

## Miscellaneous Wound Management Therapies

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[Effective Date](#) 7/2008  
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[Coverage Policy](#) Medical 177  
[Version](#) 2

**Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details [\\*](#).**

### 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:

Miscellaneous wound management therapies is considered **not medically necessary** for any indication, to include but not limited to:

- Warm-Up® Active wound care system
- MolecuLight i:X
- MIST®

### Coding:

Medically necessary with criteria:

Coding	Description
	None

### 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)
0599T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; each additional anatomic site (eg, upper extremity)
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day
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:

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: \*

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.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

## 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