



MASSACHUSETTS

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Medical Policy

Noncontact Radiant Heat Bandage for the Treatment of Wounds

Table of Contents

- [Policy: Commercial](#)
- [Policy: Medicare](#)
- [Authorization Information](#)
- [Coding Information](#)
- [Description](#)
- [Policy History](#)
- [Information Pertaining to All Policies](#)
- [References](#)

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 Medicare HMO BlueSM and Medicare PPO BlueSM Members

The use of a noncontact radiant heat bandage is [INVESTIGATIONAL](#) as a treatment of wounds.

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

http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCID=232&ncdver=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=Massachusetts&Keyword=Normothermic&KeywordLookUp=Title&KeywordSearchType=And&CptHcpcsCode=E0231&ncd_id=270.2&ncd_version=1&basket=ncd%25253A270%25252E2%25253A1%252525&bc=gAAAABAAAAAAAA%3d%3d&

Prior Authorization Information

Pre-service approval is required for all inpatient services for all products.

See below for situations where prior authorization may be required or may not be required for outpatient services.

Yes indicates that prior authorization is required.

No indicates that prior authorization is not required.

N/A indicates that this service is primarily performed in an inpatient setting.

	Outpatient
Commercial Managed Care (HMO and POS)	This is not a covered service.
Commercial PPO and Indemnity	This is not a covered service.
Medicare HMO BlueSM	This is not a covered service.
Medicare PPO BlueSM	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

HCPCS codes:	Code 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 the non-contact wound warming device and wound cover
A6000	Non-contact wound warming wound cover

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

Date	Action
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
11/2011	Reviewed - Medical Policy Group - Plastic Surgery and Dermatology. No changes to policy statements.
12/2010	Reviewed - Medical Policy Group - Plastic Surgery and Dermatology. No changes to policy statements.
12/2009	Reviewed - Medical Policy Group - Plastic Surgery and Dermatology. No changes to policy statements.
1/2009	BCBSA National medical policy review. No changes to policy statements.
12/2008	Reviewed - Medical Policy Group - Plastic Surgery and Dermatology.

	No changes to policy statements.
7/2008	BCBSA National medical policy review. No changes to policy statements.
3/2008	Reviewed - Medical Policy Group - Allergy and ENT/Otolaryngology. No changes to policy statements.
8/2007	BCBSA National medical policy review. No changes to policy statements.

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

1. Robinson C, Santilli SM. Warm-Up Active Wound Therapy: a novel approach to the management of chronic venous stasis ulcers. *J Vasc Nurs* 1998; 16(2):38-42.
2. Santilli SM, Valusek PA, Robinson C. Use of a noncontact radiant heat bandage for the treatment of chronic venous stasis ulcers. *Adv Wound Care* 1999; 12(2):89-93.
3. Cherry GW, Wilson J. The treatment of ambulatory venous ulcer patients with warming therapy. *Ostomy Wound Manage* 1999; 45(9):65-70.
4. Medicare Coverage Policy Decision Memorandum:
http://www.cms.hhs.gov/mcd/viewnca.asp?from=nca&nca_id=80.
5. McCulloch J, Knight CA. Noncontact normothermic wound therapy and offloading in the treatment of neuropathic foot ulcers in patients with diabetes. *Ostomy Wound Manage* 2002; 48(3):38-44.
6. Kloth LC, Berman JE, Nett M et al. A randomized controlled clinical trial to evaluate the effects of noncontact normothermic wound therapy on chronic full-thickness pressure ulcers. *Adv Skin Wound Care* 2002; 15(6):270-6.
7. Alvarez OM, Rogers RS, Booker JG et al. 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):30-5.
8. Karr JC. External thermoregulation of wounds associated with lower-extremity osteomyelitis. A pilot study. *J Am Podiatr Med Assoc* 2003; 93(1):18-22.
9. Alvarez O, Patel M, Rogers R et al. Effect of non-contact normothermic wound therapy on the healing of diabetic neuropathic foot ulcers. *J Tissue Viability* 2006; 16(1):8-11.