

**Health Technology Clinical Committee
Final Findings and decision**

Topic: Negative pressure wound therapy for home use (NPWT)
Meeting date: November 18, 2016
Final adoption: January 20, 2017

Meeting materials and transcript are available on the HTA website:

www.hca.wa.gov/about-hca/health-technology-assessment/meetings-and-materials

Number and coverage topic:

20161118A – Negative pressure wound therapy for home use (NPWT)

HTCC Coverage determination:

Negative pressure wound therapy for home use is a **covered benefit with conditions**.

HTCC reimbursement determination:

Limitations of coverage:

A complete wound therapy program must have been tried and failed prior to NPWT or the complete wound therapy programs are contraindicated.

Discontinuation of coverage:

- Any measurable degree of wound healing has failed to occur over the prior month. Wound healing is defined as improvement occurring in either surface area (length times width) or depth of the wound
- OR
- Four months (including the time NPWT was applied in an inpatient setting prior to discharge to the home) have elapsed using a NPWT pump in the treatment of the most recent wound.

Non-covered indicators:

Treatment is not covered in patients with contraindications referred to by the [FDA Safety Communication dated February 24, 2011](#).

Agency contact information:

Agency	Phone number
Labor and Industries	1-800-547-8367
Public Employees Health Plan	1-800-200-1004
Washington State Medicaid	1-800-562-3022

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HTCC coverage vote and formal action:**Committee decision:**

Based on the deliberations of key health outcomes, the committee decided that it had the most complete information: a comprehensive and current evidence report, public comments, and state agency utilization information. The committee evaluated the available evidence. Half of the committee found the technology equivalent for safety compared to alternative treatment(s). A majority found the evidence sufficient to support NPWT as more effective in some circumstances and a majority found the cost-effectiveness of NPWT unproven. The committee discussed and voted on the evidence for use of NPWT compared to current alternative strategies. The committee considered and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable.

Based on these findings, the committee voted to cover with conditions NPWT for home use.

	Not covered	Covered under certain conditions	Covered unconditionally
Negative pressure wound therapy	0	10	0

Discussion:

The committee reviewed and discussed the available studies of NPWT. Details of study design, inclusion criteria and other factors affecting or potentially affecting study quality were discussed. Conditional coverage and potential criteria were discussed prior to voting on the coverage determination. All members voted to cover NPWT with conditions.

Limitations:

A complete wound therapy program must have been tried or considered prior to NPWT.

Discontinuation of coverage:

- Any measurable degree of wound healing has failed to occur over the prior month. Wound healing is defined as improvement occurring in either surface area (length times width) or depth of the wound
- Four months (including the time NPWT was applied in an inpatient setting prior to discharge to the home) have elapsed using an NPWT pump in the treatment of the most recent wound

Treatment is not covered in patients with contraindications referred to by the [FDA Safety Communication from February 24, 2011](#).

Action:

The committee checked for availability of a Medicare national coverage decision (NCD). There is no NCD for negative pressure wound therapy for home use.

A local coverage policy from Noridian was reviewed and discussed.

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The committee discussed clinical guidelines identified for NPWT from the following organizations:

- International Expert Panel on Negative Pressure Wound Therapy, (2011)
- Association for the Advancement of Wound Care, (2010)
- National Pressure Ulcer Advisory Panel, (2014)
- International Working Group on the Diabetic Foot, (2016)
- Society for Vascular Surgery and the American Venous Forum, (2014)

The committee's cover with conditions determination is consistent with the guidelines.

The committee chair directed HTA staff to prepare a findings and decision document on negative pressure wound therapy for home use for public comment followed by consideration for final approval at the next public meeting.

Health technology clinical committee authority:

Washington State's legislature believes it is important to use a science-based, clinician-centered approach for difficult and important health care benefit decisions. Pursuant to chapter 70.14 RCW, the legislature has directed the Washington State Health Care Authority (HCA), through its Health Technology Assessment (HTA) program, to engage in an evaluation process that gathers and assesses the quality of the latest medical evidence using a scientific research company and that takes public input at all stages.

Pursuant to RCW 70.14.110 a Health Technology Clinical Committee (HTCC) composed of eleven independent health care professionals reviews all the information and renders a decision at an open public meeting. The Washington State HTCC determines how selected health technologies are covered by several state agencies (RCW 70.14.080-140). These technologies may include medical or surgical devices and procedures, medical equipment, and diagnostic tests. HTCC bases its decisions on evidence of the technology's safety, efficacy, and cost effectiveness. Participating state agencies are required to comply with the decisions of the HTCC. HTCC decisions may be re-reviewed at the determination of the HCA Administrator.