Introduction

Ulcers are slow-healing sores that can appear on many areas of the body that can swell, ooze fluid, and break down tissue. They can be caused by health conditions like diabetes or lack of blood flow from the arteries or veins. Ulcers can also be caused by the inability to move if someone has to remain in a hospital bed for a long period of time. Negative pressure wound therapy (NPWT) is a way to help ulcers heal more quickly and lessen the chance of infection. With NPWT, the ulcer or wound is covered with a bandage and special film and then a canister containing a tube pulls fluid and infection from the ulcer. This policy describes when negative pressure wound therapy may be considered medically necessary.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.
<table>
<thead>
<tr>
<th>Therapy</th>
<th>Medical Necessity</th>
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| **Negative pressure wound therapy in the home setting** | **Negative pressure wound therapy (NPWT) in the home setting may be considered medically necessary for the following indications:**  
  - The patient has **one** of the following ulcer types:  
    - Chronic Stage III or IV pressure ulcer  
    - Neuropathic ulcer (ie, diabetic)  
    - Venous or arterial insufficiency ulcer  
    - Chronic ulcer of mixed etiology (present for at least 30 days)  
  **AND**  
  - A complete wound therapy program (described **below**) was tried and failed or considered and contraindicated prior to application of NPWT. |

| **Negative pressure wound therapy in the inpatient setting** | **NPWT may be considered medically necessary to treat ulcers and wounds encountered in an inpatient setting when:**  
  - An ulcer or wound (as described above under home setting) is encountered in the inpatient setting, or either one of the following acute wounds occurs:  
    - Complications of a surgically created wound (eg, dehiscence)  
    **OR**  
    - A traumatic wound (ie, pre-operative flap or graft) where there is documentation of the medical necessity for accelerated formation of granulation tissue which cannot be achieved by other available topical wound treatments (ie, comorbidities that will not allow for healing times achievable with other topical wound treatments)  
  **AND**  
  - Wound treatments (as described above under home setting) have been tried or considered and ruled out  
  **AND**  
  - The treating physician has determined that NPWT is needed because it is considered to be the best available treatment option  
  **AND**  
  - Treatment is ordered to continue beyond discharge in the home setting |
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| **Continuation of negative pressure wound therapy** | For continued coverage of the pump and supplies for all wounds and ulcers described in the policy, a licensed medical professional must do all of the following:  
- On a regular basis:  
  - Directly assess the wound(s) being treated with the NPWT pump  
  **AND**  
  - Supervise or directly perform the NPWT dressing changes  
  **AND**  
- On at least a monthly basis, document changes in the ulcer’s dimensions and characteristics |
| **Discontinuation of negative pressure wound therapy** | For all wounds and ulcers described in this policy, NPWT is considered not medically necessary and will be discontinued for any of the following reasons:  
- Criteria for continuation of NPWT (listed above) has not been met  
- Adequate wound healing has taken place  
- A measurable degree of wound healing has not occurred over a four-week period  
- A period of four months has elapsed since initiation of NPWT. The medical necessity of NPWT beyond four months will be given individual consideration based upon required additional documentation.  
- Equipment and/or supplies are no longer being used for the patient (whether or not by the physician’s order) |
| **Other reasons not medically necessary** | NPWT is considered not medically necessary and therefore not covered for any the following conditions:  
- The presence of necrotic tissue with eschar (if debridement has not been attempted)  
- Osteomyelitis within the vicinity of the wound and is not concurrently being treated with intent to cure  
- A cancer in the wound  
- The presence of a fistula connecting to an organ or body cavity within the vicinity of the wound |
## Coding

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>HCPCS</td>
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<tr>
<td>A6550</td>
<td>Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories</td>
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<tr>
<td>A7000</td>
<td>Canister, disposable, used with suction pump, each</td>
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<tr>
<td>E2402</td>
<td>Negative pressure wound therapy electrical pump, stationary or portable</td>
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**Note:** CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

## Related Information

### Complete Wound Therapy Program

1. For all Ulcers or Wounds

The following components of a wound therapy program must include all of the following general measures, which should be addressed, applied, or considered and ruled out prior to application of NPWT:

- Documentation of evaluation, care, and wound measurements by a licensed medical professional

**AND**

- Dressings have been applied to maintain a moist wound environment

**AND**

- Debridement of necrotic tissue if present

**AND**

- Evaluation of and provision for adequate nutritional status
AND
- For Stage III or IV Pressure Ulcers:
  - Patient has been appropriately turned and positioned

AND
- The patient has used a group 2 or 3 support surface for pressure ulcers on the posterior trunk or pelvis

AND
- The patient’s moisture and incontinence have been appropriately managed

2. For Neuropathic Ulcers (ie, diabetic)

All of the following components must be part of a complete wound therapy program for this type of ulcer:
- The patient has been on a comprehensive diabetic management program

AND
- Reduction in pressure on a foot ulcer has been accomplished with appropriate modalities

3. For Venous Insufficiency Ulcers

All of the following components must be part of a complete wound therapy program for this type of ulcer:
- Compression bandages and/or garments have been consistently applied

AND
- Leg elevation and ambulation have been encouraged

Requirements of NPWT

1. The NPWT device should be Food and Drug Administration (FDA) approved for the age of the patient.

2. Only one NPWT device is allowed per patient for the same time period.

3. The NPWT pumps must be capable of accommodating more than one wound dressing set for multiple wounds on a patient.
4. Coverage for NPWT is provided up to a maximum of 15 dressing kits (A6550) per wound per month.

5. Coverage for NPWT is provided up to a maximum of ten canister sets (A7000) per month unless there is documentation evidencing a large volume of drainage (greater than 90 ml of exudate per day).

6. For high volume exudative wounds, a stationary pump with the largest capacity canister should be used.

7. Suppliers must verify with the ordering physicians any changed or atypical utilization.

**Refills and Recurring Supplies/Items**

1. Suppliers must not deliver refills without a written refill request from a beneficiary.

2. Suppliers must contact the patient prior to dispensing the refill and not automatically ship on a pre-determined basis, even if authorized by the patient.

3. Contact with the patient or designee regarding refills must take place no sooner than 14 calendar days prior to the delivery/shipping date.

4. A supplier must not dispense more than a one-month quantity at a time, regardless of utilization.

5. For delivery of refills, the supplier must deliver the supplies/items no sooner than ten calendar days prior to the end of usage for the current product. This is regardless of which delivery method is utilized.

6. Suppliers are required to have contact with the beneficiary or caregiver/designee prior to dispensing a new supply of items.

7. Suppliers must not dispense a quantity of supplies exceeding a beneficiary’s expected utilization.
Background

Negative pressure wound therapy (NPWT) is defined as the application of sub-atmospheric pressure to a wound to remove exudate and debris from wounds. NPWT is delivered through an integrated system of a suction pump, separate exudate collection chamber and dressing sets to a qualified wound. In these systems, exudate is completely removed from the wound site to the collection chamber.

References


History

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<th>Date</th>
<th>Comments</th>
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<tr>
<td>09/16/19</td>
<td>New policy, approved August 13, 2019, effective January 1, 2020. This policy outlines when negative pressure wound therapy may be considered medically necessary in the home and inpatient settings, and includes medical necessity criteria for continuation of therapy.</td>
</tr>
</tbody>
</table>

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit
booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2019 Premera All Rights Reserved.

**Scope:** Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy only applies to Individual Plans.
Discrimination is Against the Law

Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Premera:
- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance:

Civil Rights Coordinator - Complaints and Appeals
PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-918-5952. TTY 800-842-5357
Email AppealsDepartmentInquiries@Premera.com

You can also file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:
U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5357).

عربية (Arabic):
يحوي هذا الإشعار معلومات هامة. قد يحوي هذا الإشعار معلومات مهمة بخصوص طلبي أو العملية التي تؤثر على حالتي. قد تكون هناك تاريع مهجة في هذا الإشعار. يجب عليك الانتباه إلى توزيع العناصر للاستفادة على ترتيبات الضمان الصحي للمساعدة في دفع الكفالة. يحق لك الحصول على هذه المعلومات والمساعدة بناءً على تفريغ الدعم. اتصل
800-722-1471 (TTY: 800-842-5357)

中文 (Chinese):
本通知有重要的訊息。本通知可能有關於您透過Premera Blue Cross提交的申請或保險的重要訊息。本通知内可能有重要日期。您可能需要在截止日期之前採取行動。以保留您的健康保險或費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-722-1471 (TTY: 800-842-5357).

Oromoo (Cushite):

Francais (French):
Appelez le 800-722-1471 (TTY: 800-842-5357).

Kreyòl ayisyen (Creole):
Avi sila a gen Enfòmasyon Enpòtan ladan. Avi sila a kapab genyen enfòmasyon enpòtan konsépan aplikasyon w lan oswa konèsan kouveti asirans lan atravè Premera Blue Cross. Kapab genyen dat ki enpòtan nan avi sila a. Ou ka gen pou pran kék aksyon avan sêten dat limit pou ka kenbe kouveti asirans sante w la oswa pou yo ka ede w avèk depans yo. Se dwa w pou resewva enfòmasyon sa a ak asisants nan lang ou paale a, san ou pa gen pou peye pou sa. Rate nan 800-722-1471 (TTY: 800-842-5357).

Deutsche (German):

Hmoob (Hmong):

Iloko (Ilocano):
Daytoy a Pakdaar ket naglaon iti Napateg nga Impomrsan. Daytoy a pakdaar mabalini nga adda ket naglaon iti napateg nga impomrsan maipanggepi iti aplikasyonw no covergge babaen iti Premera Blue Cross. Daytoy ket mabalini dagiti importante a pelta iti daytoy a pakdaar. Mabalini nga adda rumbeg nga aramiditini nga addag sabbay dagiti particulak a naituding nga aldaw tapno mapagtalinadayo ti covergge ti salun-atyo wenno tulong kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impomrsan ken tulong ti bukodyo a pagasao nga awan ti bayadanyo. Tumawag ti numero nga 800-722-1471 (TTY: 800-842-5357).

Italiano (Italian):
This notification can contain important information. It is possible that there are key dates mentioned in this notification.

You have the right to receive this information and help in another language. Please call 800-722-1471 (TTY: 800-842-5357).

Spanish (Spanish):
Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud de cobertura a través de Premera Blue Cross. Es posible que haya fechas claras en este aviso.

Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5357).

Tagalog (Tagalog):
Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay maaring naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagkakapamamanit sa Premera Blue Cross. Maaaring may mga mahalagang datos dito sa paunawa na ito. Kahalaan, mapapagbati ni Premera Blue Cross ang paghain ng iyong paksa o paksa sa Premera Blue Cross.

Español (Spanish):
Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud de cobertura a través de Premera Blue Cross. Es posible que haya fechas claras en este aviso.

Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5357).

ไทย (Thai):
ประกาศนี้มีข้อความสำคัญ ประกาศนี้มีข้อความสำคัญเกี่ยวกับการประกันสุขภาพของคุณ Premera Blue Cross และการให้บริการทางการเงินในกรณีที่คุณต้องการ.

ได้รับการให้บริการในภาษาไทยที่เป็นไปได้.

ไทย (Vietnamese):
Thông báo này cung cấp thông tin quan trọng. Thông báo này có thể cung cấp thông tin quan trọng về đơn xin tham gia hoặc hợp đồng bảo hiểm của quý vị qua công trình Premera Blue Cross. Xem xét xin quan trọng trong thông báo này.