SUBJECT: NEGATIVE PRESSURE WOUND THERAPY (NPWT) “WOUND VAC”

INCLUDED PRODUCT(S):

- Medicaid
  - BadgerCare Plus
  - Care4Kids Program
- Individual and Family
  - Commercial
  - Marketplace

PURPOSE OR DESCRIPTION:
The purpose of this policy is to define criteria for the medically necessary use of Negative Pressure Wound Therapy (NPWT) – a.k.a. “Wound 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 approved when ALL of the following conditions 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
1. MCG Guideline ACG: A-0346 (AC), Negative Pressure Wound Therapy (Vacuum-Assisted Wound Closure); MCG Health, Ambulatory Care 23rd Edition, Copyright © 2019 MCG Health, LLC