



NHS MEDICAL POLICY

Negative Pressure Wound Therapy (Vacuum-Assisted Wound Closure) DME 2019-001

A. Negative Pressure Wound Therapy may be initiated when ALL the following are present:

1	<p>ONE or more of the following is present:</p> <ul style="list-style-type: none"> • The wound is in a difficult to dress region of the body. • The wound is associated with a fracture or sternal infection. • The wound is associated with a surgical procedure, skin graft or dermal substitute. • The wound is associated with an enterocutaneous fistula. • The patient is a diabetic. • The wound vac was initiated in a hospital/facility before or at discharge.
2	Standard wound management techniques were initiated before or during wound vac use.
3	The wound is NOT associated with malignancy.
4	The patient is NOT actively using illicit (non-prescribed) injection drugs.

B. Negative Pressure Wound Therapy may be continued when ALL the following are present:

1	The wound is documented to be responding to treatment.
2	The wound is documented to have the potential for further improvement.
3	The patient is participating in wound care treatment and complying with use of the equipment.

SOURCES

1. Milliman Care Guidelines, 23rd edition: Negative Pressure Wound Therapy (Vacuum-Assisted Wound Closure) (A-0346)
2. UpToDate.com was accessed Feb 26, 2019: Negative pressure wound therapy.
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4. Beitz JM, van Rijswijk L, Content validation of algorithms to guide negative pressure wound therapy in adults with acute or chronic wounds: a cross-sectional study. *Ostomy Wound Manage.* 2012, Sep; 58(9):32-40.
5. Evidence-based recommendations for the use of Negative Pressure Wound Therapy in traumatic wounds and reconstructive surgery: steps towards an international consensus. *Injury.* 2011 Feb; 42 Suppl 1:S1-12.
6. Garner GB, et al, Vacuum-assisted wound closure provides early fascial re-approximation in trauma patients with open abdomens, *Am J Surg.* 2001; 182(6):630.
7. Kaplan M. Negative pressure wound therapy in the management of abdominal compartment syndrome. *Ostomy Wound Manage.* 2004; 50(11A Suppl):20S-25S.
8. Kirby JP, et al, Novel uses of a negative-pressure wound care system, *J Trauma.* 2002; 53(1):117.
9. National Institute for Health and Clinical Excellence (NICE). Negative pressure wound therapy for the open abdomen. *Interventional Procedure Guidance 322.* London, UK: NICE; Dec 2009.
10. NHS Quality Improvement Scotland (NHS QIS). Vacuum assisted closure for wound healing (VAC). Evidence Note 5. Glasgow, Scotland, NHS QIS; November 2003.
11. Pliakos I, et al. Vacuum-assisted closure in severe abdominal sepsis with or without retention sutured sequential fascial closure: A clinical trial. *Surgery.* 2010; 148(5):947-953.
12. Ritchie K, Abbotts J, Downie S, et al. Topical negative pressure therapy for wounds. HTA Report 12. Glasgow, Scotland: Quality Improvement Scotland (NHS QIS); 2010.
13. Stevens P, Vacuum-assisted closure of laparostomy wounds: a critical review of the literature, *Int Wound J.* 2009;6(4):259.
14. Vig S, Dowsett C, et al; International Expert Panel on Negative Pressure Wound Therapy. Evidence-based recommendations for the use of negative pressure wound therapy in chronic wounds: Steps towards an international consensus. *J Tissue Viability.* 2011; 20 Suppl 1:S1-S18.

CODE REFERENCE (This may not be a comprehensive list of codes to apply to this policy.)

97605
97606
97607
97608
A6550
E2402

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
03/12/2020	Annual Review – no changes
03/12/2021	Annual Review – no changes
03/28/2022	Annual Review – no changes
02/23/2023	Annual review and approval by UM/QM Committee
02/20/2024	Annual review and approval by UM/QM Committee
03/24/2025	Annual review and approval by UM/QM Committee
03/24/2026	Annual review and approval by UM/QM Committee

