

Document ID:	Title: Aetna Medicaid Administrator (AMA) 7200.77 Negative Pressure Wound Therapy (NPWT) (Wound VAC) Louisiana Policy	
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Exhibit(s): NA		
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**PURPOSE**

The purpose of this policy is to describe the health plan’s process for the prior authorization decision-making conditions in which Negative Pressure Wound Therapy (NPWT) may be authorized according to the directives from state of Louisiana Medicaid.

**SCOPE**

The scope of this policy applies to the Louisiana Prior Authorization staff and all colleagues processing Louisiana authorization requests for Negative Pressure Wound Therapy (NPWT)

**POLICY**

It is the policy of the Plan that specific state directives, in addition to MCG® criteria are used when processing authorization requests for Negative Pressure Wound Dressings. Louisiana state qualifications, authorization and documentation requirements must be met. Louisiana Medicaid covers Negative Pressure Wound Dressings.

**STANDARD**

Negative pressure wound therapy (NPWT), also referred to as vacuum-assisted wound closure, is a therapeutic dressing system in which negative pressure is continuously or intermittently applied to the surface of a wound. The NPWT includes dressings, a suction pump, tubing, and a collection chamber. The wound and porous dressing are sealed with an occlusive dressing and connected to the drainage tubing connected to a suction pump that delivers sub atmospheric pressure. NPWT is intended to assist wound healing by the removal of exudate or debris, reduction of bacterial contamination, increase in local blood flow, reduction of local edema, approximation of the wound edges and the production of granulation tissue NPWT is intended as an adjunct treatment for wounds that do not respond to conventional treatment such as debridement, pressure relief and infection control.

***Prior Authorization Requirements***

- All Providers (both facility and ordering physicians) must be registered in the state and the health plan’s registry. The provider should be a preferred provider for the health plan.
- A wound care system may be considered for reimbursement for beneficiaries with a Stage III or IV chronic, nonhealing wound, such as a pressure, venous stasis, and diabetic ulcers, postsurgical wound dehiscence, non-adhering skin grafts, or surgical flaps required for covering such wounds.
- The wound care systems include the sealed suction dressing and suction pump.

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- All services must be prior authorized. <sup>1</sup>
- All requests must include the following information to demonstrate a complete wound therapy program:
  1. Name of the NPWT dressing requested.
  2. Signed order by the physician.
  3. Date when the wound was first identified and cause of the wound.
  4. Description of any wound debridement performed.
  5. Description of the wound including measurements, tunneling or exposure of bone
  6. Any Previous dressings applied and outcomes.
  7. Documentation that the open wound has not responded to conventional treatment.
  8. Method of administration
  9. Documentation of evaluation of adequate nutritional status
- NPWT may be indicated for but not limited to:
  1. Pressure ulcer (Stage III or IV) with documentation of the following:
    - a. Complete wound therapy program, as outlined above; and o Appropriate turning and positioning; and
    - b. Use of a pressure-reducing support surface; and
    - c. Moisture and incontinence management
  2. Neuropathic ulcer (e.g., diabetic ulcer) with documentation of the following:
    - a. Complete wound therapy program, as outlined above; and
    - b. Comprehensive diabetic management program; and
    - c. Reduction in pressure on ulcer
  3. Venous insufficiency ulcer with documentation of the following:
    - a. Complete wound therapy program, as outlined above; and
    - b. Compression bandages and/or garments have been used consistently, for at least 30 days; and
    - c. Leg elevation and ambulation
  4. Open surgical wound with documentation of the following:
    - a. Post-operative dehiscence (separation of a previously closed surgical incision) with documentation of a complete wound therapy program, as outlined above; or
    - b. Open, non-healing amputation site in diabetics; or
    - c. Post-sternotomy infection (mediastinitis); or
    - d. Delayed healing or non-healing of skin graft is likely due to irregularly contoured or inadequate blood flow of the graft bed.
  5. High-risk open fracture (Gustilo Grade III) (An open fracture with extensive soft-tissue damage or an open segmental fracture.)

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<sup>1</sup> 2023 Louisiana Medicaid Services Manual Chapter 18 DME p. 10

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- Contraindications to NPWT
  1. Active bleeding or exposed vasculature in wound
  2. Eschar or necrotic tissue present in wound.
  3. Exposed bone, nerves, or organs in vicinity of wound
  4. Malignancy present in wound
  5. Uncontrolled soft tissue infection or osteomyelitis within vicinity of wound
  6. Presence of an open fistula to body organs or cavities within vicinity of wound
- NPWT should be discontinued when any of the following criteria are noted:
  1. Documentation of weekly assessment of the wound's dimensions and characteristics by the provider indicate failure of progressive wound healing (i.e., wound is not diminishing in size [either surface area or depth] within 30 days); or
  2. The depth of the wound is 1 mm or less; or
  3. Uniform granulation tissue has been obtained.
  4. Portable hyperbaric oxygen chambers that are placed directly over the wound and provide higher concentrations of oxygen to the damaged tissue are not covered.

### ***Provider Responsibilities<sup>2</sup>***

Providers will include the wound assessment criteria listed above when requesting precertification. Providers will perform wound reassessment with NPWT dressing changes and will follow discontinue criteria as listed above.

Negative Pressure Wound Therapy dressing changes are routinely performed with the frequency ordered by the physician. Dressings may be changed in a wound clinic or may be provided by a nurse in a home health setting. NPWT dressings may be placed after a surgery.

### ***Rental Equipment:***

1. Ensure and maintain documentation on file that the equipment is routinely serviced and maintained by qualified provider staff, as recommended by the product manufacturer.
2. Repair, or replace all expendable parts or items, such as masks, hoses, tubing and connectors, and accessory items necessary for the effective and safe operation of the equipment.
3. Substitute like equipment at no additional cost to Medicaid if the equipment becomes broken because of normal use while the original rental equipment is being repaired.
4. Replace equipment that is beyond repair at no additional charge and maintain documentation of the replacement.
5. Maintain documentation that is signed and dated by both the provider and the member or member's responsible caregiver at the time of delivery, which attests to

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<sup>2</sup> Louisiana Medicaid Services Manual Chapter 18 DME 18.2.27 Issued 11/27/23; Replaced 10/30/23; Replaced 10/30/23 p. 3.

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- the fact that instruction has been provided by trained and qualified provider staff to the member or caregiver regarding the member's or caregiver's responsibility for cleaning the equipment and performing the general maintenance on the equipment, as recommended by the manufacturer; and
6. Maintain documentation that is signed and dated by both the provider and the member or b member's responsible caregiver, which attests that the member or the caregiver was provided with the manufacturer instructions, servicing manuals, and operating guides needed for the routine service and operation of the specific type or model of equipment provided.
  7. Ensure and maintain documentation on file that the equipment is routinely serviced and maintained by qualified provider staff, as recommended by the product manufacturer.
  8. Repair, or replace all expendable parts or items, such as masks, hoses, tubing and connectors, and accessory items necessary for the effective and safe operation of the equipment.
  9. Substitute like equipment at no additional cost to Medicaid if the equipment becomes broken because of normal use while the original rental equipment is being repaired.
  10. Replace equipment that is beyond repair at no additional charge and maintain documentation of the replacement.
  11. Maintain documentation that is signed and dated by both the provider and the member or member's responsible caregiver at the time of delivery, which attests to the fact that instruction has been provided by trained and qualified provider staff to the member or caregiver regarding the member's or caregiver's responsibility for cleaning the equipment and performing the general maintenance on the equipment, as recommended by the manufacturer; and
  12. Maintain documentation that is signed and dated by both the provider and the member or b member's responsible caregiver, which attests that the member or the caregiver was provided with the manufacturer instructions, servicing manuals, and operating guides needed for the routine service and operation of the specific type or model of equipment provided.

## APPLICABLE CPT and HCPCS CODES

This policy applies the additional definitions, qualifications, criteria, and documentation requirements to the procedure codes listed below. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

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HCPCS	Description
A6550	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories
A9272	Wound suction, disposable, includes dressing, all accessories and components, any type, each
E0465	Negative Pressure Wound Therapy (NPWT) electric suction pump; stationary or portable
E2402	Negative Pressure Wound Therapy (NPWT) electric suction pump
CPT codes	Descriptions
97605	Negative pressure wound therapy (e.g., vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters
09606	Negative pressure wound therapy (e.g., vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than fifty square centimeters
97607	Negative pressure wound therapy, (e.g., vacuum assisted drainage collection), utilizing disposable, nondurable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to fifty square centimeters
97608	Negative pressure wound therapy, (e.g., vacuum assisted drainage collection), utilizing disposable, nondurable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than fifty square centimeters

DEFINITIONS:

Durable Medical Equipment (DME)	Durable medical equipment is furnished by a supplier or a home health agency and is equipment that meets the following criteria: 1. Can withstand repeated use; 2. Is used to serve a medical purpose; 3. Generally is not useful to a member in the absence of an illness or injury; and 4. Is appropriate for use in the home. <sup>3</sup>
MCG ®	A set of nationally standardized criteria used to make medical necessity determinations for authorization requests.

<sup>3</sup> Louisiana Department of Health Provider Manual Chapter 18 DME p. 29

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Negative Pressure Wound Therapy (NPWT) disposable device	A sealed suction wound care system that promotes wound healing for complicated wounds by removing exudate in the wound via suction. It includes a sealed dressing covering the wound with a suction tube connected to a mechanism that provides suction and collects the drainage. <sup>4</sup>
Wound Care System	A Wound Care System includes a Thermal wound care system or the sealed suction wound care system.

REVIEW AND REVISION HISTORY

Date	Revision No.	Reason for Change	Sections Affected
2/9/2024	New Policy	New Format: New policy to quote State criteria for authorization reviews	All

Aetna Better Health of Louisiana

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 Jess R. Hall  
 Chief Executive Officer

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 Antoinette Logarbo M.D.  
 Chief Medical Officer

References/Resources

- 2023 Louisiana Medicaid Managed Care Organization Attachment A Model Contract,
- 2023 Louisiana Medicaid Managed Care Organization (MCO) Manual
- 2023 Louisiana Medicaid Services Manual Chapter 18; Durable Medical Equipment
- 2023 Louisiana Medicaid Provider Manual

<sup>4</sup> Louisiana Department of Health Provider Manual Chapter 18.2 DME p. 111