MEDICAL POLICY – 1.01.532

Negative Pressure Wound Therapy

Ref. Policy: PA-009

Effective Date: Jan. 1, 2020
Last Revised: Aug. 13, 2019
Replaces: N/A

RELATED MEDICAL POLICIES:
1.01.526 Durable Medical Equipment Repair/Replacement (Excluding Wheelchairs)
1.01.529 Durable Medical Equipment

Select a hyperlink below to be directed to that section.

POLICY CRITERIA | CODING | RELATED INFORMATION
EVIDENCE REVIEW | REFERENCES | HISTORY

∞ Clicking this icon returns you to the hyperlinks menu above.

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.

Policy Coverage Criteria
<table>
<thead>
<tr>
<th>Therapy</th>
<th>Medical Necessity</th>
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<tbody>
<tr>
<td><strong>Negative pressure wound therapy in the home setting</strong></td>
<td><strong>Negative pressure wound therapy (NPWT) in the home setting may be considered medically necessary for the following indications:</strong></td>
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<td>• The patient has <strong>one</strong> of the following ulcer types:</td>
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<tr>
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<td>o Chronic Stage III or IV pressure ulcer</td>
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<td>o Neuropathic ulcer (ie, diabetic)</td>
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<td></td>
<td>o Venous or arterial insufficiency ulcer</td>
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<td>o Chronic ulcer of mixed etiology (present for at least 30 days)</td>
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<td><strong>AND</strong></td>
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<td>• A complete wound therapy program (described <strong>below</strong>) was tried and failed or considered and contraindicated prior to application of NPWT.</td>
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<tr>
<td><strong>Negative pressure wound therapy in the inpatient setting</strong></td>
<td><strong>NPWT may be considered medically necessary to treat ulcers and wounds encountered in an inpatient setting when:</strong></td>
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<td>• 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:</td>
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<td>o Complications of a surgically created wound (eg, dehiscence)</td>
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<td><strong>OR</strong></td>
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<td>o 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)</td>
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<td><strong>AND</strong></td>
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<td>• Wound treatments (as described above under home setting) have been tried or considered and ruled out</td>
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<td>• The treating physician has determined that NPWT is needed because it is considered to be the best available treatment option</td>
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<td><strong>AND</strong></td>
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<td>• Treatment is ordered to continue beyond discharge in the home setting</td>
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<tr>
<td>Therapy</td>
<td>Medical Necessity</td>
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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:  
    o Directly assess the wound(s) being treated with the NPWT pump  
    **AND**  
    o Supervise or directly perform the NPWT dressing changes  
  **AND**  
  • On at least a monthly basis, document changes in the ulcer’s dimensions and characteristics |

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Not Medically Necessary</th>
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</table>
| **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 of 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 |
## 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:
  o Patient has been appropriately turned and positioned

AND

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

    AND

  o 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.

Evidence Review
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>
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</table>

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  - Information written in other languages

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PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-918-5592, TTY 800-845-5357
Email AppealsDepartmentInquiries@Premera.com

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U.S. Department of Health and Human Services
200 Independence Avenue SW, Room S09F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)

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