



MEDICAL

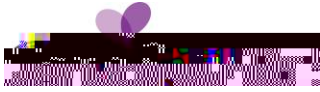
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Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

This policy applies to the following Marketplace(s):				
<input checked="" type="checkbox"/> Georgia	<input checked="" type="checkbox"/> Indiana	<input checked="" type="checkbox"/> Kentucky	<input checked="" type="checkbox"/> Ohio	<input checked="" type="checkbox"/> West Virginia

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A. Subject

Negative Pressure Wound Therapy

B. Background

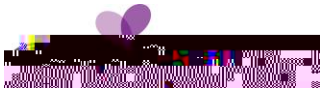
Negative pressure wound therapy (NPWT), also known as vacuum-assisted wound closure, is a type of wound therapy that is used to treat chronic wounds, such as ulcers related to pressure sores, venous or arterial insufficiency, or neuropathy. There are many causes for pressure ulcers, such as diabetes, vascular insufficiencies, or an underlying medical condition.

NPWT involves the controlled application of subatmospheric pressure to the surface of a wound. This type of therapy utilizes an electrical pump, connected to a specialized dressing that then removes debris and exudate from the wound and drains into a collection canister. NPWT is a noninvasive type of therapy that has been shown to be effective in accelerating wound healing for chronic wounds.

To provide a more conducive environment for wound healing, the NPWT method utilizes a semipermeable dressing that always remains moist and warm. This therapy can be done in the home or in an outpatient treatment facility. NPWT typically does not require in-patient monitoring.

C. Definitions

- **Arterial Insufficiency Ulcer** . A type of ulcer that develops due to the lack of delivery of oxygen-rich blood to the tissue which causes the tissue to begin to deteriorate and develop into an open wound.
- **Deep Tissue Pressure Injury** . A type of injury resulting from a serious pressure ulcer that has advanced with additional necrosis of underlying soft tissue that may or may not be visible.
- **Dehisced Wounds** . A



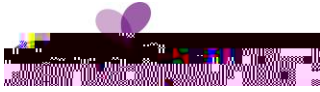
1. Compression garments/dressing/bandages are being applied consistently per physician orders in documented venous insufficiency plan of care for at least 30 days.
 2. Ambulation and leg elevation have been ordered and documented ongoing compliance is in the member medical record.
- D. Member has any of the following:
1. high-risk open fracture
 2. dehisced wound
 3. post sternotomy wound complication or infection (mediastinitis)
 4. surgically created wound with complications resulting in a need for accelerated granulation therapy that cannot be achieved by other treatment modalities, such as topical wound treatment.
 5. open non-healing amputation site in diabetic
 6. delayed healing or non-healing of skin graft which is likely due to irregularly contoured or inadequate blood flow from the graft bed

II. CareSource members may be eligible for the continuation of NPWT treatment when documentation by a licensed medical professional includes ALL of the following criteria:

- A. A licensed medical professional has directly performed the dressing change and is monitoring the wound.
- B. The wound has progressive and measurable improvement.
 1. If no measurable degree of improvement in wound healing has occurred from month to month, the approval for the NPWT will be discontinued.
 2. An exception to measurable improvement is when a wound has been debrided within the last approval period. Documentation of debridement must accompany the request for continuation of NPWT. Before and after images are preferred.
- C. If abnormal, provisions have been made to the members nutritional status.

III. CareSource does not consider NPWT medically necessary for non-healing wounds or ulcers under any of the following medical conditions:

- A. exposed nerves, blood vessels, or organs in the vicinity of the wound
 - B. uncontrolled soft tissue infection or osteomyelitis
 - C. malignancy present in the wound
 - D. necrotic tissue is present in the wound with eschar and has not been debrided
- Deschar and has not been debrided for at least 30 days of the wound (ol)6(l)5(ow)6(i)5(ng)3(-)4(h)13(ol)



6. PICO single use negative pressure wound therapy system (Smith & Nephew) for cesarean birth wound care. Hayes; 2022. Reviewed May 17, 2023. Accessed September 14, 2023. www.evidence.hayesinc.com

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