

## Negative Pressure Wound Therapy/ Vacuum-Assisted Closure (VAC) for Nonhealing Wounds

The following payment policies apply to medically necessary use of Negative Pressure Wound Therapy/ Vacuum-Assisted Closure (VAC) rendered by in-network or out-of-network providers. Benefits are not guaranteed prior to a claim being submitted and approved. The eligibility of benefits is based on the specific Plan's provisions, exclusions, and limitations. Review the Plan's precertification requirements to determine if precertification is necessary. If there is a difference between this information and your plan documents, your plan documents will be used to determine your coverage.

### Description of Service

Negative pressure wound therapy (NPWT) consists of the use of a negative pressure or suction device to aspirate and remove fluids, debris, and infectious materials from the wound bed to promote the formation of granulation tissue and wound healing. The devices may also be used as an adjunct to surgical therapy or as an alternative to surgery in a debilitated patient.

### Medical Criteria

The Plan will cover the use of Negative Pressure Wound Therapy/ Vacuum-Assisted Closure for nonhealing wounds as medically necessary when any ONE of the following conditions exists:

- An open surgical wound either as a result of a surgical procedure or dehiscence where accelerated granulation tissue is necessary, or where standard therapy with wet-to-dry dressings have not resulted in significant wound healing for at least 2 weeks.
- There is an open fracture and a need for accelerated formation of granulation tissue not achievable by other topical wound treatments.
- There is a chronic, nonhealing ulcer with lack of improvement for at least the previous 30 days despite standard wound therapy, including the application of moist topical dressings, debridement of necrotic tissue (if present), maintenance of an adequate nutritional status, and weekly evaluations with documentation of wound measurements (i.e., length, width, and depth) in **ONE** of the following clinical situations:
  - Chronic Stage III or Stage IV pressure ulcer:
    - The individual has been on an appropriate turning and repositioning regimen, **and**
    - The individual has used an appropriate pressure relief device (e.g., low air loss bed, alternating pressure mattress) for pressure ulcers on the posterior trunk or pelvis, **and**
    - The individual's moisture and incontinence have been appropriately addressed.
  - Chronic diabetic neuropathic ulcer:
    - The individual has been on a comprehensive diabetic management program, and
    - The individual has had appropriate foot care, **and**
    - The individual has been non-weight bearing if appropriate.
    - The individual has had a vascular evaluation and there is either adequate blood flow for healing, improvement of blood flow has either been done, or the patient is not a candidate for intervention to improve blood flow.
  - Chronic venous ulcer:
    - Compression garments/dressings have been consistently applied, **and**
    - Leg elevation and ambulation have been encouraged.
    - The individual has had a venous duplex evaluation and incompetent veins associated with the ulcer have been interrupted or ablated.
  - Sternal Infection with an open wound.
  - Application on split thickness skin grafts.

#### An Open Abdomen in an Inpatient Setting.

The wound to be treated should be free from ALL of the following contraindications to vacuum assisted wound therapy:

- Exposed anastomotic site, **or**
- Exposed nerves, **or**
- Exposed organs, **or**
- Malignancy in the wound, **or**
- Necrotic tissue with eschar present, **or**
- Non-enteric and unexplored fistulas, **or**
- Untreated Osteomyelitis

Continued use of electrically powered vacuum assisted wound therapy is considered **medically necessary** when:

- A. Weekly assessment of the wound's dimensions and characteristics by a licensed health care professional is documented; and
- B. Progressive wound healing is demonstrated over the previous 30 day period by decrease in surface area and volume of the wound.

#### **Not Medically Necessary or Investigational:**

Continued use of electrically powered vacuum assisted wound therapy is considered **not medically necessary** when the continuation of treatment criteria above have not been met.

Non-electrically powered vacuum assisted wound therapy is considered **investigational and not medically necessary** for all conditions.

Portable, battery powered, single use (disposable) vacuum assisted wound therapy devices are considered **investigational and not medically necessary** for all conditions.

#### **Contraindications For Negative Pressure Therapy:**

Closed Surgical Wounds.

Wounds with exposed vascular structures, or wounds with a significant risk for bleeding.

Uncontrolled soft tissue infection, or osteomyelitis (rather than 'untreated osteomyelitis').

**CERTIFIED BY MRIOA CASE # 3051942.1**