Subject: Vacuum-Assisted/Negative Pressure Wound Therapy*

Effective Date: July 31, 2007

Department: Utilization Management

Policy: Vacuum-assisted/Negative pressure wound therapy (NWPT) (CPT 97605, 97606; HCPCS A6550, E2402) is reimbursable under plans administered by QualCare, Inc. when eligible member benefit is in place and medical necessity exists.

Objective: To assure proper and consistent reimbursement for a medically necessary service, procedure or test and to delineate criteria that provide evidence of that medical necessity.

Procedure: Coverage is provided when one of the following chronic wound conditions is present:

- Pressure ulcers - **Stage III or Stage IV** where the staging is as follows:

  **StageI:**
  Non-blanchable erythema of intact light toned skin or a darker or violet hue in darkly pigmented skin.

  **StageII:**
  Partial thickness skin loss involving epidermis or dermis.

  **StageIII:**
  Full thickness skin loss involving damage or necrosis of subcutaneous tissue that may extend down to, but not through, underlying fascia.

  **StageIV:**
  Full thickness skin loss with extensive destruction, tissue necrosis or damage to muscle, bone or support structures.
AND there is lack of improvement over at least 30 days of standard wound therapy including an appropriate pressure reduction program including repositioning and appropriate pressure relief surface, moisture and incontinence control and debridement as indicated.

- Venous or arterial insufficiency ulcers
- Dehisced wounds or wounds with exposed hardware or bone
- Neuropathic ulcers without improvement on appropriate local care and non-weight bearing (if appropriate) for at least 30 days
- Complications of a surgically created or traumatic wound where accelerated granulation therapy is necessary which cannot be achieved by other available topical wound treatment
- Post-sternotomy wound infection or mediastinitis
- Skin graft success is questionable and hospital admissions will be avoided
- Wounds with massive exudate/transudate where normal dressings fill up quickly and macerate the wound.

**Continuation of Treatment:** For coverage to continue beyond four weeks, the medical records (progress notes) should indicate the following:

Weekly assessment of the wound(s) dimensions and characteristics by a licensed healthcare professional

Documentation of progressive wound healing without intervening complications at least monthly.

**Supplies** - up to 15 dressing kits (A6550) and 10 canister sets (A7000) are covered per month as medical necessary unless there is documentation of a large volume of drainage (i.e., > 90 ml of exudate per day) or the wound size requires more than one dressing kit for each dressing change.

Vacuum-assisted wound closure is considered not medically necessary if any of the following conditions are present:

1) The wound is a Stage I or II pressure ulcer
2) Necrotic tissue with eschar is present in the wound and debridement is not attempted
3) Cancer is present in the wound
4) A fistula to an organ or body cavity is present within the vicinity of the wound
5) The skin surrounding the wound does not allow for an effective adhesive drape necessary to create negative pressure
6) The depth of the wound is less than 1 mm, as wounds of this depth cannot accommodate the sponge
7) A measurable degree of wound healing has failed to occur after use of the vacuum-assisted closure device for one month
8) Adequate wound healing has occurred to the degree that use of the vacuum-assisted closure device may be discontinued
References:

Siqueira MB, Ramanathan D, Klika AK, Higuera CA, Barsoum WK. Role of negative pressure wound therapy in total hip and knee arthroplasty. World J Orthop. 2016;7(1):30-7 (Jan)


*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.*