



**NEGATIVE PRESSURE
WOUND THERAPY
HS-077**



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**Negative Pressure
Wound Therapy**

Policy Number: HS-077

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**Revised Date(s): 1/29/2010; 1/21/2011;
1/5/2012**

DISCLAIMER

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

BACKGROUND

Negative pressure wound therapy (NPWT) is a treatment for acute and chronic wounds that involves the application of subatmospheric pressure to the open wound with the goal of creating a controlled, closed wound amenable to surgical closure, grafting, or healing by secondary intention. NPWT is intended as an adjunct treatment for the healing of nonhealing or slow healing acute or chronic wounds that are refractory to standard treatment.

The morbidity and mortality associated with difficult-to-heal acute and chronic wounds negatively affects the quality of life of these patients and incurs high healthcare costs. Difficult-to-heal wounds include acute, subacute, and chronic wounds, such as those resulting from trauma, skin grafting, flap or graft failure, or dehiscence, and open wounds over fractures. Negative pressure wound therapy (NPWT) utilizes subatmospheric pressure to promote wound closure in such wounds. Vacuum-assisted wound closure (V.A.C.® Therapy System), manufactured by Kinetic Concepts Inc. (KCI), was the first NPWT device approved by the Food and Drug Administration (FDA). The NPWT device consists of a noncollapsible evacuation tube embedded in a reticulated polyurethane dressing made of open-cell foam. After thorough wound debridement, the foam dressing is placed within the wound bed and covered by an occlusive dressing to form an airtight seal, and the distal end of the tube is attached to a vacuum unit. Continuous or intermittent negative pressure, the amount of which is determined by the wound type, is applied causing the foam to collapse on itself. When this happens, the resultant forces are distributed equally across the wound surfaces. The theory behind NPWT is that this equal distribution of forces will result in: (1) removal of excess fluid; (2) increased blood flow and decreased bacterial colonization; (3) granulation tissue formation; and (4) partial or complete wound closure with or without the need for additional procedures. The goal of this therapy is to convert open wounds into closed, controlled wounds that are amenable to healing by surgery, grafting, or secondary intention (from Hayes, 2007).

POSITION STATEMENT

NEGATIVE PRESSURE WOUND THERAPY (Initial Coverage)

Negative pressure wound therapy (NPWT), and related pumps and supplies, **is/are considered medically necessary when either criterion A or B is met:**

A. Ulcers and Wounds in the Home Setting:

The member has:

- A chronic Stage III or IV pressure ulcer; **OR,**
- Neuropathic (e.g. diabetic) ulcer; **OR,**
- Venous or arterial insufficiency ulcer; **OR,**
- Chronic (being present for at least 30 days) ulcer of mixed etiology.

A complete wound therapy program described by criterion 1 and criteria 2, 3, **OR** 4 (depending on type of wound) should have been tried or considered and ruled out prior to application of NPWT.

1. For ulcers or wounds, the following components of a wound therapy program **MUST** include a minimum of **ALL** of the following general measures, which should either be addressed, applied, or considered and ruled out prior to application of NPWT:
 - a. Documentation in the member's medical record of evaluation, care, and wound measurements by a licensed medical professional; **AND,**
 - b. Application of dressings to maintain a moist wound environment; **AND,**
 - c. Debridement of necrotic tissue if present; **AND,**
 - d. Evaluation of and provision for adequate nutritional status.

2. For Stage III or IV pressure ulcers :
 - a. Member has been appropriately turned and positioned; **AND**,
 - b. Member has used a group 2 or 3 support surface for pressure ulcers on the posterior trunk or pelvis; **AND**,
 - c. Member's moisture and incontinence have been appropriately managed.
3. For neuropathic (diabetic) ulcers:
 - a. Member has been on a comprehensive diabetic management program; **AND**,
 - b. Reduction in pressure on a foot ulcer has been accomplished with appropriate modalities.
4. For venous insufficiency ulcers:
 - a. Compression bandages and/or garments have been consistently applied; **AND**,
 - b. Leg elevation and ambulation have been encouraged.

B. Ulcers and Wounds Encountered in an Inpatient Setting:

1. An ulcer or wound (described under A above) is encountered in the inpatient setting **AND**, after wound treatments described under A-1 through A-4 have been tried or considered and ruled out, NPWT is initiated because it is considered in the judgment of the treating physician, the best available treatment option.
2. The member has complications of a surgically created wound (e.g. dehiscence) or a traumatic wound (e.g. 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.

NOTES: In either B-1 or B-2, NPWT **will be covered** when treatment continuation is ordered beyond discharge to the home setting.

If criterion A or B above is NOT met, the NPWT pump and supplies **are NOT medically necessary and NOT a covered benefit**.

OTHER EXCLUSIONS FROM COVERAGE

An NPWT pump and supplies **is NOT medically necessary and NOT a covered benefit** if ONE OR MORE of the following are present:

- The presence in the wound of necrotic tissue with eschar, if debridement is not attempted; **OR**,
- Untreated osteomyelitis within the vicinity of the wound; **OR**,
- Cancer present in the wound; **OR**,
- The presence of a fistula to an organ or body cavity within the vicinity of the wound.

NEGATIVE PRESSURE WOUND THERAPY (Continued Coverage)

C. For wounds and ulcers described under A or B above, once placed on an NPWT pump and supplies, in order for coverage to continue a licensed medical professional MUST do the following:

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

NOTE: If criteria C-1 and C-2 are NOT fulfilled, continued coverage of the NPWT pump and supplies will be denied **as NOT medically necessary**.

NEGATIVE PRESSURE WOUND THERAPY (End of Coverage)

D. For wounds and ulcers described under A or B above, an NPWT pump and supplies will be denied as NOT medically necessary with ANY of the following, whichever occurs earliest:

1. Criteria C1-C2 cease to occur; **OR**,
2. In the judgment of the treating physician, adequate wound healing has occurred to the degree that NPWT may be discontinued; **OR**,
3. Any measurable degree of wound healing has failed to occur *over the prior month*. Wound healing is defined as improvement occurring in either surface area (length times width) or depth of the wound; **OR**,
4. Four months (including the time NPWT was applied in an inpatient setting prior to discharge to the home) have elapsed using NPWT pump in the treatment of the most recent wound; **OR**,
5. Once equipment or supplies are no longer being used for the member, whether or not by the physician's order.

NPWT Pumps

NPWT pumps must be capable of accommodating more than one wound dressing set for multiple wounds on a member. Therefore, more than one pump billed per member for the same time period **is NOT medically necessary and will be denied**.

Supplies

Coverage is provided up to a maximum of 15 dressing kits per wound per month unless there is documentation that the wound size requires more than one dressing kit for each dressing change.

Coverage is provided up to a maximum of ten canister sets per month unless there is documentation evidencing 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.

Licensed Health Care Professional

For the purposes of this coverage guideline, a licensed health care professional may be:

- A physician; **OR**,
- Physician's assistant; **OR**,
- Registered nurse; **OR**,
- Licensed practical nurse; **OR**,
- Physical therapist.

CODING

Covered CPT® Codes

97605 Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters

97606 Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters

ICD-9-CM Procedure Code - No applicable Codes

HCPCS Level II Codes covered if the above criterion are met

E2402 Negative pressure wound therapy electrical pump, stationary or portable

A6550 Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories

Covered ICD-9-CM Diagnosis Codes - (This list may not be all inclusive.)

- 250.60 - 250.63** Diabetes with neurological manifestations - chronic Stage III or IV neuropathic ulcers (e.g., diabetic ulcer), venous or arterial insufficiency ulcer, or a chronic ulcer of mixed etiology present for at least 30 days meeting specific criteria
- 250.70 - 250.73** Diabetes with peripheral circulatory disorders - chronic Stage III or IV neuropathic ulcers (e.g., diabetic ulcer), venous or arterial insufficiency ulcer, or a chronic ulcer of mixed etiology present for at least 30 days meeting specific criteria.
- 250.80 - 250.83** Diabetes with other specified manifestations - chronic Stage III or IV neuropathic ulcers (e.g., diabetic ulcer), venous or arterial insufficiency ulcer, or a chronic ulcer of mixed etiology present for at least 30 days meeting specific criteria.
- 357.2** Polyneuropathy in diabetes (This code assigned second to code for diabetes 250.XX)
- 440.23** Atherosclerosis of the extremities with ulceration - chronic Stage III or IV neuropathic ulcers (e.g., diabetic ulcer), venous or arterial insufficiency ulcer, or a chronic ulcer of mixed etiology present for at least 30 days meeting specific criteria.
- 440.24** Atherosclerosis of the extremities with gangrene - chronic Stage III or IV neuropathic ulcers (e.g., diabetic ulcer), venous or arterial insufficiency ulcer, or a chronic ulcer of mixed etiology present for at least 30 days meeting specific criteria.
- 443.9** Peripheral vascular disease - chronic Stage III or IV neuropathic ulcers (e.g., diabetic ulcer), venous or arterial insufficiency ulcer, or a chronic ulcer of mixed etiology present for at least 30 days meeting specific criteria.
- 454.0** Varicose veins of lower extremities with ulcer - chronic Stage III or IV neuropathic ulcers (e.g., diabetic ulcer), venous or arterial insufficiency ulcer, or a chronic ulcer of mixed etiology present for at least 30 days meeting specific criteria.
- 459.81** Unspecified venous (peripheral) insufficiency
- 707.11 - 707.18** Chronic Ulcer of lower limbs, i.e., thigh, calf, ankle, heel, midfoot, foot; except decubitus
- 707.23** Pressure Ulcer Stage III
- 707.24** Pressure Ulcer Stage IV
- 707.8** Chronic ulcer of other specified sites
- 872.10 - 872.12** Open Wound, Complicated, external ear, auricle ear and auditory canal
- 873.1** Open Wound, Complicated, scalp
- 873.30** Open Wound, Complicated, nose unspecified
- 873.50 - 873.59** Open Wound, Complicated, face, cheek, forehead, lip, jaw, other and multiple sites
- 875.1** Open Wound, Complicated, chest (wall)
- 877.1** Open Wound, Complicated, buttock
- 878.1** Open Wound, Complicated, penis
- 878.3** Open Wound, Complicated, scrotum and testes
- 878.5** Open Wound, Complicated, vulva
- 879.1** Open Wound, Complicated, breast
- 879.3** Open Wound, Complicated, abdominal wall, anterior
- 879.5** Open Wound, Complicated, abdominal wall, lateral
- 879.7** Open Wound, Complicated, other and unspecified parts of trunk
- 879.9** Open Wound, Complicated, multiple of unspecified site(s)
- 880.10 - 880.19** Open Wound, Complicated, shoulder and upper arm

881.10 - 881.12	Open Wound, Complicated, elbow, forearm and wrist
882.1	Open Wound, Complicated, hand except finger(s) alone
883.1	Open Wound, Complicated, finger(s)
884.1	Open Wound, Complicated, multiple and unspecified parts of upper limb
890.1	Open Wound, Complicated, hip and thigh
891.1	Open Wound, Complicated, knee, leg (except thigh) and ankle
892.1	Open Wound, Complicated, foot except toes(s) alone
893.1	Open Wound, Complicated, toe(s)
894.1	Open Wound, Complicated, multiple and unspecified parts of lower limb
998.31	Disruption of internal operative wound
998.32	Disruption of external operative wound see criteria
998.59	Other postoperative infection - other than open abdominal wounds or deep sternal wound infections; see criteria.
998.83	Non-healing surgical wound - other than open abdominal wounds or deep sternal wound infections

*Current Procedural Terminology (CPT) 2012 American Medical Association: Chicago, IL.©©

REFERENCES

Peer Reviewed

1. Hayes Directory. (2007, November 9). Negative pressure wound therapy for wound healing. Retrieved from <http://www.hayesinc.com>

Government Agencies, Professional and Medical Organizations

1. Centers for Medicare and Medicaid Services. (2008, August 25). Local coverage determination for wound care (L15700) - Mutual of Omaha Insurance Company. Retrieved from <http://www.cms.hhs.gov/mcd/search.asp>
2. Centers for Medicare and Medicaid Services. (2008, March 1). Local coverage determination for negative pressure wound therapy pumps (L11500). Retrieved from <http://www.cms.hhs.gov/mcd/search.asp>

HISTORY AND REVISIONS

Date	Action
1/5/2012	<ul style="list-style-type: none">• Approved by MPC. Reformatted references. No changes.
12/1/2011	<ul style="list-style-type: none">• New template design approved by MPC.