

Medical Policy



Non-Contact Normothermic Wound Therapy (NNWT)

▼ Description

Non-Contact Normothermic Wound Therapy (NNWT) is a device reported to promote wound healing by warming a wound to a predetermined temperature. The device consists of a noncontact wound cover into which a flexible, battery powered, infrared heating card is inserted.

▼ Policy Guidelines

Because medical literature does not support a finding that NNWT heals wounds more effectively than conventional methods of treatment, NNWT is considered experimental and investigational.

▼ Non-Covered HCPCS Level II Codes and Description

E0231	Non-contact wound warming device (temperature control unit, AC adapter, and power cord) for use with warming card and wound cover.
E0232	Warming card for use with non-contact wound warming device and non-contact warming wound cover.
A6000	Non-contact wound warming cover for use with the non-contact warming device and warming card.

▼ Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for

clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

▼ References

1. Aetna: Noncontact Normothermic/Nonthermal Wound Therapy. http://www.aetna.com/cpb/medical/data/300_399/0372.html
2. Robinson C, Santilli SM. Warm-up active wound therapy: A novel approach to the management of chronic venous stasis ulcers. *J Vasc Nurs.* 1998;16(2):38-42.
3. Santilli SM, Valusek PA, Robinson C. Use of a noncontact radiant heat bandage for the treatment of chronic venous stasis ulcers. *Adv Wound Care.* 1999;12(2):89-93.
4. Whitney JD, Salvadalena G, Higa L, et al. Treatment of pressure ulcers with noncontact normothermic wound therapy: Healing and warming effects. *J Wound Ostomy Continence Nurs.* 2001;28(5):244-252.
5. Canadian Coordinating Office for Health Technology Assessment (CCOHTA). Warm-up therapy. Emerging Device List. No. 8. Ottawa, ON: CCOHTA; July 2001. Available at: <http://www.ccohta.ca/>. Accessed June 14, 2004.
6. Center for Medicare and Medicaid Services (CMS). Warm-Up Wound Therapy® a/k/a Noncontact Normothermic Wound Therapy. Updated (02/13/02) (#CAG-00114N). Baltimore, MD: CMS; 2002. Available at: <http://www.hcfa.gov/coverage/8b3-hhh.htm>. Accessed March 8, 2002.
7. Center for Medicare and Medicaid Services (CMS). Coverage Issues Manual Section 60-25, Noncontact Normothermic Wound Therapy (NNWT). Baltimore, MD: CMS; 2002.

8. McCulloch J, Knight CA. Noncontact normothermic wound therapy and offloading in the treatment of neuropathic foot ulcers in patients with diabetes. *Ostomy Wound Manage.* 2002;48(3):38-44.
9. Macario A, Dexter F. Is noncontact normothermic wound therapy cost effective for the treatment of stages 3 and 4 pressure ulcer? *Wounds.* 2002;14(3):93-106.
10. Kloth LC, Berman JE, Nett M, et al. A randomized controlled clinical trial to evaluate the effects of noncontact normothermic wound therapy on chronic full-thickness pressure ulcers. *Adv Skin Wound Care.* 2002;15(6):270-276.
11. Karr JC. External thermoregulation of wounds associated with lower-extremity osteomyelitis. A pilot study. *J Am Podiatr Med Assoc.* 2003;93(1):18-22.
12. Alvarez OM, Rogers RS, Booker JG, Patel M. Effect of noncontact normothermic wound therapy on the healing of neuropathic (diabetic) foot ulcers: An interim analysis of 20 patients. *J Foot Ankle Surg.* 2003;42(1):30-35.
13. Thomas DR, Diebold MR, Eggemeyer LM. A controlled, randomized, comparative study of a radiant heat bandage on the healing of stage 3-4 pressure ulcers: A pilot study. *J Am Med Dir Assoc.* 2005;6(1):46-49.
14. Alvarez O, Patel M, Rogers R, Booker J. Effect of non-contact normothermic wound therapy on the healing of diabetic neuropathic foot ulcers. *J Tissue Viability.* 2006;16(1):8-11.
15. Serena T, Lee SK, Lam K, et al. The impact of noncontact, nonthermal, low-frequency ultrasound on bacterial counts in experimental and chronic wounds. *Ostomy Wound Manage.* 2009;55(1):22-30.
16. Conner-Kerr T, Alston G, Stovall A, et al. The effects of low-frequency ultrasound (35 kHz) on methicillin-resistant staphylococcus aureus (MRSA) in vitro. *Ostomy Wound Manage.* 2010;56(5):32-42.
17. Cullum NA, Al-Kurdi D, Bell-Syer SE. Therapeutic ultrasound for venous leg ulcers. *Cochrane Database Syst Rev.* 2010;(6):CD001180.

Applicable URAC Standard

Core 8	Staff operational tools and support
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Change/Authorization History

Revision Number	Date	Description of Change	Prepared/Reviewed by	Approved by	Review Date:
A	Nov.2006	Initial Release	Rosanne Brugnoni	Ken Fasse	n/a
01		Non coverage of NNWT explanation. Annual review.	Susan Glomb	Ken Fasse	Dec.2008
02	12-22-09	Annual Review/ no changes	Susan Glomb	Ken Fasse	Dec.2009
03	12-03-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec.2010
04	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri	
05	12-13-11	Annual Review. Added References to Policy	Susan Glomb	Dr. Almasri	Dec. 2011
06	11-29-12	Annual review – no changes.	Susan Glomb	Dr. B. Almasri	Nov. 2012
07	12-18-13	Annual review. No changes.	Susan Glomb	Dr. B. Almasri	
08	11-25-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri	
09	12-04-15	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2015
10	12-02-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016
11	12-15-17	Annual Review. No Changes.	Lisa Wojno	Dr. Cheryl Lerchin	December 2017
12	11-30-18	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2018