

# POLICY AND PROCEDURE

<b>POLICY NAME:</b> Negative Pressure Wound Therapy (NPWT) Pump Criteria	<b>POLICY ID:</b> FL.UM.23
<b>BUSINESS UNIT:</b> Sunshine State Health Plan	<b>FUNCTIONAL AREA:</b> Utilization Management
<b>EFFECTIVE DATE:</b> 06/2015	<b>PRODUCT(S):</b> Managed Medical Assistance (MMA), Child Welfare (CW), and Long-Term Care (LTC)
<b>REVIEWED/REVISED DATE:</b> 06/15;07/2016; 08/2017, 8/2018, 02/19, 05/2020, 7/2021, 07/2022, 07/2023	
<b>REGULATOR MOST RECENT APPROVAL DATE(S):</b> 06/10/2015	

**POLICY STATEMENT:** It is the policy of Sunshine Health to cover Negative Pressure Wound Therapy (NPWT) Pumps when medically necessary. Sunshine Health considers coverage of Negative Pressure Wound Therapy (NPWT) Pumps when appropriate and consistent with good medical practice, and after review on an individual basis, for the specific indications outlined in this policy.

**PURPOSE:** To establish clinical criteria on which to review requests for Negative Pressure Wound Therapy (NPWT) Pumps for Sunshine Health's MMA, CW, and LTC lines of business. The goal is to provide Negative Pressure Wound Therapy (NPWT) Pumps when medically necessary and to define criteria and limitations established for the use of Negative Pressure Wound Therapy (NPWT) Pumps in members diagnosed with open wounds.

**SCOPE:** Sunshine Health Utilization Department for Managed Medical Assistance (MMA), Child Welfare (CW), and Long-Term Care (LTC) product lines.

This policy applies to all directors, officers, and employees of Centene Corporation, its affiliates, health plans, and subsidiary companies (collectively, the "Company").

## DEFINITIONS:

**Negative pressure wound therapy** is the controlled application of subatmospheric pressure to a wound using an electrical pump to intermittently or continuously convey subatmospheric pressure through connecting tubing to a specialized wound dressing which includes a resilient, open-cell foam surface dressing, sealed with an occlusive dressing that is meant to contain the subatmospheric pressure at the wound site and thereby promote wound healing. Drainage from the wound is collected in a canister.

Negative pressure wound therapy (NPWT) has been used to promote healing of chronic wounds and pressure ulcers (decubitus ulcers) by creating controlled negative pressure over the wound that is thought to increase local vascularity and oxygenation of the wound bed, reduce edema by evacuating wound fluid, and remove exudate and bacteria.

NPWT promotes healing of acute and chronic wounds by:

- Removing infectious materials
- Removing any barriers to cell proliferation/migration, thereby promoting granulation
- Providing a moist, protected wound care bed
- Promoting tissue perfusion
- Removing wound exudate, which can lead to maceration and a delay in wound healing
- Reducing tissue edema (interstitial fluid)

A wide variety of wounds can benefit from NPWT, including:

- Acute/chronic wounds
- Traumatic wounds
- Dehisced wounds
- Partial-thickness burns
- Pressure ulcers
- Diabetic ulcers
- Grafts and flaps

## POLICY:

### Specific Clinical Information/Criteria

Chronic Stage III or IV pressure ulcer neuropathic ulcer (e.g., diabetic ulcer), venous or arterial insufficiency ulcer, or a chronic ulcer of mixed etiology, present for at least 30 days. A complete wound therapy program described below, has been tried or considered and ruled out prior to application of NPWT.

For all 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:

- Application of dressings to maintain a moist wound environment
- Debridement of necrotic tissue if present
- Documentation of evaluation, care, and wound measurements by a licensed medical professional
- Evaluation of and provision for adequate nutritional status.

For all Stage III or IV pressure ulcers, the following measures must have been employed prior to application:

- The member has been appropriately turned and positioned
- The member has used a group 2 or 3 support surface for pressure ulcers on the posterior trunk or pelvis (Note: a group 2 or 3 support surface is not required if the ulcer is not on the trunk or pelvis)
- The member's moisture and incontinence have been appropriately managed.

Neuropathic (e.g., diabetic) ulcers:

- The member has been on a comprehensive diabetic management program
- Reduction in pressure on a foot ulcer has been accomplished with appropriate modalities.

Venous insufficiency ulcers:

- Compression bandages and/or garments have been consistently applied
- Leg elevation and ambulation have been encouraged.

Acute open wounds (generally traumatic):

- Degloving injuries
- Any exposed tendon, bone or orthopedic hardware

Following surgical interventions:

- Fasciotomy
- Amputation
- Following skin grafts

Burns

## Information Required for Review

The following information and documentation should be submitted with any request for coverage of a NPWT in order to assess medical necessity:

- Prescription signed by attending physician
- Length of treatment of NPWT
- Type and frequency of dressing change
- Diagnosis and associated diagnosis
- Medical documentation describing:
  - History
  - Previous treatment regimens (if applicable)
    - Regular evaluation and treatment of the wound(s), monthly
  - Current wound management
    - Length of sessions of use (if applicable)
    - Dressing types
    - Frequency of dressing change
    - Changes in wound conditions:
      - Precise measurements (wound length, width and depth)
      - Quantity and description of exudate
      - Presence of granulation/necrotic tissue
      - Concurrent measures being addressed relevant to wound therapy (debridement, nutritional concerns, support surfaces in use, positioning, incontinence control, etc.).

## Review Period

A request a NPWT will be authorized, at the Medical Director's or Prior Authorization Nurse's discretion, for stability of the member's clinical circumstance.

- Authorize for 1-2 month periods followed by re-examination by the prescribing physician prior to continuing therapy.
- A request for renewal of a the NPWT and supplies must be submitted by the physician, prior to expiration of the current authorization

## Review Process

To assist in determining the medical necessity of any NPWT or associated supplies, the clinical criteria established in this policy will be applied. A request for medical necessity review is consistent with Sunshine Health medical policies:

- FL.UM.02.01 - Medical Necessity Review and Continuity of Care
- FL.UM.02.00 – Use of Clinical Criteria
- Any decision to deny, reduce, suspend or terminate services must be made by a Sunshine Health Medical Director as outlined in the policy Use of Clinical Criteria FL.UM.02.00
- Determinations and provider notifications will be made according to the expediency of the case as described in the Timeliness of UM Decisions and Notifications FL.UM.05.00

## Coverage and Continued Coverage of a NPWT and supplies:

- Redetermination of medical necessity for a NPWT device is required every four (4) months by the treating physician, who also certifies that NPWT use is:
  - Effective: When NPWT therapy exceeds 4 months on the most recent wound individual consideration for one additional month at a time may be sought. Information from the treating physician's medical record must contain:
    - Explanation of the special circumstances necessitating the extended month of therapy.
    - Specific and detailed information to explain the continuing problems with the wound
    - What additional measures are being undertaken to address those problems and promote healing and
    - Why a switch to alternative treatments alone is not possible
  - The recipient is compliant with prescribed treatment.

## Limitations / Exclusions

Members who have the following conditions would not/should not be considered as candidates for NPWT:

- On-going infection which has not been treated, such as:
  - Osteomyelitis
- Necrotic tissue which has eschar present (eschar must first be removed)
- Malignancy in the wound (i.e. fungating wounds)
- Unexplored and/or non-enteric fistulas
- The presence of an open fistula to an organ or body cavity within the vicinity of the wound.
- Adhesive allergy
- Ischemic Wounds
- Fragile skin due to:
  - Age
  - Corticosteroid Use
  - Collagen vascular disorder

NPWT pumps must be capable of accommodating more than 1 wound dressing set for multiple wounds on a member, therefore, more than 1 NPWT pump per member for the same time period is considered not medically necessary.

Coverage for NPWT therapies and supplies is contingent on the member's product and benefit structure.

### REFERENCES:

Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients  
AHCA contract FP060  
FL.UM.05.00 Timeliness of UM Decisions and Notifications policy and procedure  
FL.UM.02.00 Use of Clinical Criteria policy and procedure  
FL.UM.02.01\_Medical Necessity Review and Continuity of Care  
Florida Durable Medical Equipment and Medical supply Services Coverage and Limitations Handbook. Updated July 2010

**ATTACHMENTS:** N/A

**ROLES & RESPONSIBILITIES:** Utilization Management

**REGULATORY REPORTING REQUIREMENTS:** N/A

**REVISION LOG**

<b>REVISION TYPE</b>	<b>REVISION SUMMARY</b>	<b>DATE APPROVED &amp; PUBLISHED</b>
New Policy Document	Policy Created	06/02/2015
Annual Review	Reference to FL.UM.02.02 updated to reflect new condensed policy FL.UM.02 Use of Clinical Criteria policy and procedure; updated to removed codes and indicate that coverage for NWPT and supplies is contingent upon product and benefit structure.	07/29/2016
Annual Review	updated to include acute open wounds, several surgical interventions and burns. Amended approval period from 4 months to 1 to 2 months with re-examination by prescribing provider prior to continuing therapy.	08/20/2017
Annual Review	No changes needed	08/2018
Annual Review	No changes needed	02/2019
Annual Review	Fixed policy names and numbers, deleted reference to HK, updated FL contract number, and changed approver 3 to VP, Medical Affairs	05/06/2020
Annual Review	No changes needed	07/21/2021
Annual Review	No changes needed	07/21/2022
Annual Review	Updated Policy ID Added Policy ID and Name to the "Footer"	07/2023

**POLICY AND PROCEDURE APPROVAL**

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.