

Pediatric Care Network Precertification Guidelines

Subject: Negative Pressure Wound Therapy (NPWT), common trade name Wound VAC (vacuum-assisted closure) device.

Applies to: Missouri

Purpose: To clarify the clinical criteria when use of negative pressure wound pumps are considered medically necessary by CMPCN.

Effective date: February 1, 2012

Revision(s): December 18, 2013, January 7, 2015; February 8, 2016

Policy: Statement of coverage decision: Covered when medically necessary for the treatment of non-healing ulcers and surgical or traumatic wounds.

Reference Milliman Precertification Guideline for Topical Negative Pressure (Vacuum-Assisted Wound Closure) A-0346. Access Milliman® Guidelines for members with diabetic ulcers or wound, or following use of skin grafts or dermal substitute. This also contains medical background on the technology. Additional CMPCN criteria are for clinical situations not addressed by Milliman.

Criteria for coverage:

- Chronic ulcers – All required
 - Due to: pressure (stage III or IV), diabetic, or neuropathic, cause. venous or arterial insufficiency, or a chronic ulcer of mixed etiology.
 - Adequate peripheral circulation (may require testing to confirm if pulses are weak on exam)
 - Failure of traditional wound care treatment, including
 - Dressings
 - Diabetes being monitored and managed with appropriate patient compliance.
 - Antibiotics if indicated
 - Pressure relief (positioning, footwear, elevation)
 - Debridement
 - Surgical repair
- Surgical wounds - All required
 - Due to dehiscence or acute wound from debridement of necrotic or infected tissue or complex traumatic wound, or open surgical wound.
 - Wound granulation cannot be achieved by other wound treatments OR wound size and drainage and location cannot be managed by traditional dressings.

Authorization period:

Initial: 1 month

Extended: monthly increments. Rarely will therapy be needed beyond 4 months.

Discontinuation of authorization:

- Wound healing achieved such that traditional dressings can be effective to complete the healing process.
- Wound showing no evidence of healing over the preceding 4 weeks.
- Excessive bleeding at wound site.
- More than 4 months of therapy – extension would require medical director review.

Reasons for non-coverage:

- Open abdominal cavity wounds.
- Malignancy at the wound site
- Eschar or otherwise necrotic tissue (coverage may be appropriate after debridement)
- Untreated osteomyelitis
- Unexplored fistula
- Ischemic wounds
- Venous stasis ulcers
- Adhesive allergy
- Any condition not noted in this coverage criteria and not addressed by the Milliman criteria.

Medical Background:

This wound treatment applies continuous or intermittent vacuum pressure to the surface of a wound using a combination of specialized dressings, a vacuum device and canister system. It has widespread use, although it is not always clear that it produces improved outcomes from traditional wound care techniques. It's believed the vacuum clearance of excessive fluids, and the increased circulation stimulated by the low-pressure device aid the healing process. The advantage over traditional dressings is the closed system requires changing three times a week (on average) versus traditional dressings that are changed 1 – 3 times a day. It also seems to speed wound closure, The NPWT system is helpful in large and hard to dress wounds, due to the ability of the dressing system to conform to the wound diameters.

References:

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- Heller, L, et al, "Management of abdominal wound dehiscence using vacuum assisted closure in patients with compromised healing," *American Journal of Surgery*, 2006 February, Volume 191, Issue 2
- Infections of Pressure Sores, Mandell, Bennett, and Dolin: Principles and Practice of Infectious Diseases, 6th ed., 2005.
- Parrett, BM, et al, "Use of Micro deformational Wound Therapy in Difficult Wounds," *Operative Techniques in General Surgery*, 2006, Dec, Vol 8, Issue 4.
- Schimp, V.L., et al, "Vacuum-assisted closure in the treatment of gynecologic oncology wound failures," *Gynecologic Oncology*, 2004 Feb;92(2):586-91.
- "Vacuum Assisted Wound Closure," UpToDate, accessed Jan. 7, 2015.

Policy drafted by: PCN Clinical Services Integration Committee

Policy approved by: Tim Johnson, DO, CMPCN Medical Director

Update approved by:

Clinical and Quality Management Committee – March 2012; May 27, 2014;
May 29, 2015

Medical Management Committee – January 20, 2014, January 19, 2015,
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