



**519.20 WOUND CARE**

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**DISCLAIMER:** This chapter does not address all the complexities of Medicaid policies and procedures, and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations and other practitioner information.

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### POLICY METADATA

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### BACKGROUND

West Virginia Medicaid covers the care of wounds, including, but is not limited to, diabetic ulcers, pressure ulcers, open surgical sites fistulas, and tumor erosion sites. Wound care may also involve systemic treatments to improve underlying nutritional needs, infections, circulatory limitations, or management of other contributory factors.

### POLICY

Wound care encompasses debridement of damaged tissues or foreign matter from a wound, local treatments such as topical medications, dressings and pressure relief tissue healing therapies such as intermittent or continuous topical negative pressure to a special dressing positioned in a wound cavity or over a graft or flap. The pressure disturbing wound dressing assists in removing fluids from the wound and stimulating the growth of health granulation tissue.

Prior authorization is required for Negative Pressure Wound Therapy (NPWT) pumps and supplies for Stage III and IV wound care. A Plan of Care must be submitted when requesting a prior authorization to the Utilization Management Contractor (UMC). Enrolled physicians, physician assistants (PAs), advanced practice registered nurses (APRNs), and licensed physical therapists are eligible for reimbursement of wound care when it is within their scope of practice and certification. Refer to [Chapter 506, Durable Medical Equipment, Prosthetics, Orthotics and Medical Supplies \(DMEPOS\)](#) for coverage information of NPWT pumps and supplies.

#### 519.20.1 COVERED SERVICES

The following products are covered for wound care based on the criteria indicated below.

- A. Apligraf (grafter)
- 1. Standard diabetic foot ulcer for the treatment of full-thickness neuropathic diabetic foot ulcers of greater than three weeks duration that have not adequately responded to conventional ulcer therapy and which extend through the dermis but without tendon, muscle, capsule or bone exposure OR
- 2. In conjunction with standard therapy to promote effective wound healing of chronic, non-infected, and full-thickness venous stasis ulcers that have failed conservative measures of greater than one month duration using regular dressing changes and standard therapeutic compression.
- 3. All other indications are not covered.
- B. Dermagraft

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1. In the treatment of full-thickness diabetic foot ulcers greater than six week duration that extend through the dermis, but without tendon, muscle, joint capsule or bone exposure AND
  2. In the treatment of wounds related to dystrophic epidermolysis bullosa.
  3. All other indications are not covered.
- C. OrCel or Surgimend Collagen Matrix
1. For healing donor site wounds in burn victims
  2. For use in persons with dystrophic epidermolysis bullosa undergoing hand reconstruction surgery to close and heal wounds created by the surgery, including those at donor sites.
  3. All other indications are not covered.
- D. Integra Dermal Regeneration Template and Integra Bilayer Wound Matrix
1. Treatment of individuals with severe burns where there is a limited amount of their own skin to use for autografts or they are too ill to have more wound sites created.
  2. All other indications are not covered.
- E. AlloDerm and AlloDerm-RTU
1. For breast reconstructive surgery.
  2. All other indications are not covered.
- F. Oasis Wound Matrix
1. Treatment of difficult-to-heal chronic venous or diabetic partial and full-thickness ulcers of the lower extremity that have failed standard wound therapy of at least four week duration.
  2. All other indications are not covered.
- G. Graftjacket Regenerative Tissue Matrix
1. Treatment of full-thickness diabetic foot ulcers greater than three week duration that extend through the dermis, but without tendon, muscle, joint capsule or bone exposure.
  2. All other indications are not covered.
- H. TheraSkin
1. Treatment of diabetic foot ulcers, venous leg ulcers, pressure ulcers, dehisced surgical wounds, necrotizing fasciitis, traumatic burns and radiation burns.
  2. Can be used over exposed bone, tendon, joint capsule and muscle.
  3. All other indications are not covered.
- I. Hyperbaric Oxygen Therapy (HBOT). Refer to the [Chapter 519, Policy 519.9 Hyperbaric Oxygen Therapy \(HBOT\) Services](#).

### 519.20.1.1 Negative Pressure Wound Therapy (NPWT) Pumps

West Virginia Medicaid covers Negative Pressure Wound Therapy (NPWT) pumps when either of the following criteria (I or II) is met:

A. Negative Pressure Wound Therapy (NPWT) Pump/Supplies

I. Ulcers and Wounds in the Home Setting

The member has a 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 by the criterion below, as applicable depending on the type of wound, has been tried or considered and ruled out prior to application of NPWT.

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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, *and*
- Debridement of necrotic tissue if present, *and*
- Documentation of evaluation, care, and wound measurements by a licensed medical professional, *and*
- Evaluation of and provision for adequate nutritional status.

### II. Ulcers and Wounds Encountered in an Inpatient Setting

- a) An ulcer or wound (described in Section I above) is encountered in the inpatient setting and, after wound treatments described above have been tried or considered and ruled out, it is necessary to initiate NPWT.
- b) The member has complications of a surgically created wound (e.g., dehiscence) or a traumatic wound (e.g., pre-operative flap or graft), other than complications resulting in an open abdomen, where there is documentation of the medical necessity for accelerated formation of granulation tissue which cannot be achieved by other available topical wound treatments (e.g., other conditions of the member that will not allow for healing times achievable with other topical wound treatments).

In situation, II-a) or II-b), NPWT will be considered medically necessary when treatment continuation is ordered beyond discharge to the home setting.

Note: NPWT pumps must be capable of accommodating more than one wound dressing set for multiple wounds on a member. Only one NPWT pump may be billed per member for the same time period..

### III. Continued Medical Necessity in the Home Setting

For wounds and ulcers described in sections I and II above, once placed on an NPWT pump and supplies, in order to document continued medical necessity, a licensed medical professional must do the following:

- a) On a regular basis, directly assess the wound(s) being treated with the NPWT pump, and supervise or directly perform the NPWT dressing changes, *and*
- b) On at least a monthly basis, document changes in the ulcer's dimensions and characteristics.

### IV. Discontinuation Criteria

For wounds and ulcers described in sections I and II above, the use of a NPWT pump and supplies may be considered as non-viable under the following conditions:

- a) Any measurable degree of wound healing has failed to occur over the prior month. There must be documentation of quantitative measurements of wound characteristic

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including wound length and width (surface area), or depth, serially observed and documented, over a specified time interval. The recorded wound measurements must be consistently and regularly updated and must have demonstrated progressive wound healing from month to month; *or*

- b) Three months (including the time NPWT was applied in an inpatient setting prior to discharge to the home) have elapsed using an NPWT pump in the treatment of any wound. The medical necessity of NPWT beyond three months will be given individual consideration based upon required additional documentation; *or*
- c) In the judgment of the treating practitioner, adequate wound healing has occurred to the degree that NPWT may be discontinued, *or*
- d) Once equipment or supplies are no longer being used for the member, whether or not by physician's order; *or*
- e) When criteria under the above section on Continued Medical Necessity ceases to be met.

B. Hyperbaric Oxygen Therapy (HBOT) Refer to the [Chapter 519, Policy 519.9 Hyperbaric Oxygen Therapy \(HBOT\) Services](#).

### 519.20.2 NON-COVERED SERVICES

The following modalities for wound treatment that are not covered include, but are not limited to:

- TransCyte
- Biobrane biosynthetic dressings
- Artiss
- Epicel
- Procuren and other platelet releasate
- Non-contact Normothermic Wound Therapy (NNWT)
- Maggot therapy
- Celaderm
- Epicel
- EZ Derm
- Laserskin
- Electrical stimulation and electromagnetic therapy for wound care
- Monochromatic Infrared Therapy (the Anodyne Therapy System)

Non-covered services are not eligible for a DHHR Fair Hearing or a Desk/Document review.

## GLOSSARY

Definitions in [Chapter 200, Definitions and Acronyms](#) apply to all West Virginia Medicaid services, including those covered by this chapter. Definitions in this glossary are specific to this chapter.

**Debridement:** The excision of damaged tissues or foreign matter from a wound.

**Negative Pressure Wound Therapy (NPWT):** The application of intermittent or continuous topical negative pressure to a special dressing positioned in a wound cavity or over a graft or flap. The pressure



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distributing wound dressing assists in removing fluids from the wound and stimulating the growth of healthy granulation tissue.

**Pressure Ulcer:** A localized injury to the skin or underlying tissue over a bony prominence as a result of pressure or pressure in combination with friction. Staging of Pressure ulcers are defined as Stage I – IV.

### CHANGE LOG

REPLACE	TITLE	CHANGE DATE	EFFECTIVE DATE
Entire Chapter			TBD

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