



**NONCONTACT NORMOTHERMIC WOUND THERAPY
(NNWT; WARM UP® ACTIVE WOUND THERAPY)
HS-052**



Harmony Behavioral Health, Inc.

Harmony Behavioral Health of Florida, Inc.

Harmony Health Plan of Illinois, Inc.

HealthEase of Florida, Inc.

*'Ohana Health Plan, a plan offered by
WellCare Health Insurance of Arizona, Inc.*

WellCare Health Insurance of Illinois, Inc.

WellCare Health Insurance of New York, Inc.

WellCare Health Plans of New Jersey, Inc.

WellCare of Florida, Inc.

WellCare of Connecticut, Inc.

WellCare of Georgia, Inc.

WellCare of Kentucky, Inc.

WellCare of Louisiana, Inc.

WellCare of New York, Inc.

WellCare of Ohio, Inc.

WellCare of Texas, Inc.

WellCare Prescription Insurance, Inc.

**Noncontact Normothermic
Wound Therapy
(NNWT; Warm Up® Active
Wound Therapy**

Policy Number: HS-052

Original Effective Date: 10/2/2008

**Revised Date(s): 10/16/2009;
10/29/2010; 9/15/2011**

DISCLAIMER

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.



**NONCONTACT NORMOTHERMIC WOUND THERAPY
(NNWT; WARM UP® ACTIVE WOUND THERAPY)
HS-052**

BACKGROUND

Noncontact normothermic wound therapy (NNWT) using the Warm-Up® Active Wound Therapy system, is a thermal wound care system designed to provide an optimal environment for wound healing. The system utilizes a noncontact wound cover and a warming unit to maintain 100% relative humidity and to produce normothermia in the wound bed. This report will focus on the safety and efficacy of NNWT for the treatment of chronic venous ulcers, stage III and IV pressure ulcers, neuropathic ulcers secondary to diabetes, and ulcers in areas of osteomyelitis. The rationale underlying NNWT is that high moisture levels and physiologic temperatures promote wound healing. Physiologic temperature increases blood flow to the affected tissue, thereby increasing oxygenation, which increases collagen deposition, scar formation, and antibacterial processes.

There is limited evidence documenting a modest treatment effect of NNWT to promote the healing of venous ulcers, pressure ulcers, and diabetic foot ulcers. However, small study populations, lack of blinding and insufficient statistical analysis compromised the quality of most of the clinical trials. Furthermore, patient selection criteria were not sufficiently defined, and long-term follow-up data evaluating wound stability and recurrence rates were not available from large-scale, randomized controlled trials. One small pilot study investigated NNWT for chronic skin wounds associated with osteomyelitis; this study did not reveal any statistical difference between NNWT and standard care (from Hayes, 2003).

At this time, there is insufficient evidence available to support the use of non-contact radiant heat bandage devices in the treatment of any classification of wounds. While the evidence regarding this therapy includes several randomized clinical trials published in the medical literature, the sample sizes of these studies have been too small to adequately evaluate the efficacy of this treatment method. Additionally, the current outcomes of several available studies did not find a significant difference between non-contact radiant heat bandage therapy and standard therapy. Additional larger-scale studies are warranted before adequate data is available to make an educated assessment of this technology. As such, NNWT is considered experimental and investigational and NOT a covered benefit for the treatment of ulcers and other wounds.

POSITION STATEMENT

Noncontact Normothermic Wound Therapy (NNWT) **is considered experimental and investigational and NOT a covered benefit** for the treatment of chronic ulcers and other wounds.

CODING

CPT® Codes - No applicable codes

Non-Covered CPT Category III Code

0183T Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment and instruction(s) for ongoing care, per day

ICD-9-CM Procedure Codes - No applicable codes

Non-Covered HCPCS Level II © Codes

A6000 Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card
E0231 Non-contact wound warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover



**NONCONTACT NORMOTHERMIC WOUND THERAPY
(NNWT; WARM UP® ACTIVE WOUND THERAPY)
HS-052**

E0232 Warming card for use with the non-contact wound warming device and non-contact wound warming cover

Non-Covered ICD-9-CM Diagnosis Codes (this list may not be all inclusive)

- 250.60 - 250.63** Diabetes with neurological manifestations - chronic Stage III or IV neuropathic ulcers (e.g., diabetic ulcer), venous or arterial insufficiency ulcer, or a chronic ulcer of mixed etiology present for at least 30 days meeting specific criteria
- 250.70 - 250.73** Diabetes with peripheral circulatory disorders - chronic Stage III or IV neuropathic ulcers (e.g., diabetic ulcer), venous or arterial insufficiency ulcer, or a chronic ulcer of mixed etiology present for at least 30 days meeting specific criteria.
- 250.80 - 250.83** Diabetes with other specified manifestations - chronic Stage III or IV neuropathic ulcers (e.g., diabetic ulcer), venous or arterial insufficiency ulcer, or a chronic ulcer of mixed etiology present for at least 30 days meeting specific criteria.
- 357.2** Polyneuropathy in diabetes (This code assigned second to code for diabetes 250.XX)
- 440.23** Atherosclerosis of the extremities with ulceration - chronic Stage III or IV neuropathic ulcers (e.g., diabetic ulcer), venous or arterial insufficiency ulcer, or a chronic ulcer of mixed etiology present for at least 30 days meeting specific criteria.
- 440.24** Atherosclerosis of the extremities with gangrene - chronic Stage III or IV neuropathic ulcers (e.g., diabetic ulcer), venous or arterial insufficiency ulcer, or a chronic ulcer of mixed etiology present for at least 30 days meeting specific criteria.
- 443.9** Peripheral vascular disease -chronic Stage III or IV neuropathic ulcers (e.g., diabetic ulcer), venous or arterial insufficiency ulcer, or a chronic ulcer of mixed etiology present for at least 30 days meeting specific criteria.
- 454.0** Varicose veins of lower extremities with ulcer - chronic Stage III or IV neuropathic ulcers (e.g., diabetic ulcer), venous or arterial insufficiency ulcer, or a chronic ulcer of mixed etiology present for at least 30 days meeting specific criteria.
- 459.81** Unspecified venous (peripheral) insufficiency
- 682.0 - 682.9** Other cellulitis and abscess
- 685.0** Pilonidal cyst with abscess
- 685.1** Pilonidal cyst without mention of abscess
- 707.00 - 707.9** Chronic ulcer of skin
- 707.11 - 707.18** Chronic Ulcer of lower limbs, i.e., thigh, calf, ankle, heel, midfoot, foot; except decubitus
- 707.23** Pressure Ulcer Stage III
- 707.24** Pressure Ulcer Stage IV
- 707.8** Chronic ulcer of other specified sites
- 870.0 - 897.9** Open wound
- 872.10 - 872.12** Open Wound, Complicated, external ear, auricle ear and auditory canal
- 873.1** Open Wound, Complicated, scalp
- 873.30** Open Wound, Complicated, nose unspecified
- 873.50 - 873.59** Open Wound, Complicated, face, cheek, forehead, lip, jaw, other and multiple sites
- 875.1** Open Wound, Complicated, chest (wall)
- 877.1** Open Wound, Complicated, buttock
- 878.1** Open Wound, Complicated, penis
- 878.3** Open Wound, Complicated, scrotum and testes
- 878.5** Open Wound, Complicated, vulva
- 879.1** Open Wound, Complicated, breast
- 879.3** Open Wound, Complicated, abdominal wall, anterior
- 879.5** Open Wound, Complicated, abdominal wall, lateral
- 879.7** Open Wound, Complicated, other and unspecified parts of trunk
- 879.9** Open Wound, Complicated, multiple of unspecified site(s)
- 880.10 - 880.19** Open Wound, Complicated, shoulder and upper arm

881.10 - 881.12	Open Wound, Complicated, elbow, forearm and wrist
882.1	Open Wound, Complicated, hand except finger(s) alone
883.1	Open Wound, Complicated, finger(s)
884.1	Open Wound, Complicated, multiple and unspecified parts of upper limb
890.1	Open Wound, Complicated, hip and thigh
891.1	Open Wound, Complicated, knee, leg (except thigh) and ankle
892.1	Open Wound, Complicated, foot except toes(s) alone
893.1	Open Wound, Complicated, toe(s)
894.1	Open Wound, Complicated, multiple and unspecified parts of lower limb
998.31	Disruption of internal operative wound
998.32	Disruption of external operative wound see criteria
998.59	Other postoperative infection - other than open abdominal wounds or deep sternal wound infections; see criteria.
998.83	Non-healing surgical wound - other than open abdominal wounds or deep sternal wound infections

*Current Procedural Terminology (CPT®) ©2011 American Medical Association: Chicago, IL.

REFERENCES

Peer Reviewed

1. Hayes Directory. (2003, July 7). Noncontact normothermic wound therapy for chronic ulcers. Retrieved from <http://www.hayesinc.com>

Government Agencies, Professional and Medical Organizations

1. Centers for Medicare and Medicaid Services. (2002, July 1). National coverage determination for noncontact normothermic wound therapy. Retrieved from <http://www.cms.hhs.gov/mcd/search.asp>

HISTORY AND REVISIONS

Date	Action
12/1/2011	<ul style="list-style-type: none">• New template design approved by MPC.
9/15/2011	<ul style="list-style-type: none">• Approved by MPC. No changes.