MEDICAL POLICY STATEMENT
Indiana Medicaid

Policy Name & Number	Date Effective
Negative Pressure Wound Therapy (NPWT) IN MCD MM-0227	06/01/2022-12/31/2022
Policy Type	
MEDICAL	

Medical Policy Statement prepared by CareSource and its affiliates 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 CareSource and its affiliates 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. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject

Negative Pressure Wound Therapy (NWPT)

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 pressure sores, venous or arterial insufficiency or neuropathy. There are many causes for pressure ulcers such as diabetes, vascular insufficiencies or an underlying medical condition.

NPWT involves the controlled application (intermittently or continuously) of sub-atmospheric pressure to the surface of a wound. This type of therapy utilizes an electrical pump, connected to a specialized wound dressing sealed with an occlusive dressing to contain the sub-atmospheric pressure that 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 always remains moist and warm. This therapy can be done in the home or in an outpatient treatment facility. NPWT typically does not require in-patient monitoring.

C. Definitions

- **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.
- **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
- **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.
- **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.
- **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.

- **Undermining** - subcutaneous tissue deterioration around the margin of a wound and may occur in any direction.
- **Venous 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.

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 be 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. Every four weeks a medical necessity determination is required.

II. CareSource considers negative pressure wound therapy medically necessary when the following criteria is met:
   A. A statement from the treating physician describing the initial condition of the wound including measurements, efforts taken to address wound care, and the changes in the wound therapy being applied to affect wound healing.
   B. A physician's order for continued use of NPWT.
   C. The member has a Stage III or State IV pressure ulcer, neuropathic ulcer, venous or arterial insufficiency ulcer or a chronic (present for at least sixty (60) days) ulcer of mixed etiology.
   D. Coverage is provided in a homecare setting or a long-term care setting.

      NOTE: Any request beyond four months in a home care setting will be given individual consideration based on additional documentation that sets out the reasons for continuing use of NPWT.

III. In addition to the requirements in Section II above, 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) must have been tried or considered and ruled out prior to the request for coverage of NPWT.

A. 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. Documentation in a patient's medical record of evaluation, care and wound measurement by a licensed medical professional, **AND**
   2. Application of dressings to maintain a moist wound environment, **AND**
   3. Debridement of necrotic tissue if present, **AND**
   4. Evaluation and provision for adequate nutritional status.

B. Additional Requirements for Stage III and IV pressure ulcers: In addition to the criteria in Section A above, Stage III or IV pressure ulcers must also be evaluated for ALL of the following requirements:
   1. The member has been appropriately turned and positioned and has a current turning and positioning plan in place, **AND**
   2. If the wound is on the trunk or pelvis, the member has used a group 2 or 3 support surface, **AND**
   3. The member's moisture and incontinence has been appropriately managed.

C. Additional Requirements for Neuropathic ulcers: In addition to the criteria in Section A above, Neuropathic (i.e., diabetic) must also be evaluated for all of the following requirements:
   1. The member has been on a comprehensive diabetic management program or other applicable disease management program, **AND**
   2. Reduction in pressure on a foot ulcer has been accomplished with appropriate modalities.

D. Additional Requirements for Venous Stasis ulcers: Venous stasis ulcers must also be evaluated for all the following requirements:
   1. Compression bandages or garments have been consistently applied, **AND**
   2. Leg elevation and ambulation have been encouraged.

E. Coverage also may be indicated when 1 or more of the following is present:
   1. Following skin graft or dermal substitute for an acute or a chronic wound.
   2. Open fracture.
   3. Infection of the sternum.
   4. Diabetic ulcer or wound.

IV. Continued Coverage: Medical Necessity must be documented for the continuation of NPWT treatment after the initial prior authorization of NPWT, documentation of the following must be included with the request:
   A. Indication that a licensed medical professional has directly performed or supervised the performance of the dressing changes.
   B. There has been progress and change in the ulcer
      1. If there is no progress in one month, or from month to month, the approval for the NPWT will be discontinued.
      2. A completed NPWT medical clearance form signed and dated by the ordering physician.

V. 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.

VI. CareSource does not reimburse separately for NPWT when applied during surgery. The NPWT is covered under the surgery code. After the initial approval, the provider can request a continuation of NPWT and supplies based on medical necessity.

VII. Supplies:
A. CareSource will only approve up to the following maximum allowances for supplies:
1. No more than 15 dressing kits per wound, per month
a. Additional dressing kits may be authorized if the wound size requires more than 1 dressing kit for each dressing change.
b. Each dressing set equals one unit and includes but is not limited to a resilient open cell foam surface dressing, drainage tubing and an occlusive dressing that creates a seal around the wound site to maintain.
2. No more than 10 canister sets of any size will be authorized per wound, per month unless documentation is submitted to identify proof of an increased amount of supplies.

E. Conditions of Coverage
NA

F. Related Polices/Rules
NA

G. Review/Revision History

	DATE	ACTION
Date Issued	05/31/2018	New Policy
Date Revised	02/02/2022	Added section III E. Approved at PGC.
Date Effective	06/01/2022	
Date Archived	12/31/2022	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

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).
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3. Kanapathy M, Mantelakis A, Khan N, Younis I, Mosahebi A. Clinical application and efficacy of negative pressure wound therapy with instillation and dwell time (NPWTi-d): A systematic review and meta-analysis. Int Wound J. 2020 Dec;17(6):1948-1959. Retrieved March 22, 2022 from www.ncbi.nlm.nih.gov.
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6. Webster J, Liu Z, Norman G, et al. Negative pressure wound therapy for surgical wounds healing by primary closure. Cochran Database Syst Rev 2019; 3:CD009261. Retrieved March 22, 2022 from www.cochrane.org.

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