



CLINICAL MEDICAL POLICY	
Policy Name:	Negative Pressure Wound Therapy (NPWT) Pumps (L33821)
Policy Number:	MP-088-MC-PA
Responsible Department(s):	Medical Management
Provider Notice/Issue Date:	09/01/2024; 09/01/2023; 10/01/2022; 09/17/2021; 9/21/2020; 10/21/2019
Effective Date:	10/01/2024; 10/01/2023; 11/01/2022; 10/18/2021; 10/19/2020; 10/21/2019
Next Annual Review:	08/2025
Revision Date:	08/21/2024; 08/16/2023; 08/17/2022; 08/18/2021; 08/19/2020
Products:	Pennsylvania Medicare Assured
Application:	All participating and nonparticipating practitioners and facilities unless contractually precluded
Page Number(s):	1 of 4

Policy History

Date	Activity
10/01/2024	Provider Effective date
08/21/2024	QI/UM Committee review
08/21/2024	Annual Review: No changes to clinical criteria. Updated CMS hyperlinks and 'Reference Sources' section,
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 WholecareSM 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 WholecareSM 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 WholecareSM 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 WholecareSM 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 January 1, 2024. Accessed on July 31, 2024.

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 July 31, 2024.

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 January 1, 2024. Accessed on July 31, 2024.

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 WholecareSM contract.