Children’s Hospital and Health System
Chorus Community Health Plans
Policy and Procedure

This policy applies to the following entity(s):

- CHW – Milwaukee
- CHHS Foundation
- CHW – Community Services Division
- Children’s Medical Group - Primary Care
- Children’s Medical Group - Urgent Care
- CHW - Fox Valley
- CHW - Surgicenter
- CHW - Fox Valley
- Children’s Specialty Group

Medical Utilization Management Policy

SUBJECT: NEGATIVE PRESSURE WOUND THERAPY

INCLUDED PRODUCT(S):

<table>
<thead>
<tr>
<th>Medicaid</th>
<th>Individual and Family</th>
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</thead>
<tbody>
<tr>
<td>☑ BadgerCare Plus</td>
<td>☑ Commercial</td>
</tr>
<tr>
<td>☑ Care4Kids Program</td>
<td>☑ Marketplace</td>
</tr>
</tbody>
</table>

PURPOSE OR DESCRIPTION:
The purpose of this policy is to define criteria for the medically necessary use of negative pressure wound therapy (NPWT), also known as wound vacuum assisted therapy (VAC).

DEFINITION:
Negative pressure wound therapy is a treatment for acute, subacute, and chronic wounds that involves the application of subatmospheric pressure to the open wound, with the goal of creating a controlled, closed wound amenable to future surgical closure, grafting, or healing by secondary intention.

POLICY:
Negative pressure wound therapy (NPWT), as an adjunct to standard wound care, will be considered medically necessary when ALL of the following criteria are met:

1. Wound has not responded to or is not expected to respond to conservative management
2. Conventional wound management is ongoing (i.e., debridement as indicated)
3. Wound healing is compromised due to comorbidities (i.e., diabetes, obesity, etc.), location, or nature of the wound
4. No evidence of the following:
   a. Active bleeding or exposed vasculature
   b. Eschar or necrotic tissue
   c. Exposed cortical bone, nerves, or organs
   d. Malignancy in the wound
   e. Uncontrolled soft tissue infection or osteomyelitis
   f. Unexplored fistulas or fistulas to body organs or cavities

REFERENCES: