



Negative Pressure Wound Therapy

Pressure Ulcers (stage 3 or 4)

- The patient has been appropriately turned and positioned
- The patient has used a group 2 or 3 support surface if the pressure ulcer is on the posterior trunk or pelvis
- The patient's moisture and incontinence have been appropriately managed

Neuropathic (for example, diabetic) ulcers:

- The patient has been on a comprehensive diabetic management program
- Reduction in pressure on a foot ulcer has been accomplished with appropriate modalities

Venous insufficiency ulcers:

- Compression bandages and/or garments have been consistently applied
- Leg elevation and ambulation have been encouraged

Surgical Wound (Wounds encountered in an inpatient setting):

- All other post operative healing techniques have been attempted or documentation is needed to support the medical necessity for accelerated formation of granulation tissue which cannot be achieved by other available topical wound treatments

For all ulcers or wounds, the following components of a wound therapy program must include a minimum:

- The patient has a chronic stage 3 or 4 pressure ulcer neuropathic (for example, diabetic) ulcer, venous or arterial insufficiency ulcer, or a chronic ulcer present for at least 30 days
- Application of dressings to maintain a moist wound environment
- Debridement of necrotic tissue if present
- Evaluation of and provision for adequate nutritional status