MEDICAL POLICY STATEMENT
WEST VIRGINIA MARKETPLACE PLANS

Policy Name		Policy Number	Date Effective
Negative Pressure Wound Therapy		MM-0232	08/01/2020
Policy Type			
MEDICAL	Administrative	Pharmacy	Reimbursement

Medical Policy Statement prepared by CSMG Co. and its affiliates (including CareSource) are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

Table of Contents

A. Subject

Negative Pressure Wound Therapy

B. Background

Negative Pressure Wound Therapy (NPWT), which is also known as vacuum-assisted wound closure, is a type of wound therapy that is used to treat chronic wounds such as ulcers related to burns, pressure sores, venous or arterial insufficiency or neuropathy. In the United States, there is an estimated $25 billion dollars spent on an annual basis for wound management. There are many causes for pressure ulcers such as diabetes, vascular insufficiencies or an underlying medical condition.

NPWT involves the application of sub-atmospheric pressure to the surface of a wound. This type of therapy utilizes an electrical pump, connected to a specialized dressing that then removes debris and exudate from the wound and drains into a collection canister. NPWT is a noninvasive type of therapy that has been shown to be an effective way to accelerate the wound healing of many different types of wounds and ulcers.
To provide a more conducive environment for wound healing, the Negative Pressure Wound Therapy (NPWT) method utilizes a semipermeable dressing that remains moist and warm at all times. This therapy can be done in the home or in an outpatient treatment facility. NPWT typically does not require in-patient monitoring.

C. Definitions

- **Neuropathic Ulcer:** a type of ulcer that occurs due to lack of sensation secondary to Neuropathy which causes skin and underlying tissue to begin to breakdown causing ulcers further complicated by infection
- **Insufficiency Ulcer:** a type of ulcer that occurs due to the lack of properly functioning venous valves, which causes the veins to increase in size. This causes blood pooling, typically in the lower limbs, and as a result allows proteins from the blood to start deteriorating the subcutaneous tissue.
- **Arterial Insufficiency Ulcer:** a type of ulcer that develops due to the lack of delivery of oxygen-rich blood to the tissue which causes the tissue to begin to deteriorate and develop into an open wound.
- **Deep Tissue Pressure Injury:** a type of injury resulting from a serious pressure ulcer that has advanced. A pressure ulcer that has advanced to a DTI has additional necrosis of underlying soft tissue that may or may not be visible. A DTI will present in the form of a blood blister or dark wound bed that may also be covered in thin eschar. Deep tissue injuries are not typically found until extensive wound intervention is warranted to stop the deterioration of the soft tissue.
- **Pressure Ulcer:** a type of ulcer that develops due to an extended amount of time when there is compression of the soft tissue overlying bony prominences and an outside object causing tissue necrosis.
- **Slough:** avascular (dead) soft tissue found in higher stage ulcers.
- **Undermining:** subcutaneous tissue deterioration around the margin of a wound and may occur in any direction

- **Tunneling:** channels of tissue deterioration that extend from the wound to the subcutaneous tissue typically in a unidirectional direction. Typically associated with an additional infection.
- **Dehisced Wounds:** a wound that has ruptured along the wound margin typically due to infection.
- **Eschar:** black or brown, thick, leathery feeling dead tissue covering an ulcer.

STAGING PRESSURE ULCERS	
Stage 1	A localized area of skin that is intact with non-blanchable erythema. Changes in sensation, temperature, or firmness of the skin may be present prior to visual alterations of the skin. If discoloration is purple or maroon, this may indicate a deep tissue injury.
Stage 2	A surface area of skin that has partial-thickness loss of skin with exposed dermis. May initially present as a serum-filled blister that has ruptured. The wound bed will be moist, red/pink and the skin should be viable. There should be no evidence of visible adipose (fatty) tissue, eschar, slough, or granulation visible.
Stage 3	A surface area of skin that has full-thickness loss of skin, there will be adipose (fat) tissue and granulation visible. The wound edges are often rolled (epibole), and there may be eschar and slough visible. Undermining and tunneling may occur in the wound. At this stage, there should be no fascia, muscle, tendon ligament, cartilage, and/or bones exposed.
Stage 4	A surface area of skin that has full-thickness loss of skin. At this stage, there will be fascia, muscle, tendon, ligament, cartilage, or bone that is visible or directly palpable. The wound edges will be rolled (epibole), and there is typically eschar and slough visible. Undermining and tunneling occur often in the wound.
Unstageable	Inability to fully assess the extent of the tissue damage due to eschar or slough obscuring your visibility, but you can see that there is full-thickness skin and tissue loss, then it would be unstageable.

D. Policy

I. Prior Authorization is required for both initial coverage and continued coverage of Negative Pressure Wound Therapy (NPWT)

II. Coverage for NPWT for an initial 30-day period of treatment is indicated when a complete wound therapy program described by the criteria in Section A below **AND ONE** of the criteria in sections B, C, or D (as applicable depending on the type of wound) have been tried or considered and ruled out prior to the request for coverage of NPWT:

A. Wound Therapy Program: For ALL ulcers or wounds, the following components of a wound therapy program must include a minimum of ALL of the following general measures, which should either be addressed, applied, or considered and ruled out prior to the application of NPWT:

1. Existence of one of the following: a chronic Stage III or IV pressure ulcer, neuropathic ulcer, venous or arterial insufficiency ulcer or a chronic (present for at least thirty (30) days) ulcer of mixed etiology **AND**

2. A documented record of evaluation, care, and wound measurements **AND**

3. Application of dressings to maintain a moist wound environment, **AND**

4. Debridement of necrotic tissue if present, **AND**

5. Evaluation of and provision for adequate nutritional status

B. Stage III or IV pressure ulcers meeting **ALL** of the following criteria:
   1. The member has been appropriately turned and positioned **AND**
   2. The member has used a Group 2 or Group 3 support surface for any pressure ulcers on the posterior trunk or pelvis, **AND**
   3. The member's moisture and incontinence has been appropriately managed

C. Neuropathic (i.e., diabetic) ulcers meeting **BOTH** of the following criteria:
   1. The member has been on a comprehensive diabetic management program, **AND**
   2. Reduction in pressure on a foot ulcer has been accomplished with appropriate modalities

D. Venous insufficiency ulcers meeting **BOTH** of the following criteria:
   1. Compression bandages and/or garments have been consistently applied, **AND**
   2. Leg elevation and ambulation have been encouraged

E. Open surgical wound with the following documentation:
   1. Post-operative dehiscence (separation of a previously closed surgical incision **OR**
   2. Non-healing amputation site in a diabetic **OR**
   3. Mediastinitis/post-sternotomy infection **OR**
   4. Delayed healing or non-healing of skin graft which is likely due to irregularly contoured or inadequate blood flow from the graft bed

III. CareSource members may be eligible for the continuation of NPWT treatment for an additional 31 days when documentation by a licensed medical professional is provided and **ALL** of the following criteria are met:
   A. Documentation that a licensed medical professional has directly performed the dressing change
   B. Wound has measureable improvement.
      1. Measurable improvement in wound healing is defined as measurable changes in the following: drainage; inflammation; swelling; pain and/or tenderness; wound dimensions (surface measurements (length times width), depth); granulation tissue; necrotic tissue/slough; or tunneling or undermining
      2. If no improvement from month to month, the approval for the NPWT will be discontinued.
      3. Exception to measureable improvement is when a wound has been debrided within the last approval period, documentation of debridement must accompany the request for continuation of NPWT. Before and after images are preferred.
   C. If abnormal, provisions have been made to the members nutritional status
   D. Members underlying medical conditions are being monitored and controlled by a licensed medical professional``.

IV. CareSource does not cover NPWT for non-healing wounds or ulcers under ANY of the following medical conditions because it is not considered medically necessary:
   A. Exposed, nerves, exposed blood vessels or exposed organs in the vicinity of the wound.
   B. Infection present in the wound or osteomyelitis that is not being concurrently treated with the intent to cure
   C. Malignancy is present in the wound
   D. Necrotic tissue or eschar is present in the wound with eschar and has not been debrided.

E. Open fistula is present to an organ or body cavity within the vicinity of the wound
F. Active bleeding in wound.
G. Uncontrolled soft tissue infection or osteomyelitis within the vicinity of the wound.

V. CareSource does not reimburse separately for NPWT when applied during surgery. The NPWT is covered under the surgery code. After the initial 31-day approval, the provider can request a continuation of NPWT.

VI. CareSource will only approve up to the following maximum allowances for supplies:
   A. 15 dressing kits per wound, per 31 days
      1. Additional dressing kits may be authorized if the wound size requires more than 1 dressing kit for each dressing change
   B. 10 canister sets per 31 days
      1. Additional canister sets may be approved if there is sufficient documentation showing a large volume of drainage, greater than 90 ml of exudate per day.

E. Conditions of Coverage

F. Related Polices/Rules

G. Review/Revision History

	DATE	ACTION
Date Issued	05/31/2018	New Policy
Date Revised	04/15/2020	Policy reviewed and updated
Date Revised	02/24/2018	Policy reviewed and updated
Date Effective	08/01/2020	Effective date
Date Archived	07/01/2021	

H. References

1. Bobkiewicz, A., Studniarek, A., Drews, M. and Banasiewicz, T. (2016). Negative pressure wound therapy with instillation (NPWTi): Current status, recommendations and perspectives in the context of modern wound therapy. Negative Pressure Wound Therapy Journal, 3(1).
2. Hot Topics. (n.d.). Retrieved April 16, 2018, from National Pressure Ulcer Advisory Panel: Staging of Pressure Ulcers
3. (n.d.). Wound Care Centers: Negative Pressure Wound Therapy. Retrieved March 3, 2020, from https://www.woundcarecenters.org
4. Peinemann F, Sauerland S. Negative-Pressure Wound Therapy: Systematic Review of Randomized Controlled Trials. Deutsches Ärzteblatt International. 2011;108(22):381-389. doi:10.3238/arztebl.2011.0381.

The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.

Independent medical review – 04/2020