



Health & Human Services

NEGATIVE PRESSURE WOUND THERAPY

Service Authorization Required: Yes

CMN Required: No

DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICY

EFFECTIVE: March 2007

REVISED: July 2024

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Negative Pressure Wound Therapy (**NPWT**) is a system that promotes wound healing.

Indications and limitations of coverage and medical appropriateness:

NPWT is considered medically necessary when the member has an eligible condition and participates in a complete wound care program, as listed below.

A. Participation in a complete wound care program:

Before submitting a request for vacuum-assisted wound therapy, a complete wound care program must have been implemented for at least 30 days, counting nursing home, hospital days, or in-home settings.

The complete wound care program must include **ALL** the following:

- Start date of wound therapy program, **and**
- Documentation in the member's medical record of the presence/adequacy of granulation tissue and wound measurements (length, width, and depth) by a licensed medical professional (physician's assistant (PA-C), registered nurse (RN), licensed practical nurse (LPN), or physical therapist (PT), weekly and by a licensed practitioner (CRNP, NP, PA-C, or PT) or physician at least monthly, **and**
- Documentation of application of dressings to maintain a moist environment (or why that is not appropriate) **and**
- Documentation of member's moisture and incontinence, if any, have been appropriately managed by frequent bed changes, skin creams as indicated per physician, indwelling catheter as indicated per physician, **and**
- Documentation of debridement of necrotic tissue if present, **and**
- Documentation that all underlying medical conditions have been stabilized or are under a current management plan, including appropriate diet, medications if indicated, elevation of bed if indicated, etc., **and**
- Documentation of pressure relief on the wound with appropriate support surfaces and positioning/turning.

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B. Eligible condition (member must meet **ONE** of the following 1, 2, 3, 4, or 5):

1. **Chronic Stage III or Stage IV pressure ulcer** (see notes below regarding staging system) with documentation of a, b, and c:
 - a. The member has been on an appropriate turning and repositioning regimen.
 - b. The member has used an appropriate pressure relief device (e.g., a low-air-loss bed or alternating pressure redistribution mattress) for pressure ulcers on the posterior trunk or pelvis.
 - c. The member's moisture and incontinence have been appropriately addressed.
2. **Chronic neuropathic ulcer** (e.g., diabetic) with documentation of a, b, and c:
 - a. The member has been on a comprehensive diabetic management program, including diet and medications (if indicated).
 - b. If an ulcer is on the foot, the member has had appropriate foot care, including podiatry, orthopedic, or general surgery consultation.
 - c. The member has been compliant with non-weight bearing instructions when appropriate.
3. **Chronic venous/arterial ulcer** with documentation of the following:
 - a. Compression garments/dressings have been consistently applied if tolerated by the member.
 - b. Leg elevation and ambulation have been appropriately encouraged.
4. **Surgically created wound** complications (e.g., dehiscence, post-sternotomy disunion with exposed sternal bone, post-sternotomy mediastinitis, or postoperative disunion of the abdominal wall).
5. **Traumatic wound** (e.g., preoperative flap or graft, exposed bones, tendons, or vessels).



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A staging system typically used for pressure ulcers measures tissue destruction by classifying wounds according to the tissue layers involved. The National Pressure Ulcer Advisory Panel Statement on Reverse Staging of Pressure Ulcers describes the stages as follows (2003):

Stage 1: Pressure ulcer is an observable, pressure-related alteration of intact skin whose indicators, as compared to the adjacent or opposite area on the body, may include changes in one or more of the following: skin temperature (warmth or coolness), tissue consistency (firm or boggy feel), and/or sensation (pain, itching). The ulcer appears as a defined area of persistent redness in lightly pigmented skin, whereas in darker skin tones, the ulcer may appear with persistent red, blue, or purple hues.

Stage 2: Partial-thickness skin loss involves epidermis, dermis, or both. The ulcer is superficial and presents clinically as an abrasion, blister, or shallow crater.

Stage 3: Full-thickness skin loss involves damage to, or necrosis of, subcutaneous tissue that may extend down to, but not through, underlying fascia. The ulcer presents clinically as a deep crater with or without undermining of adjacent tissue.

Stage 4: Full-thickness skin loss has extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures (e.g., tendon, joint capsule). Undermining and sinus tracts may also be associated with Stage 4 pressure ulcers.

Rental Coverage Criteria:

- Coverage ends when adequate wound healing has occurred to the degree that negative pressure wound therapy (NPWT) may be discontinued.
- Can only prior authorize one (1) month at a time and allowed a maximum of four (4) months rental (rolling months per calendar year).
- Coverage beyond four (4) months will be given individual consideration based on required additional documentation.

Supplies:

- A6550- wound care set includes all supplies and accessories allowed up to 25 units per month.
- A7000- disposable canister allowed up to 10 units per month.



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Documentation Requirements:

- A prescription from an ordering physician/practitioner.
- Physician/practitioner's documentation needs to address medical necessity.
- Physician/practitioner exam within 90 days of the service authorization start date.
- Licensed practitioner (CRNP, NP, PA-C, or PT) or physician must address participation in a complete wound care program in section A **and** the appropriate condition in section B.

Non-covered:

- Cancer in the wound, necrotic tissue present, fistula present or near the ulcer, and any measurable degree of wound healing has failed to occur over the prior month.
- Non-healing wounds or ulcers under any of the following conditions because it is considered not medically necessary (this list may not be all-inclusive):
- Appropriate licensed medical personnel (LPN, RN, NP, PA-C, PT) are not performing and documenting weekly wound measurement and assessment functions, nor are they documenting the negative pressure wound therapy dressing changes as required.
- Physician, CRNP, NP, PA-C, and PT monthly documentation shows no progression of wound healing.
- Physicians, CRNPs, NPs, PA-Cs, or PTs are not performing and documenting at least monthly evaluations of the wound.
- Physician, CRNP, NP, PA-C, or PT has determined wound healing has occurred to the extent that NPWT is no longer necessary.
- Member is terminal or in hospice care.



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Continued rental will not be covered when:

- Uniform granulation tissue has been obtained.
- The wound is infected or has underlying osteomyelitis and is not under medical and/or surgical treatment for the infection.
- Member has abdominal wound dehiscence with bowel present.
- Member cannot tolerate the use of negative pressure wound therapy.
- Member is non-compliant.



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Date Revised	Revisions
March 2017	Reformatted and revised by adding definition of wound therapy program for clarification, added definition of surgical created wounds and traumatic wounds, definition of staging of pressure ulcers and clarified scope of practice for physicians/practitioners in wound program and non-covered section.
February 1, 2022	Reformatted. Updated department logo. Added Yes to "Service Authorization Required". Line three replaced "the following criteria categorized according to" with both. Section A line three replaced the word "should" with must. Documentation Requirement section: bullet one replaced "Physician prescription" with A prescription from ordering physician/practitioner. Added bullet two "Physician/practitioner's documentation needs to address medical necessity". Added bullet three "Physician/practitioner exam within 90 days of the service authorization start date". Bullet four added PT and replaced "needs to" with must. Noncovered section bullet three, four, five and six added PT.
November 23, 2022	Reviewed. No changes. Header logo updated with new logo.
November 29, 2023	Reviewed and reformatted. No changes were made.
July 1, 2024	Reformatted and deleted the CMN requirement.