Pensar Medical™ *Negative Pressure. Positive Results.*

Home Health Agency (HHA)

2025 Coding, Coverage, and Medicare National Allowable Rate for the MicroDoc® Single-Use Negative Pressure Wound Therapy System

Coding

When a Medicare beneficiary is receiving HHA services under a Part-A covered home health plan of care, and the HHA either 1) applies a new complete disposable negative pressure wound therapy (dNPWT) system, or 2) removes and replaces a dNPWT system with a completely new dNPWT system, the HHA should report A9272 on their monthly home health claim[i]. See the complete code description in the Table below.

Because A9272 only accounts for the dNPWT device and accessories, the HHA should also report a routine registered nurse, licensed practical nurse, physical therapist, or occupational therapist visit when one applies a new dNPWT system to the Medicare beneficiary's wound.

NOTE: A9272 should not be reported for HHA visits when only a dressing change was performed.

Coverage

HHAs should verify if the Medicare Administrative Contractor (MAC), which processes their claims, released a Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) about dNPWT. If an LCD and/or an LCA exists, HHAs should read and follow the medical necessity, utilization, documentation, and coding guidelines.

NOTE: If your MAC has not released an LCD and/or an LCA, coverage will be based upon thorough documentation of the medical necessity for the dNPWT.

Payment

When medical necessity coverage criteria are met and documented, and when the HHA applies a new complete dNPWT system to a wound on a Medicare beneficiary, the HHA should receive separate Medicare payment for the dNPWT system: the MAC should pay 80% and the beneficiary, or their secondary insurance, should pay the remaining 20% of Medicare's allowable rate. See the 2025 allowable rate, which is the same for every HHA in the country, in the Table below.

Procedure Code	Code Description	2025 HHA Allowable Rate
A9272	Wound suction, disposable, includes dressing, all accessories and components, any type, each	$276.57

i Home Health Agency Final Rule: https://public-inspection.federalregister.gov/2024-25441.pdf

Disclaimer

The content included here is for informational purposes only; reimbursement for medical products and services is affected by numerous factors. The provider is always responsible for determining and submitting appropriate codes, charges, and modifiers for services rendered. Actual codes and/or modifiers used are at the sole discretion of the HHA. Providers should contact their third-party payers for specific information on their coding, coverage, and payment policies. This reimbursement content information is not intended to promote the off-label use of any product.

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