Coverage Summary

Wound Treatments

Coverage Statement: Wound and ulcer treatments are covered when Medicare coverage criteria are met.

Guidelines/Notes:

1. Skin Substitutes
a. HCPCS codes Q4115, Q4123, Q4131-Q4137, Q4140, Q4141, Q4146-Q4148, Q4151-Q4160, Q4161 and Q41631-Q4165, Q4169, Q4170, Q4172

- Medicare does not have a National Coverage Determination (NCD) for the above skin substitutes.
- Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the LCD Availability Grid (Attachment A).
- For states with no LCDs/LCAs, see the UnitedHealthcare Medical Policy for Omnibus Codes for coverage guideline. (IMPORTANT NOTE: After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
- Committee approval date: March 20, 2018
- Accessed August 29, 2018

b. HCPCS codes Q4101 and Q4106

- Medicare does not have a National Coverage Determination (NCD) for the above skin substitutes.
- Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the LCD Availability Grid (Attachment A).
- For states with no LCDs, refer to the MCG™ Care Guidelines, 22nd edition, 2018, Skin Substitute, Tissue-Engineered ACG: A-0326 (AC) for information regarding medical necessity review. (IMPORTANT NOTE: After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
- Committee approval date: March 20, 2018
- Accessed August 29, 2018

c. HCPCS codes Q4102-Q4105, Q4107, Q4108, Q4110, Q4111, Q4117, Q4118, Q4121, Q4122, Q4124, Q4126, Q4127, Q4128, Q4166, Q4173 and Q4175

- Medicare does not have a National Coverage Determination (NCD) for the above skin substitutes.
- Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the LCD Availability Grid (Attachment A).
- For states with no LCDs/LCAs, see the Novitas LCDs for Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (L35041) for coverage guideline. (IMPORTANT NOTE: After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
- Committee approval date: March 20, 2018
- Accessed August 29, 2018

d. HCPCS codes Q4138, Q4139, Q4142, Q4143, Q4145, Q4149, Q4150, Q4167 and Q4168

- Medicare does not have a National Coverage Determination (NCD) for the above skin substitutes.
- Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.
- **For coverage guidelines,** refer to the UnitedHealthcare Medical Policy for Omnibus Codes. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
- **Committee approval date:** March 20, 2018
- Accessed April 27, 2018

e. **HCPCS code Q4174**
- Medicare does not have a National Coverage Determination (NCD) for the above skin substitutes.
- Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the LCD Availability Grid (Attachment A).
- **For states with no LCDs/LCAs,** see the CGS LCDs for Wound Application of Cellular and/or Tissue Based Products (CTPs), Lower Extremities (L36690) for coverage guideline. (IMPORTANT NOTE: After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
- **Committee approval date:** March 20, 2018
- Accessed August 29, 2018

2. **Electrical Stimulation (ES) Or Electromagnetic Therapy**

Electrical Stimulation is the application of electrical current through the electrodes placed directly on the skin in close proximity to the wound. Electrical stimulation uses electrical current applied through electrodes, which are placed directly on the skin close to the wound. While Electromagnetic Therapy is the application of pulsed magnetic field to induce current.

The use of ES and electromagnetic therapy for the treatment of wounds are considered adjunctive therapies, and will only be covered for chronic Stage III or Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers. **For coverage guideline, see the NCD for Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds (270.1).** (Accessed March 13, 2018)

3. **Hyperbaric Oxygen**

For purposes of coverage under Medicare, hyperbaric oxygen (HBO) therapy is a modality in which the entire body is exposed to oxygen under increased atmospheric pressure.

Hyperbaric oxygen is only covered as an adjunct to conventional therapy for patients who meet the coverage criteria. (Note: Topical application of oxygen does not meet the definition of HBO therapy. Its clinical efficacy has not been established, therefore, not covered.)

Refer to the Coverage Summary for Hyperbaric Oxygen Therapy. Also see the NCD for Hyperbaric Oxygen Therapy (20.29). (Accessed March 13, 2018)

4. **Negative Pressure Wound Therapy (NPWT) (HCPCS codes E2402, A6550, A7000)**

- Medicare does not have a National Coverage Determination (NCD) for Negative Pressure Wound Therapy (NPWT).
- Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist for all 50 states and compliance with these policies is required where applicable. For state-specific
LCDs/LCAs, refer to the DME MAC LCD for Negative Pressure Wound Therapy Pumps (L33821).

- **Committee approval date:** March 20, 2018
- **Accessed August 29, 2018**

5. **Wound Care Suction Device, Non-electric Powered, Disposable (e.g., Spiracur SNaP) (HCPCS code A9272)**
   - Medicare does not have a National Coverage Determination (NCD) for wound care suction devices.
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist for all 50 states and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the DME MAC LCD for Suction Pumps (L33612).
   - **Committee approval date:** March 20, 2018
   - **Accessed August 29, 2018**

**IMPORTANT NOTE:** After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD or Local Article is found, then use the Coverage Summary Guidelines below.

**Coverage Summary Guideline; based on the 4 DME MAC LCD for Suction Pumps (L33612):**

**A9272** - Mechanical wound suction, disposable, includes dressing, all accessories and components, any type each

Use of suction on wounds (A9272) is only appropriate in those clinical scenarios where the quantity of exudate exceeds the capacity of conservative measures such as surgical dressings and wound fillers to contain it. However, wound suction to remove exudate can be accomplished with the use of non-covered disposable, suction devices (A9272) or with covered DME devices (K0743).

Code A9272 describes a disposable wound suction device. Suction is developed through the use of any type of mechanism. This device includes all components, accessories and dressings. Examples (not all-inclusive) include SNaP (Spiracure), PICO (Smith and Nephew), VAC Via (KCI). Disposable wound suction items other than those coded as A9272 must be coded A9270 (non-covered item or service). For example, an elastomeric suction device would be correctly coded A9270.

**Food and Drug Administration (FDA) Information:**

As described by the Food and Drug Administration (FDA), the SNaP Wound Care System is a non-powered, portable, single-use suction device intended for wound management via application of negative pressure to the wound for removal of fluids, including wound exudate, irrigation fluids, and infectious materials. The SNaP Wound Care System is designed to provide active wound treatment through the removal of excess exudates, infectious material and tissue debris. The SNaP Wound Care System is indicated for removal of small amounts of exudate from chronic, acute, traumatic, subacute and dehisced wounds, partial-thickness burns, ulcers (such as diabetic or pressure), surgically closed incisions, flaps and grafts. The SNaP Wound Care System utilizes dedicated constant-force springs to mechanically generate the negative pressure gradient. The FDA info and approval can be accessed at

For guidelines for Wound Care Suction Pump Therapy (CPT codes 97607 & 97608), refer to Guideline 6 below.

6. **Wound Care Suction Pump Therapy (CPT codes 97607 & 97608)**

   **Note:** CPT codes 97607 & 97608 are not specific to the Spiracur SNaP Wound Care System. These codes apply to any equivalent product. If a disposable negative pressure wound therapy (NPWT) product is used that meets the same specifications as the Spiracur SNaP Wound Care System, but is a different product, the product name should be identified.

   **For guidelines for Non-electric Powered, Disposable Wound Care Suction Device (HCPCS code A9272), refer to Guideline 5 above.**

   - Medicare does not have a National Coverage Determination (NCD) for wound care suction pump therapy.
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the LCD Availability Grid (Attachment B).
   - For states with no LCDs/LCAs, see the refer to the MCG™ Care Guidelines, 22nd edition, 2018, Vacuum Assisted Wound Closure ACG: A-0346 (AC) for information regarding medical necessity review. (IMPORTANT NOTE: After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   - Committee approval date: March 20, 2018
   - Accessed August 29, 2018

7. **Blood-derived Products for Chronic Non-Healing Wound**

   Blood-derived products for wound healing are not covered. Examples include, but are not limited to:
   a. Platelet-derived wound-healing formulas
   b. Autologous platelet-derived growth factor (PDGF)
   c. Autologous platelet-rich plasma (PRP)
   d. Becaplermin, a non-autologous growth factor

   **Note:** The routine cost in Federally sponsored or approved clinical trials assessing the efficacy of autologous PRP in treating chronic, non-healing cutaneous wounds are covered by Medicare.

   See the NCD for Blood Derived Products for Chronic Non-Healing Wounds (270.3). (Accessed March 13, 2018)


   For payment rules for NCDs requiring CED, see Coverage Summary for Experimental Procedures and Items, Investigational Devices and Clinical Trials.

8. **Noncontact Normothermic Wound Therapy**
Noncontact Normothermic Wound Therapy uses a device reported to promote wound healing by warming a wound to a predetermined temperature. The device consists of a noncontact wound cover into which a flexible, battery powered, infrared heating card is inserted.

Noncontact normothermic wound therapy is not covered. There is insufficient scientific or clinical evidence to consider this device as reasonable and necessary for the treatment of wounds.

See the NCD for Noncontact Normothermic Wound Therapy (NNWT) (270.2), (Accessed March 13, 2018)

9. Infrared Therapy Devices

The use of infrared and/or near-infrared light and/or heat, including monochromatic infrared energy (MIRE), is not covered for the treatment, including symptoms such as pain arising from these conditions, of diabetic and/or non-diabetic peripheral sensory neuropathy, wounds and/or ulcers of skin and/or subcutaneous tissues.

See the NCD for Infrared Therapy Devices (270.6), (Accessed March 13, 2018)

Local Coverage Determinations (LCDs) exist and compliance with these policies is required where applicable. See the DME MAC LCD for Infrared Heating Pad Systems (L33825).

(Accessed August 29, 2018)

Also see the Coverage Summary for Skin Treatment, Services and Procedures.

II. DEFINITIONS

III. REFERENCES

See above

IV. REVISION HISTORY

09/18/2018 Updated Local Coverage Determination (LCD) Availability Grids; removed instruction to “use the applicable LCD based on member’s residence/place and type of service” (this note only applies when selecting the appropriate DME LCD Policy)

03/20/2018 Annual review with the following updates:

Guideline 1.a Skin Substitute (HCPCS codes Q4115, Q4123, Q4131-Q4137, Q4138, Q4139, Q4140, Q4141, Q4142, Q4143, Q4145, Q4146-Q4148, Q4149, Q4150 Q4151-Q4160, Q4161, Q4163-Q4165)

• Moved HCPCS codes Q4138, Q4139, Q4142, Q4143, Q4145, Q4149 and Q4150 to Guideline 1.d
• Added HCPCS codes Q4169, Q4170, Q4172

Guideline 1.b Skin Substitute (HCPCS codes Q4101 and Q4106) - updated MCG™ reference from 21st edition 2017 to 22nd edition 2018; no change in MCG guideline; no change in the CS guideline

Guideline 1.c Skin Substitute (HCPCS codes Q4102-Q4105, Q4107, Q4108, Q4110, Q4111, Q4112-Q4113, Q4114, Q4116, Q4117, Q4118, Q4119, Q4120, Q4121, Q4122, Q4124, Q4125, Q4126, Q4127, Q4128, Q4129 and Q4130)
- Deleted HCPCS codes Q4112-Q4113, Q4114, Q4116, Q4119, Q4120, Q4125, Q4129 and Q4130
- Added HCPCS codes Q4166, Q4173 and Q4175

Guideline 1.d (HCPCS codes Q4138, Q4139, Q4142, Q4143, Q4145, Q4149, Q4150, Q4167 and Q4168) - added new guideline with the following HCPCS codes:

- Q4138, Q4139, Q4141, Q4142, Q4143, Q4145, Q4149, Q4150 (moved from Guideline 1.a)
- Q4167 and Q4168 (added codes)

Guideline 1.e (HCPCS Code Q4174) – added new guideline

Guideline 6 [Wound Care Suction Pump Therapy (CPT codes 97607 & 97608)] - updated the MCG™ reference from 21st edition 2017 to the 22nd edition 2018

01/16/2018 Re-review with the following updates:

Guideline 1.a [HCPCS codes Q4115, Q4123, Q4131-Q4143, Q4145-Q4149, Q4150-Q4160 and Q4161-Q4165] - Updated the applicable LCDs to include the most recent website links and effective dates related to the Cahaba-Palmetto jurisdiction transition; no change in guideline.

Guideline 1.b [HCPCS codes Q4101 and Q4106] - Updated the applicable LCDs to include the most recent website links and effective dates related to the Cahaba-Palmetto jurisdiction transition; no change in guideline.

Guideline 1.c [HCPCS codes Q4102-Q4105, Q4107, Q4108, Q4110-Q4114, Q4116, Q4117, Q4118, Q4119, Q4120, Q4121, Q4122, Q4123, Q4124, Q4125, Q4126, Q4127, Q4128, Q4129 and Q4130] - Updated the applicable LCDs to include the most recent website links and effective dates related to the Cahaba-Palmetto jurisdiction transition; no change in guideline.

Guideline 6 [Wound Care Suction Pump Therapy (CPT codes 97607 & 97608)] - Updated the applicable LCDs to include the most recent website links and effective dates related to the Cahaba-Palmetto jurisdiction transition; no change in guideline.

03/21/2017 Annual review with the following updates:

Guideline 1.b

Guideline 6 (Wound Care Suction Pump Therapy)
03/15/2016  Annual review with the following updates:

Guideline 1.a
- added HCPCS codes Q4150-Q4160; Q4161-Q4165 (now addressed in the default UnitedHealthcare Medical Policy for Omnibus Codes)

Guideline 1.b
- removed HCPCS codes, Q4117, Q4118, Q4119 Q4120, Q4122, Q4123, Q4124, Q4125, Q4126, Q4127, Q4128, Q4130 (moved to Guideline 1.c)

Guideline 1.c
- removed HCPCS codes Q4150-Q4160 (moved to Guideline 1.a)
- added HCPCS codes Q4117, Q4118, Q4119, Q4120, Q4122, Q4123, Q4124, Q4125, Q4126, Q4127, Q4128, Q4130 (from Guideline 1.b) changed default guideline for states with no LCDs from Wisconsin Physician LCD for Application of Bioengineered Skin Substitutes (L30135) to Novitas LCD for Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (L35041) (Note: L30135 was retired on 9/30/2015; replaced by L34593 which was also retired 3/1/2016 with no replacement.)

Guideline 6 (Wound Care Suction Pump Therapy)

Updated reference link(s) of the applicable LCDs to reflect the condensed link.

04/21/2015  Guideline #7 (Blood-derived Products for Chronic Non-Healing Wound)
- Added reference link to the list of Medicare approved clinical trials.
- Added reference link to the Coverage Summary for Experimental Procedures and Items, Investigational Devices and Clinical Trials for payment rules for NCDs requiring CED.

03/24/2015  Annual review with the following updates:

Guideline 1 (Skin Substitutes): Revised into 3 different sections.
- Guideline 1.a (HCPCS codes Q4115, Q4123, Q4131-Q4143, Q4145-Q4149): Added guideline with default for states with no LCDs to the United Healthcare Medical Policy for Omnibus Codes.
- Guideline 1.b (HCPCS codes HCPCS codes Q4101, Q4106, Q4117- Q4120, Q4122-Q4128, Q4130): Added guideline with default for states with no LCDs to the MCG™ Care Guidelines, 19th edition, 2015, Skin Substitute, Tissue-Engineered ACG: A-0326 (AC)
- Guideline 1.b (HCPCS codes Q4102-Q4105, Q4107, Q4108, Q4110-Q4114, Q4116, Q4121, Q4129, Q4150-Q4160): Added guideline with default for states with no LCDs to the LCD for Application of Bioengineered Skin Substitutes (L30135)

Guideline 2 [Electrical Stimulation (ES) Or Electromagnetic Therapy]
- Added the language based on the NCD for Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds (270.1), to indicate:
• The use of ES and electromagnetic therapy for the treatment of wounds are considered adjunctive therapies, and will only be covered for chronic Stage III or Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers.

• Removed coverage guidelines; guidelines addressed in the referenced NCD for Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds (270.1).

Guideline 4 [Negative Pressure Wound Therapy (NPWT)]: Added HCPCS codes E2402, A6550, A7000; Removed coverage guidelines; guidelines addressed in the referenced DME MAC LCDs for Negative Pressure Wound Therapy Pumps

Guideline 5 (Wound Care Suction Device, Non-electric Powered, Disposable)
• Added language to indicate:
  Code A9272 describes a disposable wound suction device. Suction is developed through the use of any type of mechanism. This device includes all components, accessories and dressings. Examples (not all-inclusive) include SNaP (Spiracure), PICO (Smith and Nephew), VAC Via (KCI). Disposable wound suction items other than those coded as A9272 must be coded A9270 (non-covered item or service). For example, an elastomeric suction device would be correctly coded A9270.

Guideline 6 (Wound Care Suction Pump Therapy): Removed reference to HCPCS codes G0456 & G0457 (deleted); replaced with 97607 & 97608; Replaced default policy for states with no LCDs from LCD for Outpatient Physical and Occupational Therapy Services (L26884) to MCG™ Care Guidelines, 19th edition, 2015, Vacuum Assisted Wound Closure ACG: A-0346 (AC).

Guideline 9 Infrared Therapy Devices: Added reference link to the LCDs for Infrared Heating Pad Systems.

03/18/2014  Annual review with the following updates:
• Guideline #1 Skin Substitutes - Added guideline for PriMatrix™ based on the default LCD for states with no LCDs Novitas LCD for Bioengineered Skin Substitutes (L32622).
• Guideline #5 Wound Care Suction Device, Non-electric Powered, Disposable - Revised guideline based on the default DME MAC LCDs.
• Definitions - Updated the definition of Staging of Pressure Ulcers; deleted the definitions of Apligraf®, Graftjacket®, Oasis® and Platelet Derived Growth Factors.

04/29/2013  Annual review with the following updates:
• Guidelines #1 (Skin Substitutes) - changed default guidelines for state with no LCDs from Trailblazer LCD for Bioengineered Skin Substitutes - 4S-162AB-R8 (L30854) (retired) to Novitas LCD for Bioengineered Skin Substitutes (L32622).
• Guidelines #5 (Spiracur SNaP Wound Care System (Mechanical Wound Pump System; HCPCS code A9272) - renamed to “Wound Care Suction Device, Non-electric Powered, Disposable (e.g., Spiracur SNaP) (HCPCS code A9272)” and changed default guidelines from Local Articles for Spiracur SNaP® Wound Care System (A51406) (no longer available) to the DME MAC LCD for Suction Pumps.
• Guidelines #6 (Wound Care Suction Pump Therapy; HCPCS codes G0456 and G0457) - added applicable coverage guidelines (new to policy).

04/23/2012 Annual review with the following updates:
• Guidelines 7 # (Skin Substitutes) – revised based on the revised default LCD
• Guidelines # 5 (Spiracur SNaP Wound Care System) - added

10/31/2011 LCD Availability Grid for Skin Substitutes (Attachment A) updated, i.e., retired LCDs, L29279 and L22127 were deleted.

04/26/2011 Annual review; updated Guidelines #1 Skin Substitutes: (1) changed the LCD guidelines for states with no LCDs from Trailblazer L23046 (retired August 2010) to Trailblazer L30854 and (2) updated the Skin Substitutes LCD Availability Grid.

10/21/2010 Updated the LCD links.

04/21/2010 Updated to include Guidelines #1 (Skin Substitutes) using the standard CS format and using the Trailblazer L23046 guidelines for states with no LCDs.

V. ATTACHMENT(S)

Attachment A - LCD Availability Grid

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>L35041</td>
<td>Application of Bioengineered Skin Substitutes to Lower Extremity Chronic</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX</td>
</tr>
<tr>
<td></td>
<td>Non-Healing Wounds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L36690</td>
<td>Wound Application of Cellular and/or Tissue Based Products (CTPs), Lower</td>
<td>MAC - Part A</td>
<td>CGS Administrators, LLC</td>
<td>KY, OH</td>
</tr>
<tr>
<td></td>
<td>Extremities</td>
<td>B</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

End of Attachment A

Attachment B - LCD Availability Grid

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>L33631</td>
<td>Outpatient Physical and Occupational Therapy Services</td>
<td>MAC - Part A</td>
<td>National Government Services, Inc.</td>
<td>CT, IL, MA, ME, MN, NH, NY, RI, VT, WI</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L37228</td>
<td>Wound Care</td>
<td>MAC - Part A</td>
<td>Wisconsin Physicians Service</td>
<td>IA, IN, KS, MI, MO, NE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>B</td>
<td>Insurance Corporation</td>
<td></td>
</tr>
<tr>
<td>L37228</td>
<td>Wound Care</td>
<td>MAC - Part A</td>
<td>Wisconsin Physicians Service</td>
<td>AL, AK, AR, AZ, CT, FL, GA, IA,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Insurance Corporation</td>
<td>ID, IL, IN, KS, KY, LA, MA, ME,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MI, MN, MO, MS, MT, NC, ND, NE,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NH, NJ, OH, OR, RI, SC, SD, TN,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>UT, VA, VI, VT, WA, WI, WV, WY</td>
</tr>
<tr>
<td>A55909</td>
<td>Wound Care Coding Companion for Wound Care L37228</td>
<td>MAC - Part A</td>
<td>Wisconsin Physicians Service</td>
<td>IA, IN, KS, MI, MO, NE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>B</td>
<td>Insurance Corporation</td>
<td></td>
</tr>
</tbody>
</table>

Page 10 of 11

UHC MA Coverage Summary: Wound Treatments
Proprietary Information of UnitedHealthcare. Copyright 2018 United HealthCare Services, Inc.
<table>
<thead>
<tr>
<th>NPI</th>
<th>Item Description</th>
<th>MAC - Part A</th>
<th>MAC - Part B</th>
<th>Provider Name</th>
<th>State(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A55909</td>
<td>Wound Care Coding Companion for Wound Care L37228</td>
<td>MAC - Part A</td>
<td></td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>AL, AK, AR, AZ, CT, FL, GA, IA, ID, IL, IN, KS, KY, LA, MA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, OH, OR, RI, SC, SD, TN, UT, VA, VI, VT, WA, WI, WV, WY</td>
</tr>
<tr>
<td>L35125</td>
<td>Wound Care</td>
<td>A and B MAC</td>
<td></td>
<td>Novitas Solutions, Inc</td>
<td>AR, CO, LA, MS, NM, OK, TX DE, DC, MD, NJ, PA</td>
</tr>
<tr>
<td>L34049</td>
<td>Outpatient Physical and Occupational Therapy Services</td>
<td>MAC - Part A and B</td>
<td></td>
<td>CGS Administrators, LLC</td>
<td>KY, OH</td>
</tr>
<tr>
<td>A53781</td>
<td>Spiracur SNaP® Wound Care System</td>
<td>A and B MAC</td>
<td></td>
<td>Palmetto GBA</td>
<td>AL, GA, NC, SC, TN, VA, WV</td>
</tr>
</tbody>
</table>

End of Attachment B