

# Children's Hospital and Health System Children's Community Health Plan Policy and Procedure

This policy applies to the following entity(s):

- |  |  |
|--|--|
| <input type="checkbox"/> CHW – Milwaukee                         | <input type="checkbox"/> CHW - Fox Valley                            |
| <input type="checkbox"/> CHHS Foundation                         | <input type="checkbox"/> CHW - Surgicenter                           |
| <input type="checkbox"/> CHW – Community Services Division       | <input checked="" type="checkbox"/> Children's Community Health Plan |
| <input type="checkbox"/> Children's Medical Group - Primary Care | <input type="checkbox"/> Children's Specialty Group                  |
| <input type="checkbox"/> Children's Medical Group - Urgent Care  | <input type="checkbox"/> CHHS Corporate Departments                  |

## Medical Utilization Management Policy

### SUBJECT: NEGATIVE PRESSURE WOUND THERAPY (NPWT) “WOUND VAC”

#### INCLUDED PRODUCT(S):

##### Medicaid

BadgerCare Plus

Care4Kids Program

##### Commercial

Together with CCHP

##### Marketplace

Together with CCHP

#### PURPOSE OR DESCRIPTION:

The purpose of this policy is to define criteria for the medically necessary use of Negative Pressure Wound Therapy (NPWT) – a.k.a. “Wound Vac”.

#### DEFINITION:

Negative pressure wound therapy is a treatment for acute, subacute, 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 future surgical closure, grafting, or healing by secondary intention.

#### POLICY:

Negative pressure wound therapy (NPWT), as an adjunct to standard wound care, will be approved when ALL of the following conditions are met:

Effective: 7/20

Revised:

Reviewed: 10/21

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1. Wound has not responded to or is not expected to respond to conservative management
2. Conventional wound management is ongoing (i.e. debridement as indicated)
3. Wound healing is compromised due to comorbidities (i.e. diabetes, obesity, etc), location, or nature of the wound
4. No evidence of the following:
  - a. Active bleeding or exposed vasculature
  - b. Eschar or necrotic tissue
  - c. Exposed cortical bone, nerves, or organs
  - d. Malignancy in the wound
  - e. Uncontrolled soft tissue infection or osteomyelitis
  - f. Unexplored fistulas or fistulas to body organs or cavities

## **REFERENCES**

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2. Hayes Negative Pressure Wound Therapy for Chronic Wounds: Home Use. December 2018.
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8. Marston WA, Armstrong DG, Reyzelman AM, Kirsner RS. A multicenter randomized controlled trial comparing treatment of venous leg ulcers using mechanically versus electrically powered negative pressure wound therapy. *Adv Wound Care (New Rochelle).* 2015;4(2):75-82.

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9. Yao M, Fabbi M, Hayashi H, et al. A retrospective cohort study evaluating efficacy in high-risk patients with chronic lower extremity ulcers treated with negative pressure wound therapy. *Int Wound J.* 2014;11(5):483-488.

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