



Medica Central Coverage Policy

Policy Name: Negative Pressure Wound Therapy with Installation Systems MP9720

Effective Date: 12/01/2025

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central 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 Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

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

Coverage Policy

Negative pressure wound therapy with instillation 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 safety and 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 with instillation (NPWTi) and dwell therapy is a novel treatment option that provides the combination of standard NPWT with timed, intermittent, delivery of a topical antiseptic and antimicrobial solutions and suspensions. The instillation of fluid is purported to help the removal of wound exudate, slough, and bacteria, which promotes a more rapid healing of the wound. NPWTi comprises the application of a foam dressing sealed with an adhesive film and connections for instillation and vacuum tubes. A solution is delivered to the foam dressing at preset intervals and may be allowed to dwell for a set amount of time. Subsequently, negative pressure is applied across the wound.



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FDA Approval

Multiple NWPT devices with instillation have received 510(k) clearance or FDA approval, including but not limited to:

1. V.A.C. VERAFLORTM Therapy device (3M KCI/Acelity). It is to be used with the V.A.C. Ultra unit, which is commercially marketed for use in the hospital setting.
2. Simultaneous IrrigationTM Technology tubing sets (Cardinal Health) for use with Cardinal Health SVED[®] and PRO NPWT devices, however, its use is not indicated for use in a home care setting.

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:

- **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
- **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

HCPCS Codes:

- **A6550** - Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories
- **A9272** - Wound suction, disposable, includes dressing, all accessories and components, any type, each
- **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



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| | Committee/Source | Date(s) |
|--------------------------|---|------------------|
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