Pensar Medical™ *Negative Pressure. Positive Results.*

Physicians and Other Qualified Healthcare Professionals (QHPs)

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

Coding

When physicians and other QHPs either 1) apply a new complete disposable negative pressure wound therapy (dNPWT) system, or 2) remove and replace a dNPWT system with a completely new dNPWT system, they may report either 97607 or 97608, depending on the size of the wound. See the Table for exact code descriptions.

Coverage

Physicians/QHPs should verify if the Medicare Administrative Contractor (MAC), which processes their claims, released a Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) pertaining to dNPWT. If an LCD and/or an LCA exists, the physicians/QHPs 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.

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 physicians/QHPs. 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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Payment

When medical necessity coverage criteria are met and documented, and when the physician/QHP applies a new complete dNPWT system to a wound on a Medicare Part B-covered beneficiary, the MAC should pay 80%, and the beneficiary or their secondary insurance will be responsible for 20% of the facility or non-facility allowable rate.

The facility allowable rate is applicable in places of service (POS) such as:

- POS 19 off-campus outpatient hospital
- POS 21 inpatient hospital
- POS 22 on-campus outpatient hospital
- POS 31 skilled nursing facility during Medicare Part A skilled stay.

The non-facility allowable rate is applicable in POS such as:

- POS 11 office
- POS 32 skilled nursing facility during Medicare Part B non-skilled stay

See the Table for national average Medicare allowable rates[i]. Visit your MAC's website for the allowable rates specific to your geography.

NOTE: Based on individual contracts with other payers, physicians/QHPs may/may not receive separate payment for dNPWT.

NOTE: The National Correct Coding Initiative (NCCI) Editsii may prevent separate payment for 97607 or 97608 when performed at the same encounter on the same anatomic location as another minor procedure (e.g., 15271-15278, 97597, 97610). Because the NCCI Edits are updated on a quarterly basis, physicians/QHPs should review the NCCI procedure-to-procedure edits at the beginning of each quarter.

NOTE: Before furnishing dNPWT, physicians/QHPs should always verify if a fee-for-service Medicare covered beneficiary is receiving care from a home health agency (HHA) or a skilled nursing facility (SNF). For those beneficiaries, the physicians/QHPs should write an order for the HHA or SNF to furnish the dNPWT. The HHA consolidated billing system requires HHAs to purchase and bill for dNPWT ordered for Medicare beneficiaries under their care. The SNF consolidated billing system requires SNFs to purchase and apply the dNPWT ordered for Medicare beneficiaries in their facilities. If physicians/QHPs choose to purchase and apply dNPWT to these patients, they must have a contract with the HHA or SNFs and must bill them rather than the Medicare Part B program.

Procedure Code	Code Description	2025 MPFS Allowable Rates* Non-Facility	2025 MPFS Allowable Rates* Facility
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.	$323.14	$20.38
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.	$337.05	$23.61

*Allowable rates do not consider payment reductions e.g., sequestration.

i Medicare Physician Fee Schedule Look-Up Tool: https://www.cms.gov/medicare/physician-fee-schedule/search/overview
ii National Correct Coding Initiative Procedure-to-Procedure Edit Files: https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncci-procedure-procedure-ptp-edits
iii Home Health Agency Consolidated Billing System List: https://www.cms.gov/medicare/payment/prospective-payment-systems/home-health/coding-and-billing-information
iv Skilled Nursing Facility Consolidated Billing Files: https://www.cms.gov/medicare/coding-billing/skilled-nursing-facility-snf-consolidated-billing/2025-part-b-mac-update

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