Medical Policy
Noncontact Radiant Heat Bandage for the Treatment of Wounds

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Policy Number: 656
BCBSA Reference Number: 2.01.41A
NCD/LCD: National Coverage Determination (NCD) for Noncontact Normothermic Wound Therapy (270.2)

Related Policies
None

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

The use of a noncontact radiant heat bandage is INVESTIGATIONAL as a treatment of wounds.

Medicare HMO BlueSM and Medicare PPO BlueSM Members

Medical necessity criteria and coding guidance can be found through the link(s) below.

National Coverage Determinations (NCDs)

National Coverage Determination (NCD) for Noncontact Normothermic Wound Therapy (270.2)

Note: To review the specific NCD, please remember to click “accept” on the CMS licensing agreement at the bottom of the CMS webpage.

Prior Authorization Information

Inpatient
- For services described in this policy, precertification/preauthorization IS REQUIRED for all products if the procedure is performed inpatient.

Outpatient
- For services described in this policy, see below for products where prior authorization might be required if the procedure is performed outpatient.

<table>
<thead>
<tr>
<th>Commercial Managed Care (HMO and POS)</th>
<th>Outpatient</th>
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<tbody>
<tr>
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<td>This is not a covered service.</td>
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</table>
Commercial PPO and Indemnity

This is not a covered service.

Medicare HMO Blue℠

This is not a covered service.

Medicare PPO Blue℠

This is not a covered service.

**CPT Codes / HCPCS Codes / ICD Codes**

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

**CPT Codes**

There is no specific CPT code for this service.

**HCPCS Codes**

<table>
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<tr>
<th>HCPCS codes:</th>
<th>Code Description</th>
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<tr>
<td>E0231</td>
<td>Non-contact wound warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover</td>
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<tr>
<td>E0232</td>
<td>Warming card for use with the non-contact wound warming device and wound cover</td>
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<tr>
<td>A6000</td>
<td>Non-contact wound warming wound cover</td>
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**Description**

An optimal environment for wound healing is thought to include a moist normothermic environment that functions in part to enhance the subcutaneous oxygen tension and to increase the blood flow to the wound. Warm-up active wound therapy is a device approved for marketing by the U.S. Food and Drug Administration (FDA) that attempts to create this environment. The device includes a noncontact bandage and a warming unit designed to maintain 100% relative humidity and to produce normothermia in the wound and surrounding tissues. The bandage is composed of a sterile foam collar that adheres to the periwound skin and a sterile, transparent film that covers the top of the wound but does not touch it. An infrared warming card is inserted into a pocket in the film covering. Treatments are typically administered 3 times per day in 1-hour sessions.

**Summary**

In summary, according to a CMS report, the medical literature does not support a finding that noncontact radiant heat bandage heals any wound type better than conventional treatment. While the submitted studies purport better healing, due to serious methodologic weaknesses, inadequate controls, and a variety of biases, the improved outcomes could also easily disappear in a properly controlled randomized trial. Furthermore, there is no reason why such a trial could not be readily performed. Because of the lack of randomized controlled trials, use of a noncontact radiant heat bandage to treat wound is considered investigational.

**Policy History**

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<th>Date</th>
<th>Action</th>
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Information Pertaining to All Blue Cross Blue Shield Medical Policies
Click on any of the following terms to access the relevant information:
- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
- Clinical Exception Process
- Medical Technology Assessment Guidelines

References