# Medical Coverage Policy | Mechanical Wound Suction

**EFFECTIVE DATE:** 12|01|2014
**POLICY LAST UPDATED:** 11|04|2014

## OVERVIEW

Disposable non-powered mechanical negative pressure wound therapy or single use non-electrically powered negative pressure wound therapy have been proposed for the treatment of smaller wounds. These devices can be used in the hospital, outpatient and/or home settings.

## PRIOR AUTHORIZATION

**BlueCHiP for Medicare and Commercial**
Prior Authorization review is not required.

## POLICY STATEMENT

**BlueCHiP for Medicare**
Use of nonpowered NPWT systems for the treatment of acute or chronic wounds is **not covered**, as they do not meet the DME benefit durability requirement.

**Commercial**
Use of nonpowered NPWT systems for the treatment of acute or chronic wounds is considered **not medically necessary**, as there is insufficient peer-reviewed literature to support the efficacy of the service.

## MEDICAL CRITERIA

Not applicable.

## BACKGROUND

The management and treatment of chronic wounds, including decubitus ulcers, remain a treatment challenge. Most chronic wounds will heal only if the underlying cause, i.e., venous stasis, pressure, infection, etc., is addressed. In addition, cleaning the wound to remove nonviable tissue, microorganisms, and foreign bodies is essential to create the optimal conditions for either re-epithelialization (i.e., healing by secondary intention) or preparation for wound closure with skin grafts or flaps (i.e., healing by primary intention). Therefore, debridement, irrigation, whirlpool treatments, and wet-to-dry dressings are common components of chronic wound care.

A nonpowered (mechanical) NPWT system has been developed; 1 device is the Smart Negative Pressure (SNaP) Wound Care System. This device is portable and lightweight (3 oz) and can be worn underneath clothing. This system consists of a cartridge, dressing, and strap; the cartridge acts as the negative pressure source. The system is reported to generate negative pressure levels similar to other NPWT systems. This system is fully disposable.

A nonpowered NPWT device, the SNaP® Wound Care System from Spiracur, is a Class II device requiring notification to market but not having FDA premarket approval. It received 510(k) marketing clearance from FDA in 2009 (K081406) and is designed to remove small amounts of exudate from chronic, traumatic, dehisced, acute, subacute wounds and diabetic and pressure ulcers.

Reports with small numbers of patients using the non-powered (mechanical) gauze-based NPWT system are insufficient to draw conclusions about its impact on net health outcome, both for the device itself and in comparison with current care. There are important unanswered questions about efficacy and tolerability.

Well-designed comparative studies with larger numbers of patients are needed. Since the impact on net health outcome compared to existing technology is not known, non-powered (mechanical) NPWT is considered not medically necessary as there is no proven efficacy.

## COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for limitations of benefits/coverage when services are not medically necessary.

## CODING

The following code is **not medically necessary for Commercial** and **not covered for BlueCHiP for Medicare**, as it does not meet the DME benefit durability requirement:

**A9272**

The following codes are considered **not covered for BlueCHiP for Medicare**, as they do not meet the DME benefit durability requirement. **They are not applicable to Commercial, as an alternate code should be used.**

**G0456, G0457**

## RELATED POLICIES

Preauthorization via Web-Based Tool for Durable Medical Equipment (DME)

## PUBLISHED

| | | |
|---|---|---|
| Provider Update | Jan | 2015 |
| Provider Update | Feb | 2014 |
| Provider Update | Feb | 2013 |
| Provider Update | Sep | 2011 |
| Provider Update | Dec | 2010 |
| Provider Update | Feb | 2009 |
| Policy Update | Sep | 2008 |

## REFERENCES


1. Blue Cross and Blue Shield Association Technology Evaluation Center (TEC). Vacuum-assisted closure in the treatment of chronic wounds. TEC Assessments 2000; Volume 15, Tab 23.
2. Samson D, Lefevre F, Aronson N. Wound-healing technologies: low-level laser and vacuum-assisted closure. Evidence Report/Technology Assessment No. 111. (Prepared by the Blue Cross and Blue Shield Association Technology Evaluation Center Evidence-based Practice Center, under Contract No. 290-02-0026.) AHRQ Publication No. 05-E005-2. Rockville, MD: Agency for Healthcare Research and Quality 2004.
3. Ubbink DT, Westerbos SJ, Evans D et al. Topical negative pressure for treating chronic wounds. Cochrane Database Syst Rev 2008; (3):CD001898.
4. Sullivan N, Snyder DL, Tipton K et al. Technology assessment: Negative pressure wound therapy devices. 2009. Available online at: www.ahrq.gov/clinic/ta/negpresswtd. Last accessed December, 2012.
5. Peinemann F, McGauran N, Sauerland S et al. Negative pressure wound therapy: potential publication bias caused by lack of access to unpublished study results data. BMC Med Res Methodol 2008; 8:4.
6. Peinemann F, Sauerland S. Negative-pressure wound therapy: systematic review of randomized controlled trials. Dtsch Arztebl Int 2011; 108(22):381-9.

7. Gregor S, Maegele M, Sauerland S et al. Negative pressure wound therapy: a vacuum of evidence? Arch Surg 2008; 143(2):189-96.
8. Noble-Bell G, Forbes A. A systematic review of the effectiveness of negative pressure wound therapy in the management of diabetes foot ulcers. Int Wound J 2008; 5(2):233-42.
9. Vikatmaa P, Juutilainen V, Kuukasjarvi P et al. Negative pressure wound therapy: a systematic review on effectiveness and safety. Eur J Vasc Endovasc Surg 2008; 36(4):438-48.
10. Xie X, McGregor M, Dendukuri N. The clinical effectiveness of negative pressure wound therapy: a systematic review. J Wound Care 2010; 19(11):490-5.
11. Moues CM, Vos MC, van den Bemd GJ et al. Bacterial load in relation to vacuum-assisted closure wound therapy: a prospective randomized trial. Wound Repair Regen 2004; 12(1):11-7.
12. Braakenburg A, Obdeijn MC, Feitz R et al. The clinical efficacy and cost effectiveness of the vacuum-assisted closure technique in the management of acute and chronic wounds: a randomized controlled trial. Plast Reconstr Surg 2006; 118(2):390-7; discussion 98-400.
13. Mody GN, Nirmal IA, Duraisamy S et al. A blinded, prospective, randomized controlled trial of topical negative pressure wound closure in India. Ostomy Wound Manage 2008; 54(12):36-46.
14. Wanner MB, Schwarzl F, Strub B et al. Vacuum-assisted wound closure for cheaper and more comfortable healing of pressure sores: a prospective study. Scand J Plast Reconstr Surg Hand Surg 2003; 37(1):28-33.
15. http://www.ngsmedicare.com/ngs/portal/ngsmedicare