Medical Policy
Electrostimulation and Electromagnetic Therapy for Treating Wounds

Table of Contents
- Policy: Commercial
- Policy: Medicare
- Authorization Information
- Description
- Policy History
- Information Pertaining to All Policies
- References
- Coding Information

Policy Number: 655
BCBSA Reference Number: 2.01.57
NCD/LCD: National Coverage Determination (NCD) for Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds (270.1)

Related Policies
- Transcutaneous Electrical Nerve Stimulation – TENS, #003
- Non-Contact Ultrasound Treatment for Wounds, #657
- Negative Pressure Wound Therapy in the Outpatient Setting, #543

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

Electrical stimulation for the treatment of wounds, including but not limited to low-intensity direct current (LIDC), high-voltage pulsed current (HVPC), alternating current (AC), and transcutaneous electrical nerve stimulation (TENS), is INVESTIGATIONAL.

Electrical stimulation performed by the patient in the home setting for the treatment of wounds is INVESTIGATIONAL.

Electromagnetic therapy for the treatment of wounds is INVESTIGATIONAL.

Medicare HMO BlueSM and Medicare PPO BlueSM Members

BCBSMA covers electrical stimulation and electromagnetic therapy for the treatment of wounds for the following indications for Medicare HMO Blue and Medicare PPO Blue members in accordance with CMS NCD:
- Chronic Stage III or Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers,
- When performed by a physician, physical therapist, or incident to a physician service.

BCBSMA does not cover electrical stimulation and electromagnetic therapy for the treatment of wounds for the following indications for Medicare HMO Blue and Medicare PPO Blue members in accordance with CMS NCD:
• As an initial treatment modality,
• For continued treatment if measurable signs of healing have not been demonstrated within any 30-day period of treatment,
• Unsupervised use of ES or electromagnetic therapy for wound therapy.

All other uses of ES and electromagnetic therapy not otherwise specified for the treatment of wounds remain at local contractor discretion.

National Coverage Determination (NCD) for Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds (270.1)

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.

<table>
<thead>
<tr>
<th>Commercial Managed Care (HMO and POS)</th>
<th>Outpatient</th>
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<tbody>
<tr>
<td>Commercial PPO and Indemnity</td>
<td>This is not a covered service.</td>
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<tr>
<td>Medicare HMO BlueSM</td>
<td>Yes</td>
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<tr>
<td>Medicare PPO BlueSM</td>
<td>Yes</td>
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CPT Codes / HCPCS Codes / ICD-9 Codes
The following codes are included below for informational purposes. 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. A draft of future ICD-10 Coding related to this document, as it might look today, is included below for your reference.

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>
<thead>
<tr>
<th>HCPCS codes:</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>G0281</td>
<td>Electrical stimulation (unattended), to one or more areas, for chronic stage III and stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care.</td>
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<tr>
<td>G0282</td>
<td>Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281</td>
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<tr>
<td>G0295</td>
<td>Electromagnetic therapy, to one or more areas, for wound care other than described in G0329 or for other uses.</td>
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<tr>
<td>G0329</td>
<td>Electromagnetic therapy, to one or more areas, for chronic stage III or stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care.</td>
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<tr>
<td>E0761</td>
<td>Non-thermal pulsed high-frequency radiowaves, high peak power electromagnetic energy treatment device.</td>
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**Description**

Electrical stimulation refers to the application of electrical current through electrodes placed directly on the skin in close proximity to the wound. Electromagnetic therapy involves the application of electromagnetic fields rather than direct electrical current. Both are proposed as treatments for chronic wounds.

The normal wound healing process involves inflammatory, proliferative, and remodeling phases. When the healing process fails to progress properly and the wound persists for longer than 1 month, it may be described as a chronic wound. The types of chronic wounds most frequently addressed in studies of electrical stimulation for wound healing are 1) pressure ulcers, 2) venous ulcers, 3) arterial ulcers, and 4) diabetic ulcers. Conventional or standard therapy for chronic wounds involves local wound care, as well as systemic measures including debridement of necrotic tissues, wound cleansing, and dressing that promotes a moist wound environment, antibiotics to control infection, and optimizing nutritional supplementation. Non-weight bearing is another important component of wound management.

No electrical stimulation or electromagnetic therapy devices have received approval from the U.S. Food and Drug Administration (FDA), specifically for the treatment of wound healing. A number of devices have been cleared for marketing for other indications. Use of these devices for wound healing is an off-label indication.

**Summary**

There is insufficient evidence from well-designed randomized controlled trials (RCTs) that electrostimulation or electromagnetic stimulation improves health outcomes for wound care patients beyond that provided by standard treatment. Some small RCTs on electrostimulation have reported improvements in some intermediate outcomes, such as decrease in wound size and/or the velocity of wound healing. However, these studies have not demonstrated consistent improvements on the more important clinical outcomes of complete healing and the time to complete healing. For electromagnetic therapy, there is a lack of high-quality RCTs. Therefore, these treatments are considered investigational for the treatment of wounds.

**Policy History**

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<thead>
<tr>
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<tr>
<td>7/2017</td>
<td>Clarified coding information.</td>
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<tr>
<td>11/2015</td>
<td>New references added from BCBSA National medical policy.</td>
</tr>
<tr>
<td>7/2014</td>
<td>Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.</td>
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<tr>
<td>9/2009</td>
<td>BCBSA National medical policy review. No changes to policy statements.</td>
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No changes to policy statements.

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<th>Date</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
1. Blue Cross and Blue Shield Association Technology Evaluation Center (TEC). Electrical stimulation or electromagnetic therapy as adjunctive treatments for chronic skin wounds. TEC Assessments 2005; Volume 20, Tab 2.