



| <b>CLINICAL MEDICAL POLICY</b>     |  |
|------------------------------------|--|
| <b>Policy Name:</b>                | Negative Pressure Wound Therapy (NPWT) Pumps (L33821)  |
| <b>Policy Number:</b>              | MP-088-MD-PA   |
| <b>Responsible Department(s):</b>  | Medical Management   |
| <b>Provider Notice/Issue Date:</b> | 09/01/2023; 10/01/2022; 09/17/2021; 9/21/2020; 10/21/2019  |
| <b>Effective Date:</b>             | 10/01/2023; 11/01/2022; 10/18/2021; 10/19/2020; 10/21/2019   |
| <b>Next Annual Review:</b>         | 08/2024  |
| <b>Revision Date:</b>              | 08/16/2023; 08/17/2022; 08/18/2021; 08/19/2020   |
| <b>Products:</b>                   | Pennsylvania Medicare Assured  |
| <b>Application:</b>                | All participating and nonparticipating practitioners and facilities unless contractually precluded |
| <b>Page Number(s):</b>             | 1 of 4   |

**Policy History**

| <b>Date</b> | <b>Activity</b>   |
|-------------|---|
| 10/01/2023  | Provider Effective date   |
| 08/16/2023  | QI/UM Committee review  |
| 08/16/2023  | Annual Review: No changes to clinical criteria. Updated 'Reference Sources' section.  |
| 11/01/2022  | Provider Effective date   |
| 08/17/2022  | QI/UM Committee review  |
| 08/17/2022  | Annual Review: No changes to clinical criteria. Updated CMS hyperlinks. Removed 'Coding Guidelines' section as this information is currently stated in the listed LCD. Updated 'Reference Sources' section. |
| 10/18/2021  | Provider effective date   |
| 08/18/2021  | QI/UM Committee review  |
| 08/18/2021  | Annual Review: No changes to clinical criteria. Updated policy to Medicare format. Added hyperlinks and updated Reference Sources.  |
| 10/19/2020  | Provider effective date   |
| 08/19/2020  | Annual Review: Removed all hyperlinks; revised 'physician' to practitioner'; per the Noridian LCD, all ICD diagnosis codes removed; Operational Guidelines and Reference sections updated.                  |
| 08/19/2020  | QI/UM Committee Review  |
| 10/21/2019  | Provider effective date   |
| 08/21/2019  | QI/UM Committee approval  |

|            |                          |
|------------|--------------------------|
| 07/11/2019 | Initial policy developed |
|------------|--------------------------|

## **Disclaimer**

Highmark Wholecare<sup>SM</sup> medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

## **Policy Statement**

Highmark Wholecare<sup>SM</sup> may provide coverage under the medical-surgical benefits of the Company's Medicare products for medically necessary negative pressure wound therapy pumps.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

## **Procedures**

1. Please review the specific National Coverage Determination (NCD), Local Coverage Determination (LCD), and/or Local Coverage Article (LCA) information, as well as other CMS sources, using the links below.
2. Post-payment Audit Statement  
The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Wholecare<sup>SM</sup> at any time pursuant to the terms of your provider agreement.
3. Place of Service  
The proper place of service for negative pressure wound therapy can be both inpatient & outpatient.

## **Coverage Determination and Links**

Highmark Wholecare<sup>SM</sup> follows the coverage determinations made by CMS as outlined in the NCD, and the state specific LCD/LCA.

### CMS Link

- [CMS Website](#)

### NCD/LCD Links

- There are no current NCDs related to this topic.
- LCD: [Negative Pressure Wound Therapy Pumps \(L33821\)](#)

## Article Links

- [Negative Pressure Wound Therapy Pumps - Policy Article \(A52511\)](#)
- [Standard Documentation Requirements for All Claims Submitted to DME MACs \(A55426\)](#)

## **Reference Sources**

Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) Negative Pressure Wound Therapy Pumps (L33821). Original Effective date October 1, 2015. Revision Effective date May 1, 2021. Accessed on August 7, 2023.

Centers for Medicare and Medicaid Services (CMS). Local Coverage Article (LCA) Negative Pressure Wound Therapy Pumps - Policy Article (A52511). Original Effective date October 1, 2015. Revision Effective date August 15, 2021. Accessed on August 7, 2023.

Centers for Medicare and Medicaid Services. Noridian Healthcare Solutions. Local Coverage Article: Standard Documentation Requirements for All Claims Submitted to DME MACs (A55426). Original Effective date January 1, 2017. Revision Effective date April 6, 2020. Accessed on July 29, 2022.

## **Coding Requirements**

### Procedure Codes

#### HCPCS MODIFIERS:

GA - Waiver of liability statement issued as required by payer policy, individual case

GZ - Item or service expected to be denied as not reasonable and necessary

KX - Requirements specified in the medical policy have been met.

The KX modifier must not be used with an NPWT pump and supplies if:

1. The pump has been used to treat a single wound, and the claim is for the fifth or subsequent month's rental; OR
2. The pump has been used to treat more than one wound, and the claim is for the fifth or subsequent month's rental after therapy has begun on the most recently treated wound. In this situation, the KX modifier may be billed for more than four months of rental.

Claims billed without a KX, GA or GZ modifier will be rejected as missing information.

### Equipment Code

| HCPCS Code | Description   |
|------------|---|
| E2402      | Negative pressure wound therapy electrical pump, stationary or portable |

*The negative pressure wound therapy device (E2402) is classified as a DME rental item and may be subject to prior authorization requirements.*

### Supply Codes

| HCPCS Codes | Description  |
|-------------|--|
| A6550       | Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories |
| A7000       | Canister, disposable, used with suction pump, each   |

#### Noncovered Equipment

| HCPCS Code | Description  |
|------------|--|
| A9272      | Wound suction, disposable, includes dressing, all accessories and components, any type, each |

*Disposable wound suction pumps and related supplies (HCPCS code A9272) will be denied as statutorily noncovered because they do not meet the DME definition.*

#### **Reimbursement**

Participating facilities will be reimbursed per their Highmark Wholecare<sup>SM</sup> contract.