Negative Pressure Wound Therapy

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Policy

Evolent Health considers **Negative Pressure Wound Therapy (NPWT)** in the home setting medically necessary for the following indications:

1. The member has one of the following ulcer types:
   - Chronic Stage III or IV pressure ulcer
   - Neuropathic ulcer (i.e., diabetic)
   - Venous or arterial insufficiency ulcer
   - Chronic ulcer of mixed etiology (present for at least 30 days).

   AND
2. A complete wound therapy program (described below) was tried and failed or considered and contraindicated prior to application of NPWT

Complete Wound Therapy Program:

1. **For all Ulcers or Wounds:**
   The following components of a wound therapy program must include all of the following general measures, which should be addressed, applied, or considered and ruled out prior to application of NPWT:
   - Documentation of evaluation, care, and wound measurements by a licensed medical professional
     AND
   - Dressings have been applied to maintain a moist wound environment
     AND
   - Debridement of necrotic tissue if present,
     AND
   - Evaluation of and provision for adequate nutritional status
     AND
   - **For Stage III or IV Pressure Ulcers:**
     - Member has been appropriately turned and positioned
       And
     - The member has used a group 2 or 3 support surface for pressure ulcers on the posterior trunk or pelvis (Refer to policy PA.028 Pressure Reducing Support Surfaces-Groups 1, 2, & 3)
       And
     - The member's moisture and incontinence have been appropriately managed

2. **For Neuropathic Ulcers (i.e., diabetic)**

All of the following components must be part of a complete wound therapy program for this type of ulcer:
- The member has been on a comprehensive diabetic management program
  And
- Reduction in pressure on a foot ulcer has been accomplished with appropriate modalities

3. **For Venous Insufficiency Ulcers**
   A**ll** of the following components must be part of a complete wound therapy program for this type of ulcer:
   - Compression bandages and/or garments have been consistently applied
     And
   - Leg elevation and ambulation have been encouraged.

Ulcers and Wounds Encountered in an Inpatient Setting:

1. An ulcer or wound (as described above under home setting) is encountered in the inpatient setting, or either one of the following acute wounds occurs:
   - Complications of a surgically created wound (for example, dehiscence)
     Or
   - A traumatic wound (i.e., pre-operative flap or graft) where there is documentation of the medical necessity for accelerated formation of granulation tissue which cannot be achieved by other available topical wound treatments (i.e., comorbidities that will not allow for healing times achievable with other topical wound treatments).

   AND
2. Wound treatments (as described above under home setting) have been tried or considered and ruled out
   AND
3. The treating physician has determined that NPWT is needed because it is considered to be the best available treatment option.
   AND
4. Treatment is ordered to continue beyond discharge in the home setting

Continuation of NPWT

For continued coverage of the pump and supplies for all wounds and ulcers described in the policy, a licensed medical professional must do all of the following:

1. On a regular basis,
   - Directly assess the wound(s) being treated with the NPWT pump

   AND

- Supervise or directly perform the NPWT dressing changes

AND

2. On at least a monthly basis, document changes in the ulcer's dimensions and characteristics.

Requirements of NPWT:

1. The NPWT device should be Food and Drug Administration (FDA) approved for the age of the member
2. Only one NPWT device is allowed per member for the same time period
3. The NPWT pumps must be capable of accommodating more than one wound dressing set for multiple wounds on a member.
4. Coverage for NPWT is provided up to a maximum of 15 dressing kits (A6550) per wound per month.
5. Coverage for NPWT is provided up to a maximum of ten canister sets (A7000) per month unless there is documentation evidencing a large volume of drainage (greater than 90 ml of exudate per day)
6. For high volume exudative wounds, a stationary pump with the largest capacity canister should be used.
7. Suppliers must verify with the ordering physicians any changed or atypical utilization.

Refills and Recurring Supplies/Items

1. Suppliers must not deliver refills without a written refill request from a beneficiary
2. Suppliers must contact the member prior to dispensing the refill and not automatically ship on a pre-determined basis, even if authorized by the member
3. Contact with the member or designee regarding refills must take place no sooner than 14 calendar days prior to the delivery/shipping date
4. A supplier must not dispense more than a one month quantity at a time, regardless of utilization
5. For delivery of refills, the supplier must deliver the supplies/items no sooner than ten calendar days prior to the end of usage for the current product. This is regardless of which delivery method is utilized
6. Suppliers are required to have contact with the beneficiary or caregiver/designee prior to dispensing a new supply of items
7. Suppliers must not dispense a quantity of supplies exceeding a beneficiary's expected utilization

Limitations

Discontinuation of NPWT

For all wounds and ulcers described in this policy, NPWT is considered not medically necessary and will be discontinued for any of the following reasons:

1. Criteria for continuation of NPWT (listed above) has not been met
2. Adequate wound healing has taken place
3. A measurable degree of wound healing has not occurred over a four week period
4. A period of four months has elapsed since initiation of NPWT. The medical necessity of NPWT beyond four months will be given individual consideration based upon required additional documentation
5. Equipment and/or supplies are no longer being used for the member (whether or not by the physician's order)

Other reasons not medically necessary: NPWT is considered not medically necessary and therefore not covered for any the following conditions:

1. The presence of necrotic tissue with eschar (if debridement has not been attempted.)
2. Osteomyelitis within the vicinity of the wound and is not concurrently being treated with intent to cure
3. A cancer in the wound
4. The presence of a fistula connecting to an organ or body cavity within the vicinity of the wound

See Also:
PA-010 Durable Medical Equipment, Corrective Appliances and Other Devices; Repair/Replacement

Background
Negative Pressure Wound Therapy (NPWT) is defined as the application of sub-atmospheric pressure to a wound to remove exudate and debris from wounds. NPWT is delivered through an integrated system of a suction pump, separate exudate collection chamber and dressing sets to a qualified wound. In these systems, exudate is completely removed from the wound site to the collection chamber.

Codes:

CPT/ HCPCS Codes	
Code	Description
A6550	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories
A7000	Canister, disposable, used with suction pump, each
E2402	Negative pressure wound therapy electrical pump, stationary or portable

References

1. American Diabetes Association: Diabetes Medical Management Plan. © 1995-2013. Last edited: October, 2019. https://www.diabetes.org/sites/default/files/2019-11/DMMPNov12019final.pdf
2. Centers for Medicare and Medicaid Services (CMS). Local coverage Determination (LCD) No. L33821. Negative Pressure Wound Therapy Pumps. (Contractor: NHIC, Corp.) Revision Effective Date: 05/25/2017. https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33821&ver=12&Date=&DocID=L33821&bc=iAAAABAAAAAA&
3. Centers for Medicare and Medicaid Services (CMS): Medicare Learning Network MLN No. SE1222. Negative Pressure Wound Therapy Interpretive Guidelines. Posted 2011. Revised: December 6, 2016 http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1222.pdf
4. National Pressure Ulcer Advisory Panel (NPUAP): Pressure Ulcer Category/Staging Illustrations. Accessed: 01/24/2020. http://www.npuap.org/resources/educational-and-clinical-resources/pressure-injury-staging-illustrations/

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