	<b>POLICIES AND PROCEDURES</b>
<b>Policy #:</b> 404-1609	<b>Lead Department:</b> Utilization Management
<b>Title:</b> Negative Pressure Wound Therapy Pumps	
<b>Original Date:</b> 06/01/2004	<b>Date Published:</b> 12/10/2024
<b>Approved by:</b> Utilization Management Work Group (UMWG)	

**Purpose:**

To describe the guidelines of Central California Alliance for Health (the Alliance) in authorizing Negative Pressure Wound Therapy (NPWT) devices.

**Policy:**

The Alliance will authorize negative pressure wound therapy pumps when the therapy is medically necessary according to Alliance Policy 404-1112 – *Medical Necessity - The Definition and Application of Medical Necessity Provision to Authorization Requests*.


**Definitions:**

California Children’s Services: CCS is a state program for children with certain diseases or health problems. Through this program, children up to 21 years of age can get the health care and services they need for CCS-eligible conditions. CCS also provides medical therapy services that are delivered at public schools through their Medical Therapy Unit (MTU).

Negative Pressure Wound Therapy Pump: A negative pressure wound therapy pump is used to facilitate wound healing by converting an open wound to a closed wound. The system consists of an evacuation tube embedded in a medical-grade polyurethane foam dressing. After the foam dressing is placed in the wound, and sealed by an occlusive dressing, the tube is attached to a vacuum unit. The vacuum unit applies negative pressure, intermittently or continuously, resulting in the removal of excess (interstitial) fluid, increased blood flow, granulation tissue formation, decreased bacterial colonization and wound closure. The pressure can be adjusted within a range that has been demonstrated to provide fluid removal without placing the delicate wound tissue at risk of injury.

Pressure Ulcer Staging:

- a. Stage I: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have visible blanching.
- b. Stage II: Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured blister.
- c. Stage III: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscles are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.

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- d. Stage IV: Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often include undermining and tunneling.
- e. Unstageable: Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green, or brown) and/or eschar (tan, brown or black) in the wound bed.

Whole Child Model (WCM): The purpose of the WCM program is to incorporate services covered by the CCS Program into Medi-Cal managed care for Medi-Cal-eligible CCS Program members. Managed care plans (MCPs) operating in WCM counties will integrate Medi-Cal managed care and CCS Program administrative functions to provide comprehensive treatment of the whole child and care coordination in the areas of primary, specialty, and behavioral health for CCS-eligible and non-CCS-eligible conditions.

### **Procedures:**


For all NPWT pump requests the Alliance requires the following:

1. Written and signed prescription by the provider that details medical necessity of NPWT
  - a. For CCS WCM members, durable medical equipment that will be used for the treatment of a member's CCS eligible condition may be authorized when prescribed by a CCS paneled physician who is approved to treat the member's CCS-eligible medical condition.

### **A. Prior Authorization Process:**

Initial authorization requests require the following criteria to be met:

The patient should have a chronic stage III or IV pressure ulcer, neuropathic (i.e. diabetic) ulcer, venous or arterial insufficiency ulcer, or a chronic (being present for at least 30 days) ulcer of mixed etiology. A complete wound therapy program described in sections 1-4 below, as applicable depending on the type of wound, should have been tried or considered and ruled out prior to application of a negative pressure wound therapy pump.

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1. 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.
  - a. Documentation in the patient's medical record of evaluation, care and wound measurements by a licensed medical professional at each dressing change or at least every 15 days, 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.
2. For Stage III or IV pressure ulcers:
  - a. The patient has been appropriately turned and positioned, and
  - b. The patient has used a group 2 or 3 support surface if the pressure ulcer is on the posterior trunk or pelvis.
  - c. The patient's moisture and incontinence have been appropriately managed.
3. For neuropathic (i.e. diabetic) ulcers:
  - a. The patient has been on a comprehensive diabetic management program, and
  - b. Reduction in pressure on a foot ulcer has been accomplished with appropriate modalities.
4. For venous insufficiency ulcers:
  - a. Compression bandages and/or garments have been consistently applied, and
  - b. Leg elevation and ambulation has been encouraged.
5. Non-healing or dehisced surgical wounds, such as abdominal wounds, are given special consideration, and documentation of failure of conservative therapy, such as dressing changes should be included with the authorization requests.

**Note:** An Authorization Request submitted after the equipment has already been provided, may be denied due to lack of prior authorization (see Alliance Policy 404-1201 – *Authorization Request Process*). An Authorization Request, when meeting medical necessity criteria, will be authorized for an initial 15-day trial period. Requested reauthorization may be granted in increments of up to 15 days. Only one pump may be authorized for the 120-day period. Coverage beyond 120 will be given individual consideration based on required additional documentation below.

**B. Continued Coverage:**

Subsequent authorization requests beyond the initial 15-day period require:

1. Documentation, at least every 15 days provided by a licensed medical professional who is directly assessing the wound being treated, supervising or directly performing the dressing changes.

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2. Documentation which describes the changes in wound dimensions including length, width, and depth; peripheral area surrounding wound bed, granulation, necrotic tissue, and wound exudate (quantity, color, odor, etc.)
3. Continued treatment plan.

**C. Contradictions:**

Exclusion from coverage will result if one of the following is present:


1. Necrotic tissue with eschar in the wound, if debridement is not attempted
2. Untreated osteomyelitis within the vicinity of the wound
3. Cancer in the wound
4. Presence of a fistula to an organ or body cavity within the vicinity of the wound
5. In cases of abdominal wound dehiscence where bowel may be present in the wound
6. Active Bleeding
7. Difficult wound hemostasis
8. Patients on anticoagulants
9. Untreated, active fungal or bacterial infections present in the wound.

**D. Authorization may be denied under the following circumstances:**

1. The treating physician makes the medical determination that adequate wound healing has occurred, *or*
2. Documentation shows that there has not been a progressive measurable degree of wound healing in the prior authorized periods of time, *or*
3. Wound healing has failed to occur over the prior 30 days, *or*
4. Four months have elapsed (including the time a NPWT pump was applied in an inpatient setting prior to discharge to home), and there has not been progressive measurable wound healing, *or*
5. Equipment/supplies are no longer being used for the patient, whether or not by the physician order, *or*
6. Or there is evidence of patient non- compliance, or tampering of dressings or NPWT unit by member or caregiver that does not comply with physician ordered therapy.

**E. Screening Requirements**

1. All providers perform appropriate baseline health assessments and diagnostic evaluations that provide sufficient clinical detail to establish, or raise a reasonable likelihood, that a member has a CCS eligible medical condition. Providers will refer potential CCS-eligible members to the CCS program per Alliance Policy 405-1319 Screening and Referral for *Medically Eligible Children to California Children's Services (CCS) Program*.

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2. Health Services staff will screen for California Children Services (CCS) eligibility. Health Services staff members will refer potential CCS-eligible members to the CCS program per Alliance Policy 405-1319 Screening and Referral for *Medically Eligible Children to California Children's Services (CCS) Program*.

**Note:** Authorization Coverage beyond the 120 days period may be considered on a case-by-case basis and after receipt of additional documentation.

**References:**

Alliance Policies:

- 404-1112 – Medical Necessity - The Definition and Application of Medical Necessity Provision to Authorization Requests
- 404-1201 – Authorization Request Process
- 405-1319 Screening and Referral for Medically Eligible Children to California Children's Services (CCS) Program
- 404-1601 – DME Authorization

Impacted Departments:

Claims

Regulatory:

Legislative:

Contractual (Previous Contract):

Contractual (2024 Contract):

DHCS All Plan Letter::

NCQA:

Supersedes:

Other References:

MCG - Topical Negative Pressure (Vacuum-Assisted Wound Closure)


Attachments:

**Lines of Business This Policy Applies To**

- ☐ DSNP
- ☒ Medi-Cal
- ☒ Alliance Care IHSS

**LOB Effective Dates**

- (01/01/2026 – present)
- (01/01/1996 – present)
- (07/01/2005 – present)

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**Revision History:**

Reviewed Date	Revised Date	Changes Made By	Approved By
05/17/2019	04/29/2019	Tammy Brass, RN UM Manager, Prior Authorization	UMWG
06/26/2020	06/26/2020	Lorna Metzger, RN Prior Auth Supervisor	UMWG
06/04/2022	06/04/2022	Tisa Llamas, RN Prior Auth Supervisor	UMWG
10/19/2023	10/19/2023	Azura Sanchez UM Admin Assistant	UMWG
11/06/2024	11/06/2024	Lorna Metzger, RN Prior Auth Supervisor	UMWG