



Negative Pressure Wound Therapy

I. Policy

University Health Alliance (UHA) will reimburse for negative pressure wound therapy when it is determined to be medically necessary and when it meets the medical criteria guidelines (subject to limitations and exclusions) indicated below. UHA recognizes a propensity to apply “wound vacs” in some unnecessary clinical scenarios both during and after hospitalization. Accordingly, judicious intervention of this treatment will serve to avoid post discharge denials.

II. Criteria/Guidelines

- A. Negative pressure wound therapy (NPWT) is covered (subject to Limitations/Exclusions and Administrative Guidelines) when the following criterion 1 or 2 are met **and** criteria 3 and, if applicable, 4 are met:
1. There is a chronic ulcer with lack of improvement for at least the previous 30 days despite consistent application of moist topical dressings, or
 2. There is a complex wound (usually a surgical or traumatic wound) where size, depth, location, complications, etiology, and/or other patient specific factors support that application of moist topical dressings is not feasible, and
 3. The following standard wound treatment measures have been accomplished for all chronic ulcers and complex wounds:
 - a. Evaluation of wound with documentation of measurements (length, width, and depth) at baseline and at least weekly by a licensed medical professional
 - i. Photographs downloaded into the Electronic Medical Record are preferred, as long as the photographs convey the above measurements and are date-stamped.
 - b. Debridement of necrotic tissue if present
 - c. Treatment of infection if present
 - d. Evaluation and provision of adequate nutrition
 - e. Management of diabetes mellitus, if applicable
 - f. Evaluation and management of peripheral artery disease, if applicable
 - g. Exclusions of a malignant etiology has been accomplished where appropriate and (if applicable)
 4. The following standard wound treatment measures have been accomplished for chronic ulcers:
 - a. For stage III or IV pressure ulcer:
 - i. The patient has been appropriately turned and positioned; and
 - ii. The patient has used a support surface for pressure ulcers on the posterior trunk or pelvis (pressure reducing mattress or pad), (a support surface is not required if the ulcer is not on the trunk or pelvis); and
 - iii. Moisture and incontinence have been appropriately managed.
 - b. For neuropathic ulcer (e.g., diabetic ulcer):
 - i. The patient has been on a comprehensive diabetic management program; and

- ii. Reduction in pressure on a foot ulcer has been accomplished with appropriate modalities.
- c. For venous insufficiency ulcer:
 - i. Compression bandages and/or garments have been consistently applied, and
 - ii. Leg elevation and ambulation have been encouraged.

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine, and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members' individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

III. Limitations/Exclusions

- A. When criteria are met, NPWT is covered on a monthly basis.
- B. Continuation of NPWT (on a monthly basis) is covered when all the following criteria are met:
 - 1. A licensed medical professional has directly assessed the wound(s) being treated and, on at least a monthly basis, documents the changes in the ulcer's dimensions and characteristics, progress of healing and, if applicable, concurrent measures being addressed relevant to wound therapy (e.g., debridement, nutrition, positioning).
 - 2. There is a significant, measurable degree of wound healing over the prior month. Wound healing is defined as improvement in either surface area (length x width) or depth of wound.
 - 3. The depth of the wound is at least 1mm.
 - 4. A switch to alternative treatment, e.g., moist topical dressings, is not feasible or is contraindicated.
 - 5. There is reasonable expectation that the wound will continue to heal with the use of NPWT.
 - 6. There is specific and detailed documentation of all the following:
 - a. Continuing problems affecting healing of the wound; and
 - b. Additional measures being undertaken to address these problems and promote healing; and
 - c. Why a switch to alternative treatment is not possible?
- C. Continuation of NPWT is not covered when any of the following:
 - 1. There is no measurable degree of wound healing over the prior month. Wound healing is defined as improvement in either surface area (length x width) or depth of wound
 - 2. Wound healing has occurred to the extent that NPWT is no longer medically necessary.
 - 3. The depth of the wound is less than 1 millimeter, as wounds of this depth cannot accommodate the sponge.

- D. NPWT is contraindicated for patients with any of the following indications:
1. Rapidly fatal condition
 2. Poor nutritional status
 3. Fragile skin surrounding wound
 4. Presence of necrotic tissue with eschar
 5. Fistula to an organ or body cavity within the vicinity of the wound
 6. Untreated or advanced osteomyelitis
 7. Malignancy in the wound
 8. Untreated wound infections
 9. Exposed vasculature, nerves, anastomotic site, or organs
 10. Noncompliant patients

IV. Administrative Guidelines

- A. Prior authorization is required for initiation and continuation of NPWT. Requests will be authorized for one-month duration at a time.
- B. To request prior authorization, please submit via UHA's online portal. If a login has not been established, you may contact UHA at 808-532-4000 to establish one.
 1. Initial prior authorization requests must include documentation from the medical record supporting all applicable criteria within this policy
- C. Continuation requests must include documentation of accurate wound measurements by licensed medical personnel supporting a measurable degree of wound healing over the prior month, documentation that the depth of the wound is at least 1mm, and documentation that alternative treatment remains not feasible or is contraindicated.
- D. NPWT pumps (E2402) must be capable of accommodating more than one wound dressing set for multiple wounds on a patient. Therefore, more than one E2402 billed per patient for the same period will be denied as not meeting payment determination.
- E. Coverage is provided up to a maximum of 15 dressing kits (A6550) per wound per month unless there is documentation that the wound size requires more than one dressing kit for each dressing change.
- F. Coverage is provided up to a maximum of 10 canister sets (A7000) per month unless there is documentation indicating a large volume of drainage (greater than 90 ml of exudate per day). For high volume exudative wounds, a stationary pump with the largest capacity canister must be used. Excess utilization of canisters related to equipment failure (as opposed to excessive volume drainage) will be denied as not medically necessary.

HCPCS 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

V. Policy History

Policy Number: MPP-0062-120301

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