310-EE NEGATIVE PRESSURE WOUND THERAPY

REVISION DATE: 8/01/13

INITIAL
EFFECTIVE DATE: 10/01/2009

DESCRIPTION

AHCCCS covers negative pressure wound therapy as, specified in this policy.

DEFINITIONS

Licensed health care professional, for the purposes of this Policy, may be a physician, Physician's Assistant (PA), Nurse Practitioner (NP), Registered Nurse (RN), Licensed Practical Nurse (LPN), or Physical Therapist (PT).

The Stages of pressure ulcers, for purposes of this Policy, are as follows:

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

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

Chronic – Present for a minimum of 30 days.

AMOUNT, DURATION AND SCOPE

AHCCCS covers Negative Pressure Wound Therapy (NPWT) pump and supplies in the home or alternative residential setting or nursing facility setting according to the guidelines provided in this Policy.

A. INITIAL COVERAGE:

AHCCCS covers NPWT (including NPWT pump and supplies) when both of the following criteria are met.

1. Member has one of the following eligible conditions:
   a. Chronic Stage III or IV pressure ulcer
   b. Chronic neuropathic (e.g. diabetic) ulcer
   c. Chronic venous or arterial insufficiency ulcer
   d. Chronic ulcer of mixed etiology
   e. Dehisced wound or wound with exposed hardware or bone
   f. Complications of a surgically created wound

   and

2. A wound care program as described below must have been tried or considered and ruled out prior to application of NPWT. Each of the following components of a wound therapy program must 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 health care 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.

B. CONTINUED COVERAGE:

For NPWT coverage to continue once initiated, a licensed health care professional must perform the following:

1. On at least a weekly basis,
   a. directly assess the wound(s) being treated with the NPWT, and
   b. supervise or directly perform the NPWT dressing changes.

2. On at least a monthly basis, document changes in the ulcer‘s dimensions and characteristics.

C. WHEN COVERAGE ENDS:

A NPWT pump and supplies are not considered medically necessary if any one or more of the following occurs:

1. Criteria for continued coverage are no longer met.

2. Despite meeting initial coverage criteria, a provider with the necessary licensure to order NPWT (for the purposes of this paragraph, an MD, DO, NP, or PA) determines that adequate wound healing has occurred to the degree that NPWT may be discontinued.

3. Despite meeting initial coverage criteria, a provider with the necessary licensure to order NPWT determines that no measurable degree of wound healing has occurred during the prior month. Wound healing is defined as improvement occurring in either surface area or depth of the wound.

4. When equipment or supplies are no longer being used for the member.

LIMITATIONS

An NPWT pump and supplies will be denied if one or more of the following are present:

- Necrotic tissue with eschar in the wound, if debridement is not attempted,
- Untreated osteomyelitis within the vicinity of the wound,
- Cancer tissue in the wound,
- Untreated fistula to an organ or body cavity within the vicinity of the wound.