

# Negative Pressure Wound Therapy (for Kansas Only)

**Policy Number:** CS157KS.01

**Effective Date:** June 1, 2025

[➔ Instructions for Use](#)

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<b>Related Policies</b>
<ul style="list-style-type: none"> <li>• <a href="#">Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements (for Kansas Only)</a></li> <li>• <a href="#">Skin and Soft Tissue Substitutes (for Kansas Only)</a></li> </ul>

## Application

This Medical Policy only applies to the state of Kansas.

## Coverage Rationale

For medically necessity clinical coverage criteria for negative pressure wound therapy, refer to the [Kansas Medical Assistance Program Professional Durable Medical Equipment Fee-for-Service Provider Manual](#).

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

**Coding Clarification:** Suction pumps and dressing codes (HCPCS codes K0743-K0746) apply to devices other than negative pressure wound therapy.

<b>CPT Code</b>	<b>Description</b>
97605	Negative pressure wound therapy (e.g., 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 (e.g., 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, (e.g., 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, (e.g., 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

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HCPSC Code	Description
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

## U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

For information on NPWT systems, refer to the following website (use product code OMP):  
<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmnmn.cfm>. (Accessed January 2, 2024)

## References

Kansas Medical Assistance Program Durable Medical Equipment Fee-for-Service Provider Manual. Available at:  
[https://portal.kmap-state-ks.us/Documents/Provider/Provider%20Manuals/DME\\_24171\\_24094.pdf](https://portal.kmap-state-ks.us/Documents/Provider/Provider%20Manuals/DME_24171_24094.pdf). Accessed November 22, 2024.

## Policy History/Revision Information

Date	Summary of Changes
06/01/2025	<ul style="list-style-type: none"> <li>New Medical Policy</li> </ul>

## Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state, or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state, or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state, or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state, or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its policies and guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare uses InterQual® for the primary medical/surgical criteria, and the American Society of Addiction Medicine (ASAM) criteria for substance use disorder (SUD) services, in administering health benefits. If InterQual® does not have applicable criteria, UnitedHealthcare may also use UnitedHealthcare Medical Policies that have been approved by the Kansas Department of Health and Environment. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.