

This content has been created to supplement the MCG care guidelines. MCG Health has neither reviewed nor approved the modified material.

SHP Miscellaneous Wound Management Therapies

AUTH: SHP Medical 177 v2 (AC)

MCG Health
Ambulatory Care
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Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Application to Products

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Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required.

Ultrasound therapy (MIST®, low-frequency and non-contact ultrasound devices) pay upon request for Medicare.

Description of Item or Service

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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 help device that is 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.

Exceptions and Limitations

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There is insufficient scientific evidence to support the medical necessity of miscellaneous wound management therapies, including but not limited to, The Warm-Up® Active wound care system and MolecuLight i:X as they are not shown to improve health outcomes upon technology review.

There is insufficient scientific evidence to support the medical necessity of MIST®, low-frequency and non-contact ultrasound devices (except for Medicare which pays upon request) as they are not shown to improve health outcomes upon technology review.

Clinical Indications for Procedure

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- N/A

Document History

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- 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

Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
 - CPT 97610 - Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction (s) for ongoing care, per day
- CPT/HCPCS codes considered not medically necessary per this Policy:
 - CPT 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)
 - CPT 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)
 - HCPCS A6000 - Noncontact wound-warming wound cover for use with the noncontact wound-warming device and warming card
 - HCPCS E0231 - Noncontact wound-warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover
 - HCPCS E0232 - Warming card for use with the noncontact wound-warming device and noncontact wound-warming wound cover

References

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References used include but are not limited to the following:

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=

(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

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

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/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

Codes

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CPT® : 0598T, 059T, 97610
HCPCS: A6000, E0231, E0232

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