

## 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 non-contact 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

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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.

Northwood follows all CMS National Coverage Determinations (NCD) and Local coverage Determinations (LCD), as applicable.

#### References

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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.

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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.
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17. Cullum NA, Al-Kurdi D, Bell-Syer SE. Therapeutic ultrasound for venous leg ulcers. *Cochrane Database Syst Rev.* 2010;(6):CD001180.

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### Change/Authorization History

Revision Number	Date	Description of Change	Prepared/Reviewed by	Approved by	Review Date:	Effective 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	Added References to Policy	Susan Glomb	Dr. B. Almasri	Dec. 2011	
06	04-04-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri		
07	11-29-12	Annual Review – No changes	Susan Glomb	Dr. B Almasri	Nov 12	
08	12-18-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri		
09	11-24-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri		
10	12-04-15	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2015	
11	12-02-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016	
12	12-15-17	Annual Review. No Changes.	Lisa Wojno	Dr. Cheryl Lerchin	December 2017	
13	11-30-18	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2018	
14	12-06-19	Annual Review. No Changes.	Carol Dimech	Dr. C. Lerchin	12-06-19	12-06-19
15	12-20-20	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	11-20-20	

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16	11-24-21	Annual Review. Added NCD, LCD verbiage to "Important Note".	Carol Dimech/Susan Glomb	Dr. C. Lerchin	11-24-21	
17	11-16-22	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-16-22	11-16-22
18	11-14-23	Annual Review. No Changes.	Carol Dimech	Dr. C. Lerchin	11-14-23	11-14-23