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



Medical Utilization Management Policy

SUBJECT: NEGATIVE PRESSURE WOUND THERAPY

INCLUDED PRODUCT(S):

Medicaid	Individual and Family
BadgerCare Plus	Commercial
Care4Kids Program	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)

Effective: 7/20 Last reviewed: 10/23 Q: \CCHP Leadership\Utilization Management Medical Policies\APPROVED MEDICAL UM POLICIES\Negative Pressure Wound Therapy "Wound Vac" Medical UM Policy Developed by: CCHP Medical Directors

- 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

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