PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

<table>
<tr><td colspan="4">Policy/Procedure Number: MPUP3059 (previously UP100359)</td><td colspan="2">Lead Department: Health Services
Business Unit: Utilization Management</td></tr>
<tr><td colspan="4">Policy/Procedure Title: Negative Pressure Wound Therapy (NPWT) Device/Pump</td><td colspan="2">☒ External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="3">Original Date: 10/15/2003</td><td colspan="3">Next Review Date: 10/14/2027
Last Review Date: 10/14/2026</td></tr>
<tr><td>Applies to:</td><td colspan="2">☐ Employees</td><td>☒ Medi-Cal</td><td colspan="2">☒ Partnership Advantage</td></tr>
<tr><td rowspan="2">Reviewing Entities:</td><td colspan="2">☒ IQI</td><td>☐ P & T</td><td colspan="2">☒ QUAC</td></tr>
<tr><td colspan="2">☐ OPERATIONS</td><td>☐ EXECUTIVE</td><td>☐ COMPLIANCE</td><td>☐ DEPARTMENT</td></tr>
<tr><td rowspan="2">Approving Entities:</td><td colspan="2">☐ BOARD</td><td>☐ COMPLIANCE</td><td>☐ FINANCE</td><td>☒ PAC</td></tr>
<tr><td>☐ CEO</td><td>☐ COO</td><td>☐ CREDENTIALS</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="4">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="2">Approval Date: 10/14/2026</td></tr>
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I. RELATED POLICIES:

A. MCUP3013 - Durable Medical Equipment (DME) Authorization
B. MCUG3134 - Hospital Bed/ Specialty Mattress Guidelines
C. MCUG3007 - Authorization of Ambulatory Procedures and Services
D. MCUP3041 - Treatment Authorization Request (TAR) Review Process

II. IMPACTED DEPTS:

A. Health Services
B. Claims
C. Member Services

III. DEFINITIONS:

A. Negative Pressure Wound Therapy (NPWT) - Involves applying continuous or intermittent topical negative pressure to a special dressing positioned in the wound cavity or over a flap or graft. The pressure distributing wound dressing helps remove fluids from the wound and stimulates the growth of healthy granulation tissue.

B. Partnership Advantage: Effective January 1, 2028, Partnership HealthPlan of California will operate a Centers for Medicare & Medicaid Services (CMS)-approved Dual-Eligible Special Needs Plan (D-SNP) in specific counties as described in the Department of Health Care Services (DHCS) CalAIM Dual Eligible Special Needs Plan Policy Guide. This line of business will be known as Partnership Advantage and will be a Medicare Advantage plan offered to all full-benefit, dual-eligible beneficiaries 21 years of age or older who reside in the applicable counties. Partnership Advantage enrollees will be qualified to receive both Medi-Cal and Medicare services as described in the Partnership Advantage Member Handbook. Coverage criteria apply on implementation of D-SNP, effective January 1, 2028 and subject to CMS and DHCS approval.

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

To define the clinical indications for NPWT [also known as Negative Pressure Wound Therapy or Vacuum-Assisted Closure (VAC)] system to improve wound healing in an outpatient setting for Partnership HealthPlan of California Members.

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VI. POLICY / PROCEDURE:

A. InitialAuthorization:

A Treatment Authorization Request (TAR) must be submitted for NPWT pumps and supplies. Partnership will authorize NPWT when either Section VI. A.1. or A.2. criteria are met AND InterQual® Durable Medical Equipment (DME) criteria are satisfied. NPWT Treatment Authorization Requests (TARs) are reviewed in one-month increments.

1. Ulcers and Wounds in the Home Setting:
    a. The patient has one of the following chronic ulcers or wounds, present for at least two weeks despite appropriate wound care: Stage III or IV pressure ulcer, a neuropathic (diabetic) ulcer, venous or arterial insufficiency ulcer or mixed etiology ulcer.
    b. A complete wound therapy program described below by criterion 1) and criteria 2), 3), or 4) as applicable depending on the type of wound, should have been tried or considered and ruled out prior to application of NPWT.
        1) For all chronic 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.
            a) Documentation in the patient's medical record of evaluation, care, and wound measurements by a licensed medical professional, and
            b) Application of dressings to maintain a moist wound environment, and
            c) Debridement of necrotic tissue if present, and
            d) Evaluation of and provision for adequate nutritional status
        2) For Stage III or IV pressure ulcers:
            a) The patient has been appropriately turned and positioned, and
            b) The patient has used a group 2 or 3 (e.g. low air loss mattress) support surface for pressure ulcers on the posterior trunk or pelvis
            c) The patient's moisture and incontinence have been appropriately managed
        3) For neuropathic (for example, diabetic) ulcers:
            a) The patient has been on a comprehensive diabetic management program, and
            b) Reduction in pressure on a foot ulcer has been accomplished with appropriate modalities.
        4) For venous insufficiency ulcers:
            a) Compression bandages and/or garments have been consistently applied, and
            b) Leg elevation and ambulation have been encouraged.
2. Ulcers and Wounds Encountered in an Inpatient Setting:
    a. When NPWT is initiated in an inpatient setting, the NPWT device is included in the per diem payment and is not separately reimbursable. It will be covered upon discharge for the first month if no Exclusions from Coverage apply (see section VI.C. below).
    b. NPWT initiated in an inpatient setting and continued after discharge will be reviewed according to the Continued Coverage criteria in Section VI.D., rather than as an initial request.

B. Documentation:

1. A written order for the negative pressure wound therapy pump and supplies must be signed and dated by the treating physician and obtained by the supplier prior to delivery of the item. Written order must include:
    a. Patient history, previous treatment regimens (if applicable), and current wound management orders
    b. Any concurrent measurements to support the need for NPWT
    c. Duration of the time the patient is expected to require the NPWT
2. Documentation of the treatment plan must also be submitted with the TAR to include the following:

a. Detailed wound evaluation, including quantitative wound measurements and documentation of granulation and necrotic tissue characteristics including wound length and width (surface area), and depth, and amount of wound exudate (drainage)
b. Comorbid conditions

3. Documentation of wound status indicating progress of healing must be entered at least weekly (using quantitative measurements described in VI.B.2.a. above). The supplier of the equipment and supplies must obtain from the treating clinician an assessment of wound healing progress, based upon the wound measurement as documented in the patient's medical record.

C. Exclusions from Coverage:
A NPWT will be denied as not medically necessary if one or more of the following are present:
1. The presence in the wound of necrotic tissue with eschar, if debridement is not attempted;
2. Untreated osteomyelitis within the vicinity of the wound
3. Cancer present in the wound
4. The presence of a fistula to an organ or body cavity within the vicinity of the wound
5. Exposed vasculature, nerves, anastomosis or organs

D. Continued Coverage:
1. For wounds and ulcers described under VI.A. above, once placed on an NPWT, in order for coverage to continue, a licensed medical professional must do the following:
   a. On a regular basis,
      1) Directly assess the wound(s) being treated
      2) Supervise or directly perform the dressing changes
   b. On at least a weekly basis, document changes in the ulcer's dimensions and characteristics.
2. If criteria D.1.a.1) and 2) are not met, continued coverage of this therapy will be denied as not medically necessary.

E. When Coverage Ends:
1. For wounds and ulcers described under VI.A. or VI.C. above, NPWT will be denied as not medically necessary with any of the following, whichever occurs earliest:
   a. Criteria D.1.a.1) and 2) cease to occur, or
   b. In the judgment of the treating physician, adequate wound healing has occurred to the degree that NPWT may be discontinued, or
   c. Any measurable degree of wound healing has failed to occur over a one-month period of treatment. There must be documented in the patient's medical records quantitative measurements of wound characteristics including wound length and width (surface area), and 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
   d. Four (4) months (including the time NPWT was applied in an inpatient setting prior to discharge to the home) have elapsed using a NPWT in the treatment of any wound.
2. Coverage beyond four (4) months will be given individual consideration on a case-by-case basis. If the wound has not shown progress over the prior month, a patient assessment must be completed by the clinician managing the wound. Documentation should include an evaluation for factors and medical conditions impeding wound healing, such as diabetes, poor nutritional status or infection, with submission of recent, relevant labs (complete blood count [CBC], comprehensive metabolic panel [CMP], albumin, wound cultures, hemoglobin A1C [HbA1c]).

F. Supplies Covered:
1. Coverage is provided up to a maximum of 15 dressing kits per wound per month unless there is documentation that the wound size requires more than one dressing kit for each dressing change.
2. Coverage is provided up to a maximum of 10 canister sets per month unless there is documentation evidencing a large volume of drainage (greater than 90 ml of exudate per day.) For high volume

exudative wounds, a stationary pump with the largest capacity canister must be used. Excess utilization of canisters related to equipment failure (as opposed to excessive volume drainage) will be denied as not medically necessary.

3. Amounts greater than 15 dressing kits per wound per month or 10 canister sets per month in the absence of documentation clearly explaining the medical necessity of the excess quantities will be denied as not medically necessary.

VII. REFERENCES:

A. Medi-Cal Provider Manual/ Guidelines: Durable Medical Equipment (DME): Other DME Equipment (*dura other*) refer to section on Negative Pressure Wound Therapy (NPWT) Devices
B. InterQual® DME Equipment Criteria – Negative Pressure Wound Therapy (NPWT) Pump
C. Centers for Medicare & Medicaid Services (CMS) Standards: Local Coverage Determination (LCD) L33821 Negative Pressure Wound Therapy Pumps 01/01/2024 or any subsequent updates published by CMS.

VIII. DISTRIBUTION:

A. Partnership Department Directors
B. Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Health Services Officer

X. REVISION DATES:

Partnership Advantage (Program effective January 1, 2028)
04/09/25; 04/08/26; 10/14/26

Medi-Cal
10/20/04; 10/18/06; 08/20/08; 10/01/10; 04/18/12; 04/15/15; 04/20/16; 04/19/17; *06/13/18; 04/10/19; 05/13/20; 04/14/21; 05/11/22; 05/10/23; 05/08/24; 04/09/2025; 04/08/26; 10/14/26

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO:

Healthy Kids MPUP3059 (Healthy Kids program ended 12/01/2016)
10/18/06; 8/20/08; 10/01/10; 04/18/12; 04/15/15; 04/20/16 to 12/01/2016

PartnershipAdvantage:
MPUP3059 - 10/18/06 to 01/01/2015

Healthy Families:
MPUP3059 - 10/01/2010 to 03/01/2013

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

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The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.