

09-E0000-42

Original Effective Date: 04/15/02

Reviewed: 02/27/25

Revised: 03/15/25

Subject: Noncontact Normothermic Wound Therapy

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

Position Statement	Billing/Coding	Reimbursement	Program Exceptions	Definitions	Related Guidelines
Other	References	Updates			

DESCRIPTION:

An optimal environment for wound healing is believed to include a moist normothermic environment that functions in part to enhance the subcutaneous oxygen tension and increase the blood flow to the wound. The Warm-Up® Active Wound Therapy is one device that attempts to create this type of environment. The device includes a non-contact 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 skin around the wound and a sterile, transparent film that covers the top of the wound, but does not touch the wound. An infrared warming card is inserted into a pocket in the film covering. Treatments are typically administered three times per day in one-hour sessions. This therapy is also known as warming therapy or noncontact radiant heat bandage wound therapy.

POSITION STATEMENT:

The use of noncontact normothermic wound therapy (i.e., Warm-Up Active Wound Therapy, warming therapy, noncontact radiant heat bandage wound therapy) is considered **experimental or investigational** for all indications. There is a lack of clinical data to permit conclusions on clinical utility and net health outcomes.

BILLING/CODING INFORMATION:

HCPCS Coding

A6000	Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card (investigational)
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E0231	Non-Contact wound warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover (investigational)
E0232	Warming card for use with the non-contact wound warming device and non-contact wound warming wound cover (investigational)

REIMBURSEMENT INFORMATION:

Refer to section entitled [POSITION STATEMENT](#).

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products: The following National Coverage Determination (NCD) was reviewed on the last guideline reviewed date: Noncontact Normothermic Wound Therapy (270.2) located at cms.gov.

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at [Coverage Protocol Exemption Request](#).

DEFINITIONS:

Normothermic: pertaining to or characterized by normal temperature; neither hyperthermic nor hypothermic.

RELATED GUIDELINES:

OTHER:

None applicable.

REFERENCES:

1. Alvarez OM, Rogers RS, et al. Effect of noncontact normothermic wound therapy on the healing of neuropathic (diabetic) foot ulcers:an interim analysis of 20 patients. JFootAnkleSurg. Jan-Feb 2003;42(1):30-5.PMID:12567365.
2. Centers for Medicare and Medicaid Services (CMS), National Coverage Determination (NCD) Noncontact Normothermic Wound Therapy (NNWT) (270.2), accessed at cms.gov.
3. Frykberg RG, Zgonis T, Armstrong DG, Driver VR, Giurini JM, Kravitz SR, Landsman AS, Lavery LA, Moore C, Schuberth JM, Wukick DK, Andersen C, Vanore JV. Diabetic foot disorders: a clinical practice guideline. J Foot Ankle Surg. 2006 Sep-Oct;45(5):S2-66.
4. Karr JC. External thermoregulation of wounds associated with lower-extremity osteomyelitis. A pilot study. JAMPodiatrMed Assoc. Jan-Feb 2003;93(1):18-22.PMID:12533551.

5. Ontario Ministry of Health and Long-Term Care. Management of chronic pressure ulcers. An evidence-based analysis. Ontario Health Technology Assessment Series. Toronto, ON: Ontario Ministry of Health and Long-Term Care; Ont Health Technol Assess Ser. 2009;9(3);1-203.
6. Thomas DR, Diebold MR, Eggemeyer LM. A Controlled, randomized, comparative study of a radiant heat bandage on the Healing of stage 3 – 4 pressure ulcers: A Pilot Study. J Am Med Dir Assoc., 2005 Jan-Feb.
7. U.S. Food and Drug Administration (FDA); accessed at fda.gov.
8. Yue JH, Zhang SJ, et al. Local warming therapy for treating chronic wounds: A systematic review. Medicine (Baltimore). 2018 Mar;97(12):e9931.

COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 02/27/25.

GUIDELINE UPDATE INFORMATION:

04/15/02	New Medical Coverage Guideline.
12/15/02	Medical Coverage Guideline re-numbered.
04/15/03	Reviewed; no changes in coverage.
04/15/04	Scheduled review; no changes in coverage.
04/15/05	Scheduled review; no change in coverage.
04/15/06	Scheduled review; no change in coverage statement; references updated.
04/15/07	Scheduled review; no change in coverage statement; references updated.
06/15/07	Reformatted guideline.
04/15/08	Scheduled review; no change in position statement, references updated.
05/15/09	Scheduled review; no change in position statement; references updated.
05/15/10	Scheduled review; position statement unchanged; references updated; formatting changes.
05/11/14	Revision: Program Exceptions section updated.
11/01/15	Revision: ICD-9 Codes deleted.
11/15/17	Review; Investigational position maintained, guideline title, description, and references updated.
10/15/19	Review; Investigational position maintained and references updated.
06/15/21	Review; Position statement maintained; references updated.
07/15/23	Review: Position statement maintained and references updated.
03/15/25	Review: Position statement maintained; references updated.