
Resource Tool: Application of NPWT In Operative Cases

Generated on: 02/01/2018

This is not a coding directive, but an informal coding guidance based on the date generated. These resource tools will not be regularly reviewed and updated. Please refer to the most recent references and resources available.

This tool address the application of Negative Pressure Wound Therapy (NPWT, wound vac) on a surgical incision at the conclusion of an operative case. 2018 CPT codes 97605-97608.

Additional reporting of NPWT with a more extensive procedure should be based on medical necessity and limited to:

- Complications of a surgically created wound (e.g., dehiscence, post sternotomy disunion with exposed sternal bone, post sternotomy mediastinitis, or postoperative disunion of the abdominal wall).
- Traumatic wound (e.g., preoperative flap or graft, exposed bones, tendons, or vessels) and a need for accelerated formation of granulation tissue not achievable by other topical wound treatments (e.g., the individual has comorbidities that will not allow for healing times usually achievable with other available topical wound treatments).
- There is a chronic, nonhealing ulcer with lack of improvement for at least the previous 30 days despite standard wound therapy, including the application of moist topical dressings, debridement of necrotic tissue (if present).

Routine application of a NPWT to a surgical incision is considered a dressing should ***not*** be reported separately.

NCCI Chapter 1 General Correct Coding Principles

Some services are integral to large numbers of procedures. Other services are integral to a more limited number of procedures. Examples of services integral to a large number of procedures include:

- Insertion and removal of drains, suction devices, and pumps into same site
- Surgical closure and dressings

Source: NCCI Chapter 1 General Correct Coding Principles, ZHealth Rationale On Coded Cases, Written Query to PSEN, Email Query to Margie Vaught, AAOS, Novitas Proposed LCD DL35125 Wound Care

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