems are considered investigative and unproven and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

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 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, Prevena Incision Management System, AVELLE Negative Pressure Wound Therapy System, myNeWT Negative Pressure Wound Therapy System, and UNO Negative Pressure Wound Therapy 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:
Mechanically powered:

1. SNaP™ Wound Care System (3M, St. Paul, MN) single use non powered

2. NPseal (Guard Medical Inc.) Negative Pressure Advanced System is a single-use device that includes an integrated, mechanical pump system. The NPseal can be replaced only one time for a total maximum wear time of 6 days.

Electrically Powered:

3. PICO™ Single Use Negative Pressure Wound Therapy System (Smith and Nephew, St Petersburg, FL) Pico 7 (7 is for 7 days of pump wear time) and Pico 14 (14 is for 14 day pump/therapy)
4. V.A.C.Via™ Negative Pressure Wound Therapy System (3M, St. Paul, MN)
5.
6. Prevena Incision Management System ((3M St. Paul, MN)
7. AVELLE Negative Pressure Wound Therapy System (ConvaTec Limited) disposable single-patient-use NPWT pump with up to a 30-day life span. Battery operated.
8. UNO Negative Pressure Wound Therapy System (Genadyne Biotechnologies, Inc.).

Prior Authorization

Prior authorization is not applicable. .

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
2/20/2020 – administrative update; format
7/21/2021
6/19/2024

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