

## Miscellaneous Wound Management Therapies

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[Coverage Policy](#) Medical 177  
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**All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.\*.**

### Purpose:

This policy addresses the medical necessity of miscellaneous wound management therapies.

### Description & Definitions:

**The Warm-Up® Active wound care system** includes a domed dressing so as not to touch the wound surface and a warming unit to heat the air in the domed dressing. A foam dressing component around the edges collects wound drainage.

**MolecuLight** is a point of care hand held device that uses violet spectrum light to identify bacteria in and around a wound.

**Ultrasound therapy** is a wound care treatment that uses a powered device (including MIST®, low-frequency, non-contact ultrasound devices) that is connected to a hand held disposable unit which uses a saline supply (either bottle or bag) and directs ultrasound waves with the mist to the wound bed being treated.

### Criteria:

The following miscellaneous wound management therapies is considered **not medically necessary** for uses other than those listed in the clinical criteria, to include but not limited to:

- The Warm-Up® Active wound care system
- MolecuLight i:X
- Ultrasound therapy (e.g. MIST®, low-frequency, non-contact ultrasound devices)

## Coding:

### Medically necessary with criteria:

Coding	Description
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day

### Considered Not Medically Necessary:

Coding	Description
0598T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; first anatomic site (eg, lower extremity) (listed on post service request)
0599T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; each additional anatomic site (eg, upper extremity) (List separately in addition to code for primary procedure)
A6000	Noncontact wound-warming wound cover for use with the noncontact wound-warming device and warming card
E0231	Noncontact 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 the noncontact wound-warming device and noncontact wound-warming wound cover

U.S. Food and Drug Administration (FDA) - approved only products only.

## Document History:

### Revised Dates:

- 2022: April, June
- 2019: October
- 2015: July
- 2014: July
- 2013: July
- 2012: July
- 2011: August
- 2009: June

### Reviewed Dates:

- 2023: January
- 2022: January
- 2021: January
- 2020: January
- 2018: July
- 2017: November
- 2016: July
- 2010: July

### Effective Date:

- July 2008

## References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; Uptodate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2022). Retrieved Nov 23, 2022, from UpToDate:

[https://www.uptodate.com/contents/search?search=Noncontact%20Normothermic%20Wound%20Therapy&sp=0&searchType=PLAIN\\_TEXT&source=USER\\_INPUT&searchOffset=1&autoComplete=false&language=en&max=10&index=&autoCompleteTerm=](https://www.uptodate.com/contents/search?search=Noncontact%20Normothermic%20Wound%20Therapy&sp=0&searchType=PLAIN_TEXT&source=USER_INPUT&searchOffset=1&autoComplete=false&language=en&max=10&index=&autoCompleteTerm=)

(2022). Retrieved Nov 22, 2022, from AIM Specialty Health:

[https://guidelines.aimspecialtyhealth.com/?s=wound+therapy&et\\_pb\\_searchform\\_submit=et\\_search\\_process&et\\_pb\\_search\\_cat=11%2C1%2C96&et\\_pb\\_include\\_posts=yes](https://guidelines.aimspecialtyhealth.com/?s=wound+therapy&et_pb_searchform_submit=et_search_process&et_pb_search_cat=11%2C1%2C96&et_pb_include_posts=yes)

Chronic Wound Care Guidelines: updated version. (2017). Retrieved Nov 23, 2022, from Wound Healing Society (WHS): [https://woundheal.org/files/2017/final\\_pocket\\_guide\\_treatment.pdf](https://woundheal.org/files/2017/final_pocket_guide_treatment.pdf)

MolecuLight i:X for wound imaging. (2020, Jun 18). Retrieved Nov 23, 2022, from National Institute for Health And Care Excellence (NICE) Guidelines: <https://www.nice.org.uk/advice/mib212/chapter/The-technology>

NCD Noncontact Normothermic Wound Therapy (NNWT) (270.2). (2002, Jul 1). Retrieved Nov 22, 2022, from Centers for Medicare & Medicaid Services NCD: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=232&ncdver=1&keyword=Noncontact%20Normothermic%20Wound%20Therapy&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>

Noncontact Normothermic Wound Therapy. (2022). Retrieved Nov 22, 2022, from MCG 26th Edition: <https://careweb.careguidelines.com/ed26/index.html>

Noncontact Normothermic Wound Therapy for Chronic Ulcers - ARCHIVED Nov 12, 2008. (n.d.). Retrieved Nov 22, 2022, from HAYES: <https://evidence.hayesinc.com/report/dir.nonc0001>

Procedure Fee Files & CPT Codes. (2022). Retrieved Nov 22, 2022, from Department of Medical Assistance Services: <https://www.dmas.virginia.gov/for-providers/rates-and-rate-setting/procedure-fee-files-cpt-codes/>

SYSTEMATIC REVIEW AND META-ANALYSIS: Local warming therapy for treating chronic wounds. (2018, Mar). Retrieved Nov 23, 2022, from Medicine Journal: [https://journals.lww.com/md-journal/fulltext/2018/03230/local\\_warming\\_therapy\\_for\\_treating\\_chronic\\_wounds\\_.58.aspx](https://journals.lww.com/md-journal/fulltext/2018/03230/local_warming_therapy_for_treating_chronic_wounds_.58.aspx)

### Special Notes: \*

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to “correct or ameliorate” (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

### Keywords:

SHP Miscellaneous Wound Management Therapies, Warm-Up Active Wound Therapy System, SHP Medical 177, DME, Warm-Up Active Wound Therapy, Noncontact Normothermic Wound Therapy, NNWT, radiant heat bandage, Noncontact wound-warming device, MolecuLight, MIST Therapy System, Ultrasound wound healing, UltraMist, arterial ulcers, diabetic ulcers, venous stasis ulcers, cellular stimulation, bacteria, wound, local warming therapy