

## Negative Pressure Wound Therapy (NPWT) Criteria

<b>Iowa Medicaid Program:</b>	Prior Authorization	<b>Effective Date:</b>	9/11/2009
<b>Revision Number:</b>	4	<b>Last Review Date:</b>	4/21/2017
<b>Reviewed By:</b>	Medicaid Clinical Advisory Committee	<b>Next Review Date:</b>	4/2018
<b>Approved By:</b>	Medicaid Medical Director	<b>Approved Date:</b>	5/5/2017

### Criteria:

Medicaid will cover Negative Pressure Wound Therapy (NPWT) Vacuum-Assisted Closure (VAC) for non-healing wounds as medically necessary when **ALL** of the following conditions exist:

1. The member has one or more chronic wounds. “Chronic wounds” are wounds that have gone through the repair process without producing satisfactory anatomic and functional integrity.
  - a. Wounds could include pressure ulcers, venous ulcers, and diabetic ulcers.
  - b. Could also include surgical and traumatic wounds, and any other wound where the wound healing process is compromised.
2. Treatment must be prescribed by a licensed practitioner within the scope of practice under state law.
3. The Medical professional will be responsible for the evaluation and management of this therapy. This responsibility will include:
  - a. Initial evaluation
  - b. Ongoing assessment
  - c. Continuous monitoring to support the continuation of this therapy
4. The wound has been debrided of all nonvitalized tissue.
5. An adequate blood supply to the wound is documented.
6. There is ongoing monitoring showing improvement in wound size documented every two to four weeks.

### Coverage Position (outpatient setting): **Member must meet ONE of the following:**

1. There is a chronic or non-healing wound/ulcer after an adequate trial of traditional therapy.
  - a. The therapy is to include the application of moist topical dressings, debridement, and the maintenance of adequate nutritional status. In addition, the wound has been measured (and has measurable length, width, and depth) and evaluated on a regular basis to document no change. All wound measurements must be provided.
2. There is a traumatic or surgical wound that is in need of accelerated formation of granulation tissue (due to exposed bone, tendons, vessels, etc.) **AND** the member has co-morbidities (such as diabetes mellitus, vascular disease, obesity, high dose prednisone use, etc.), that will not allow the normal healing process.

**Coverage Position (inpatient setting): Member must meet ONE of the following:**

1. An ulcer or wound is encountered in the inpatient setting, and standard wound therapy has been tried and failed. NPWT can be initiated when there is lack of healing despite standard wound therapy, and it is considered to be the best treatment option in the judgment of the Medical Professional
2. There is a traumatic or surgical wound that is in need of accelerated formation of granulation tissue (due to exposed bone, tendons, vessels, etc.) **AND** the patient has co-morbidities (such as diabetes mellitus, vascular disease, obesity, high dose prednisone use, etc.), that will not allow the normal healing process.

**Codes:**

Dressings - A6550

Canister - A7000

Negative pressure wound pump - E2402

**References Used:**


Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

**Change History:**

<b>Change Date:</b>	<b>Changed By:</b>	<b>Description of Change:</b>	<b>New Version Number:</b>
10/27/12	CAC	Criteria - remove #1 and replace as definition of chronic wounds. Re-number #2 and #3 to be #1 and #2. Criterion #2 - remove "of the healing arts". Coverage Position for outpatient and inpatient setting - Add Patient must meet ONE of the following: Coverage Position for outpatient setting #1 removed wound/ ulcer "with lack of healing".	1

Change History (cont.):

<b>Change Date:</b>	<b>Changed By:</b>	<b>Description of Change:</b>	<b>New Version Number:</b>
4/18/14	Medical Director	Changed name from Wound Vacuum to Negative Pressure Wound Therapy (NPWT). Added under Coverage Position (Outpatient) #1 "all wound measurements must be provided". Formatting changes.	2
4/17/15	CAC	Added paragraph in References Used.	3
4/15/16	CAC	Added Criteria #4, #5, #6. Coverage position (outpatient and inpatient) removed "30 day timeframe".	4



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