VACUUM ASSISTED CLOSURE OF CHRONIC WOUNDS
DME101.036
BlueReview POSTED DATE: 3/23/2004
EFFECTIVE DATE: 7/1/2004

COVERAGE:

Vacuum Assisted Closure (VAC) of Chronic Wounds is considered medially necessary for those wounds that have been present for 30 days or longer and have failed a complete wound therapy program which included:

- Application of wet dry dressings to maintain a moist wound environment:

- Debridement of necrotic tissue;

- Adequate nutritional status that assures the patient is receiving the correct level of nutrients to promote healing: AND

- Patient compliance with the wound therapy program.

To be considered medially necessary, the VAC treatment program must include ongoing wound care by a licensed health care provider, or his/her representative health care worker. There must be at least bi-weekly documentation of wound characteristics that demonstrate progressive wound healing. The majority of patients will achieve sufficient wound closure within six weeks; although some patients may require a longer time period.

VAC is considered not medically necessary for:

- Wounds with the presence of a fistula to an organ or body cavity within the vicinity of the wound.

- Malignancy present in the wound.

- Untreated osteomyelitis within the vicinity of the wound.

- The presence of necrotic tissue with eschar, if debridement is not attempted.

- Actively bleeding wounds (difficult hemostasis).

- Wounds in patients on anticoagulants.

Refer to Autocoder for Coding English Text.

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<tr>
<th>CPT/HCPCS CODES:</th>
<th>CORRESPONDING ICD-9 DX CODES</th>
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<tr>
<td>E2402, A6550, A6551</td>
<td>879.9, 707.0 to 707.9</td>
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K0538, K0539, K0540

ICD9 PROCEDURE CODE: None

TOS for TX Pricer: Durable Medical Equipment (G/H)

TOS for IL, NM BlueChip: Durable Medical Equipment

POS: Inpatient (1); Outpatient (2); Home (4); Skilled Nursing Facility (8)

DESCRIPTION:

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

VAC is a technique designed to promote the formation of granulation tissue in the wound bed either, as an adjunct to surgical therapy, or as an alternative to surgery in debilitated patients. Negative pressure contributes to wound healing by removing excess interstitial fluid and providing mechanical forces that draw the edges of the wound closer together.

Wounds are often categorized according to severity by the use of stages. The staging system applies to decubitus ulcers and is sometimes used to describe other wounds.

Chronic wounds;

- Stage III or IV pressure ulcer;
  - Stage III: Full thickness skin loss involving damage or necrosis of subcutaneous tissue that may extend down to, but
  - not through the underlying fascia.
  - Stage IV: Full thickness skin loss with extensive destruction, tissue necrosis or damage to muscle, bone or supporting
structures.

- A neuropathic, (diabetic) ulcer.
- A chronic ulcer of mixed etiology.
- Venous or arterial insufficiency ulcer.

In the VAC system, a special foam dressing with an attached evacuation tube is inserted into the wound and covered with an adhesive drape to create an airtight seal. The wound system is based on the application of negative pressure to the wound by controlled suction and the wound discharge is collected in a canister.

VAC is utilized in the treatment of many types of ulcers (pressure, venous leg, diabetic foot and soft tissue injuries including degloving injuries, donor sites, infected sternotomy wounds and various soft tissue injuries prior to surgical closure, grafting or reconstruction.) This system is being used to promote healing prior to a flap or graft by advancing early healing of the site, and preparation of the wound bed for surgical reconstruction.

RATIONALE:

The ultimate goal of all treatment should be to achieve a closed wound in the shortest possible period of time with the least trauma to the patient. Treatment with the VAC system may result in lowered healthcare cost for chronic wound patients due to decreased charges for medical treatment and shorter hospital stays.

Several studies of the VAC system have been reported since it was introduced in 1996. Although only a few randomized clinical trials have been reported in the available literature, (1996-2003) the current literature does show that the VAC device is valuable in increasing the rate of granulation tissue formation and healing of extensive soft tissue injuries. In the majority of patients, use of the VAC system produced a profuse bed of granulation tissue over all exposed bone, tendon, joint, and/or hardware, which could be covered with split thickness skin graft. The VAC system aids in the debridement of necrotic tissue and local soluble inflammatory mediators that may inhibit the proliferation of granulation tissue. These improvements in the local wound environment appears to accelerate wound healing compared with traditional methods.

PRICING:

None
REFERENCES:

- BCBSA Consortium Health Plans Medical Policy Manual, 3/16/98, DME, 1.01.16, "Vacuum-assisted Closure of Chronic Wounds."
- Hersh, R.E., Jack, J.M., et al “The vacuum-assisted closure device as a bridge to sternal wound closure.” Annuls of Plastic Surgery

DISCLAIMER:

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

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