SVS | Society for Vascular Surgery

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Society for Vascular Surgery

Clinical Guidance on Diabetic Foot Ulcers (DFU)

SVS advises current clinical practice recommendations for DFU align with SVS endorsed 2023 DFU Guideline developed by the International Working Group on the Diabetic Foot

Diabetes-related foot ulcers (DFUs) represent a significant clinical and public health burden, carrying substantial risks of infection, hospitalization, major amputation, and premature mortality. Effective management requires timely access to evidence-based, multidisciplinary care. As the professional society representing vascular surgeons who frequently serve as specialists within multidisciplinary diabetic limb salvage teams, the Society for Vascular Surgery (SVS) recognizes the importance of ensuring that clinical guidance referenced by both practitioners and coverage policy decision-makers reflects the current evidence base.

Relevance of the IWGDF Guidelines

The SVS participated in, reviewed, and subsequently endorsed, The intersocietal IWGDF, ESVS, SVS guidelines on peripheral artery disease in patients with diabetes mellitus and a foot ulcer[1], which is part of the overall Guidelines on interventions to enhance healing of foot ulcers in people with diabetes.[2] The grouping of these comprehensive DFU guidelines published by the International Working Group on the Diabetic Foot (IWGDF) are the current, and clinically relevant multidisciplinary reference for the prevention and management of diabetes-related foot disease. The IWGDF guidelines are developed through a systematic international evidence review process and are regularly updated to incorporate emerging evidence across all domains of diabetic foot care, including vascular assessment, infection management, offloading, and wound healing interventions.

The most recent 2023 IWGDF guideline set reflects the current state of the evidence and provides updated recommendations directly applicable to multidisciplinary teams caring for patients with DFUs. For this reason, SVS affirms the IWGDF guidelines to be an appropriate professional society reference for clinicians, health technology assessment organizations, and coverage policy committees evaluating evidence-based treatment options for DFUs.

[1]https://iwgdfguidelines.org/wp-content/uploads/2023/07/IWGDF-2023-05-PAD-Guideline.pdf
[2] https://iwgdfguidelines.org/wp-content/uploads/2023/07/IWGDF-2023-07-Wound-Healing-Guideline.pdf

Relevance to Coverage Policy: Topical Oxygen Therapy

Regarding health technology assessment and payor coverage policy review, the combined 2023 IWGDF wound healing guideline includes a positive recommendation to consider topical oxygen therapy (TOT) as an adjunct to standard of care for patients with DFUs where standard of care alone has failed to achieve adequate wound healing. This recommendation is applicable to appropriately selected patients when the resources exist to support the intervention.

In addition, the Centers for Medicare and Medicaid Services proposed Local Coverage Decision (DL33797; July 23, 2026) relating to Oxygen and Oxygen Equipment proposes reasonable and necessary coverage criteria for topical oxygen therapy for Medicare beneficiaries with diabetic foot ulcers that have failed to heal with four consecutive weeks of optimized diabetic foot ulcer care.[3]

Patient Selection and Standard of Care Requirements

SVS supports appropriate patient selection criteria as a condition for adjunctive therapy. For coverage policy purposes, "standard of care" should encompass:

- Thorough wound assessment and documentation of wound characteristics and healing trajectory
- Debridement when clinically indicated
- Evaluation and management of wound infection
- Vascular assessment and revascularization as clinically appropriate
- Adequate offloading
- Moisture balance and appropriate wound dressing selection
- Ongoing monitoring of healing progress at regular intervals

When a DFU fails to demonstrate meaningful healing progress after a minimum of 30 days of good standard of care as defined above, adjunctive therapy is medically reasonable to reduce the risk of further deterioration, infection, hospitalization, and limb-threatening complications. Coverage policies should preserve clinician discretion to consider TOT for appropriately selected patients while requiring documented evidence of standard wound care, insufficient healing response, and plans for ongoing clinical reassessment.

[3] https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=40403&ver=11&contractorName=all&contractorNumber=all&proposedStatus=all&sortBy=commentStart&bc=10

Scope and Intent of This Acknowledgment

This acknowledgement is intended to support alignment between health technology assessment and coverage policy review and current multidisciplinary professional society guidance. Treatment decisions should remain grounded in patient-specific clinical factors, treating clinician judgment, and thorough documentation of medical necessity.

The SVS will continue to monitor the evolving evidence base for DFU management and will pursue updated clinical practice guidelines where the evidence warrants. If you have questions or would like additional information regarding the SVS' position, please contact Megan Marcinko Associate Executive Director for Public Affairs and Member Engagement at mmarcinko@vascularsociety.org.

SVS Executive Board