

## The Department of Vermont Health Access Supplement to InterQual® Criteria

**Note:** DVHA utilizes InterQual® criteria as a resource for coverage determination. In order to ensure compliance with other relevant [Health Care Rules](#) and requirements, DVHA may base coverage determinations on information supplemental to InterQual® criteria. See services listed below.

To access InterQual® criteria, please log into your account at the [Vermont Medicaid Portal](#), go to secure options and click on InterQual® Solution from the dropdown menu.

**Subject:** Negative Pressure Wound Therapy for Wound Healing

**Last Review:** December 17, 2024\*

**Past Revisions:** N/A

**\*Please note: Most current content changes will be highlighted in yellow.**

### Description of Service or Procedure

Negative pressure wound therapy (NPWT) is defined as the application of sub-atmospheric pressure to a wound to remove exudate and debris from wounds. NPWT is delivered through an integrated system of a suction pump, separate exudate collection chamber and dressing sets to a qualified wound. In these systems, exudate is completely removed from the wound site to the collection chamber, which helps reduce inflammatory exudate and promote granulation tissue. It can be utilized to manage acute and chronic wounds, ranging from open fasciotomy wounds and diabetic foot ulcers to closed surgical incisions.

### Criteria Supplemental to InterQual®

Negative pressure wound therapy may be covered for members when the following documentation is provided:

- Documented evidence of education regarding healing promotion including smoking cessation and nutritional status. While hospitalized, a pre-albumin or albumin level can provide an indication of nutrition status.
- **For diabetic ulcers**, documentation demonstrating instruction in pressure reduction, including ambulatory assistive devices (crutches, walker, wheelchair, pressure relief boot) proper pressure relief support surfaces specific to the location of the ulcer (bed, wheelchair, bath and commode equipment, transfer equipment, footwear) AND at least 2 weeks of pressure reduction intervention, and skin care and inspection education.
- **For venous ulcers**, documentation of education regarding skin care and limb elevation and tobacco cessation.



- **For arterial ulcers**, documentation demonstrating education regarding healing promotion including skin care and limb positioning in a dependent position and tobacco cessation.
- **For chronic wound/ulcers** (including wounds of mixed etiology), documentation demonstrating education regarding healing promotion including skin care and limb positioning and tobacco cessation.
- NPWT in the home setting for individuals with chronic stage III/IV pressure ulcers, neuropathic (i.e., diabetic) ulcers, venous or arterial insufficiency ulcers, surgical wounds, and chronic (present for at least 30 days) ulcers of mixed etiology.

### **Type of service or procedure not covered (this list may not be all inclusive)**

NPWT will not be covered when:

- Documentation provided fails to demonstrate that there has been an unsuccessful trial of management with a moist wound environment for primary dressings, when appropriate. Some examples of a moist wound environment include semi occlusive gel, foam, calcium alginate, non-adherent gauze, copolymer starch, film, or moist gauze with a semi-occlusive cover dressing to preserve moistness. Long term use of **wet to dry** gauze dressings are **not** considered a moist wound environment because allowing the dressing to dry can result in nonspecific mechanical disturbance/debridement of the wound matrix and/or granulation tissue which impedes the healing process. Trials of wet to dry dressings are appropriate for individuals who require short term mechanical debridement such as in the initial treatment of pressure ulcers that contain a small to moderate amount of exudate.

A NPWT pump and supplies will be denied at any time as not reasonable and necessary if one of more of the following are present:

- The presence in the wound of necrotic tissue with eschar, if debridement is not attempted;
- Osteomyelitis within the vicinity of the wound that is not concurrently being treated with intent to cure;
- Cancer present in the wound;
- The presence of an open fistula to an organ or body cavity within the vicinity of the wound.

### **Disclaimer**

Coverage is limited to that outlined in Medicaid Rule or Health Care Administrative Rules that pertain to the member's aid category. Prior Authorization (PA) is only valid if the member is eligible for the applicable item or service on the date of service.

### **Medicaid Rule**

Medicaid and Health Care Administrative Rules can be found at

<https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules>

- 7102.2 Prior Authorization Determination
- 4.101 Medical Necessity for Covered Services

- 4.104 Medicaid Non-Covered Services
- 4.106 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services
- 4.209 Durable Medical Equipment

## **Coverage Position**

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Negative pressure wound therapy may be covered for members:

- When the device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described on the Vermont Office of Professional Regulation's website\*, Statute, or rule who is knowledgeable regarding negative pressure wound therapy and who provides medical care to the member AND
- When the clinical criteria below are met.

\* Vermont's Office of Professional Regulation's website: <https://sos.vermont.gov/opr/>

## **Clinical criteria for repeat service or procedure**

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Repeat coverage of NPWT and supplies is limited to InterQual® and the criteria above.

For continued or ongoing coverage of NPWT and supplies at a wound or ulcer site, the provider must complete the following and include documentation in the medical record of such to support medical necessity:

- Regular assessment of the wound or ulcer being treated with NPWT
- Supervision or direct performance of NPWT dressing changes
- Regular documentation of changes in wound or ulcer dimensions and characteristics (at least monthly)

## **Coding guidelines**

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Please see the Medicaid Portal at <http://vtmedicaid.com/#!/feeSchedule> for fee schedules, code coverage, and applicable requirements.

## **References**

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