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Physicians and Other Qualified Healthcare Professionals (QHPs)

2025 Coding, Coverage, and Medicare National Average Allowable Rates for Application of the WoundPro™ and WoundPro+™ Negative Pressure Wound Therapy (NPWT) Durable Medical Equipment (DME) System

Coding

When a Medicare Part B-covered beneficiary rents or purchases a NPWT DME system from a durable medical equipment prosthetic, orthotic supplies (DMEPOS) supplier, and is receiving wound/ulcer care from a physician or other qualified healthcare professional (QHP), the beneficiary should take their NPWT pump, a new canister, and a new dressing kit to each encounter.

When physicians/QHPs apply a NPWT DME system, they may report either 97605 or 97606, 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), that processes their claims, released a Local Coverage Determination (LCD) and/or Local Coding Article (LCA) pertaining to the application of NPWT DME systems. If an LCD and/or an LCA exists, the physicians/QHPs should read and follow the medical necessity, utilization, documentation, and coding guidelines. If your MAC has not released an LCD and/or an LCA, coverage for the application will be based upon thorough documentation of the medical necessity for the NPWT DME system.

NOTE: When a physician/QHP writes a new order for the Medicare beneficiary to receive a NPWT DME system from a DMEPOS supplier, the physician/QHP should read and follow the NPWT LCD (L33821) and LCA (A52511)[i] which specify the 1) documentation that should be in the beneficiary's medical record to support medical necessity and 2) utilization guidelines for use of the device by the beneficiary at home. They should also read and follow the Standard Documentation Requirements for All Claims Submitted to DME MACs (A55426),[ii] which provides excellent guidelines for writing complete orders, documenting to meet all DME requirements, coding correctly, and complying with signature requirements.

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 treating physician/QHP. 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 NPWT DME system to a Medicare Part B-covered beneficiary's wound/ulcer, the MAC should pay 80% and the beneficiary or her/his secondary insurance should 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 24 ambulatory surgical center

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

- POS 11 office
- POS 12 home

See the Table for national average Medicare allowable rates[iii]. 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) Editsiv may prevent separate payment for 97605 or 97606 when performed at the same encounter and on the same anatomic location as another minor procedure (e.g., 11042, 15271, 97597). 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 application of a NPWT DME system, physicians/QHPs should always verify if a Medicare Part B-covered beneficiary is receiving care from a skilled nursing facility (SNF). The SNF consolidated billing system require SNFs to apply NPWT DME systems used by Medicare beneficiaries under their care. If physicians/QHPs perform the application, they should have contracts to bill the SNF for their work.

Procedure Code	Code Description	2025 MPFS Allowable Rates* Non-Facility	2025 MPFS Allowable Rates* Facility
97605	Negative pressure wound therapy, (e.g., vacuum assisted drainage collection), utilizing durable medical equipment (DME), including 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.**	$42.05	$23.61
97606	Negative pressure wound therapy, (e.g., vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instructions for ongoing care, per session; **total wound(s) surface area greater than 50 square centimeters.**	$50.14	$25.55

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

i Negative Pressure Wound Therapy Pumps LCD: https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33821&ver=28&bc=0
, and LCA: https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52511&ver=28
ii Standard Documentation Requirements for All Claims Submitted to DME MACs: https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=55426&ver=117
iii Medicare Physician Fee Schedule Look-Up Tool: https://www.cms.gov/medicare/physician-fee-schedule/search/overview
iv 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
v Skilled Nursing Facility Consolidated Billing Lists: https://www.cms.gov/medicare/coding-billing/skilled-nursing-facility-snf-consolidated-billing/2025-part-b-mac-update

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