

## **Ask the Experts: New Home Health HCPCS Codes for Wound Vac Supplies**

### *NAHC Responds to Members' Inquiries and Concerns*

*Q: The latest list of HCPCS (Healthcare Common Procedure Coding System) codes used for home health consolidated billing, effective January 2005, included new codes 97605 and 97606. The description of these codes is "negative pressure wound therapy" (i.e., vacuum-assisted drainage collection). Does the addition of these codes mean that home health agencies must now pay for wound vac supplies and equipment?*

#### **From National Association for Home Care & Hospice Regulatory Affairs:**

No. Wound vac equipment and supplies are not part of home health consolidated billing; they continue to be paid under the durable medical equipment (DME) benefit. DME supplies will continue to submit claims for wound vac equipment and supplies, using the same codes that they have always used when billing Medicare:

Canister set: **A6551**

Dressing set: **A6550**

Pump: **E2404**

The confusion surrounding this issue arose because the Centers for Medicare & Medicaid Services (CMS) assigned codes 97605 and 97606 to wound vac treatments when provided by therapists. These codes were established because certain therapy providers (other than home health agencies) are required to use HCPCS codes to describe treatment modalities on Medicare claims. The two new codes are limited to use by these therapy providers when billing for clinical services. They are not intended for billing equipment and supplies.

CMS included the wound vac therapy codes on the bundled service list and added them to claim edits. This was intended to ensure that if claims are submitted by therapy providers for these services while a patient is under a home health plan of care, the claims will be rejected since therapy services must be bundled under the home health prospective payment system (PPS).

However, home health providers must keep in mind that contracted services provided outside of the home are limited to those provided at a hospital, skilled nursing facility, or rehabilitation facility when a beneficiary's care requires equipment too cumbersome to bring into the home. Despite the fact that codes 97605 and 97606 appear on the consolidated billing list, wound vac is not a treatment that requires "equipment too cumbersome to bring into the home." Therefore, if wound vac therapy is the sole therapy it does not qualify as a service that may be provided outside of the home.