# Children's Hospital and Health System Chorus Community Health Plans Policy and Procedure 

This policy applies to the following entity(s):

# Medical Utilization Management Policy 

## SUBJECT: NEGATIVE PRESSURE WOUND THERAPY

## INCLUDED PRODUCT(S):

## Medicaid

Q BadgerCare Plus

Q Care4Kids Program

Individual and Family

$\boxtimes$ Commercial

Q Marketplace

## 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 vaccum 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 expecte to resond 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. Armstrong DG, Marston WA, Reyzelman AM, Kirsner RS. Comparative effectiveness of mechanically and electrically powered negative pressure wound therapy devices: a multicenter randomized controlled trial. Wound Repair Regen. 2012;20(3):332-341.
2. Armstrong DG, Marston WA, Reyzelman AM, Kirsner RS. Comparison of negative pressure wound therapy with an ultraportable mechanically powered device vs. traditional electrically powered device for the treatment of chronic lower extremity ulcers: a multicenter randomized-controlled trial. Wound Repair Regen. 2011;19(2):173-180.
3. Blume PA, Walters J, Payne W, Ayala J, Lantis J. Comparison of negative pressure wound therapy using vacuum-assisted closure with advanced moist wound therapy in the treatment of diabetic foot ulcers: a multicenter randomized controlled trial. Diabetes Care. 2008;31(4):631-636.
4. Ford CN, Reinhard ER, Yeh D, et al. Interim analysis of a prospective, randomized trial of vacuum-assisted closure versus the healthpoint system in the management of pressure ulcers. Ann Plast Surg. 2002;49(1):55-61.
5. Frykberg RG, Williams DV. Negative-pressure wound therapy and diabetic foot amputations: a retrospective study of payer claims data. J Am Podiatr Med Assoc. 2007;97(5):351-359.
6. Hayes Negative Pressure Wound Therapy for Chronic Wounds: Home Use. January 2022.
7. Marston WA, Armstrong DG, Reyzelman AM, Kirsner RS. A multicenter randomized controlled trial comparing treatment of venous leg ulcers using mechanically versus electrically powered negative pressure wound therapy. Adv Wound Care. 2015;4(2):75-82.
8. MCG Guideline ACG: A-0346 (AC), Negative Pressure Wound Therapy (VacuumAssisted Wound Closure); MCG Health, Ambulatory Care 27th Edition.
9. Yao M, Fabbi M, Hayashi H, et al. A retrospective cohort study evaluating efficacy in high-risk patients with chronic lower extremity ulcers treated with negative pressure wound therapy. Int Wound J. 2014;11(5):483-488.
