ELECTRICAL STIMULATION (ES) AND ELECTROMAGNETIC THERAPY FOR THE TREATMENT OF WOUNDS (NCD 270.1)

Guideline Number: MPG087.02

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Related Medicare Advantage Policy Guidelines

- Assessing Patient’s Suitability for Electrical Nerve Stimulation Therapy (NCD 160.7.1)
- Electrotherapy for Treatment of Facial Nerve Paralysis (Bell’s Palsy) (NCD 160.15)
- Neuromuscular Electrical Stimulation (NMES) (NCD 160.12)
- Non-Implantable Pelvic Floor Electrical Stimulator (NCD 230.8)
- Treatment of Motor Function Disorders with Electric Nerve Stimulation (NCD 160.2)

Related Medicare Advantage Coverage Summaries

- Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid
- Wound Treatments

INSTRUCTIONS FOR USE

This Policy Guideline is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates for health care services submitted on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450), or their electronic comparative. The information presented in this Policy Guideline is believed to be accurate and current as of the date of publication.

This Policy Guideline provides assistance in administering health benefits. All reviewers must first identify member eligibility, any federal or state regulatory requirements, Centers for Medicare and Medicaid Services (CMS) policy, the member specific benefit plan coverage, and individual provider contracts prior to use of this Policy Guideline. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document may differ greatly from the standard benefit plan upon which this Policy Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Policy Guideline. Other Policies and Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

UnitedHealthcare follows Medicare coverage guidelines and regularly updates its Medicare Advantage Policy Guidelines to comply with changes in CMS policy. UnitedHealthcare encourages physicians and other healthcare professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Physicians and other healthcare professionals can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier. This Policy Guideline is provided for informational purposes. It does not constitute medical advice.

POLICY SUMMARY

Overview

ES and electromagnetic therapy have been used or studied for many different applications, one of which is accelerating wound healing. ES for the treatment of wounds is the application of electrical current through electrodes placed directly on the skin in close proximity to the wound. Electromagnetic therapy uses a pulsed magnetic field to induce current. CMS was asked to reconsider its national noncoverage determination for electromagnetic therapy. After thorough review, CMS determined that the results from the use of electromagnetic therapy for the treatment of wounds were similar to the results from the use of ES. Therefore, effective July 1, 2004, Medicare will cover...
Electrical stimulation (ES) and electromagnetic therapy for the same settings and conditions for which ES is covered. This means Medicare will allow either one covered ES therapy or one covered electromagnetic therapy for the treatment of wounds.

**Guidelines**

**Nationally Covered Indications**

The use of ES and electron therapy for the treatment of wounds are considered adjunctive therapies, and will only be covered for chronic Stage III or Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers. Chronic ulcers are defined as ulcers that have not healed within 30 days of occurrence. ES or electromagnetic therapy will be covered only after appropriate standard wound therapy has been tried for at least 30 days and there are no measurable signs of improved healing. This 30-day period may begin while the wound is acute.

Standard wound care includes: optimization of nutritional status, debridement by any means to remove devitalized tissue, maintenance of a clean, moist bed of granulation tissue with appropriate moist dressings, and necessary treatment to resolve any infection that may be present. Standard wound care based on the specific type of wound includes: frequent repositioning of a patient with pressure ulcers (usually every 2 hours), offloading of pressure and good glucose control for diabetic ulcers, establishment of adequate circulation for arterial ulcers, and the use of a compression system for patients with venous ulcers.

Measurable signs of improved healing include: a decrease in wound size (either surface area or volume), decrease in amount of exudates, and decrease in amount of necrotic tissue. ES or electromagnetic therapy must be discontinued when the wound demonstrates 100% epithelialized wound bed.

ES and electromagnetic therapy services can only be covered when performed by a physician, physical therapist, or incident to a physician service. Evaluation of the wound is an integral part of wound therapy. When a physician, physical therapist, or a clinician incident to a physician, performs ES or electromagnetic therapy, the practitioner must evaluate the wound and contact the treating physician if the wound worsens. If ES or electromagnetic therapy is being used, wounds must be evaluated at least monthly by the treating physician.

**Nationally Non-Covered Indications**

- ES and electromagnetic therapy will not be covered as an initial treatment modality.
- Continued treatment with ES or electromagnetic therapy is not covered 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 will not be covered, as this use has not been found to be medically reasonable and necessary.

**Other**

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

**APPLICABLE CODES**

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

<table>
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<th>HCPCS Code</th>
<th>Description</th>
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<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 (Not Covered by Medicare)</td>
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<td>G0295</td>
<td>Electromagnetic stimulation, to one or more areas, for wound care other than described in G0329 or for other uses (Not Covered by Medicare)</td>
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<td>G0329</td>
<td>Electromagnetic therapy, 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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REFERENCES

CMS National Coverage Determinations (NCDs)
NCD 270.1 Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds
Reference NCD: NCD 280.1 Durable Medical Equipment Reference List

CMS Local Coverage Determinations (LCDs)

<table>
<thead>
<tr>
<th>LCD</th>
<th>Medicare Part A</th>
<th>Medicare Part B</th>
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<td>AR, CO, LA, MS, NM, OK, TX</td>
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<td>L28572 (Wound Care) WPS Retired 09/30/2015</td>
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<td>IA, IN, KS, MI, MO (Entire State), NE</td>
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CMS Claims Processing Manual
Chapter 32; § 11.1 Electrical Stimulation, § 11.2 Electromagnetic Therapy

CMS Transmittals
Transmittal 7, Change Request 3149, Dated 03/19/2004 (Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds)
Transmittal 124, Change Request 3149, Dated 03/19/2004 (Billing and Coding Requirements for Electromagnetic therapy for the Treatment of Wounds)

MLN Matters
Article MM3149, Electrical Stimulation and Electromagnetic Therapy for the Treatment of Wounds
Article SE1113, Foot Care Coverage Guidelines

UnitedHealthcare Commercial Policies
Electrical Stimulation and Electromagnetic Therapy for Wounds

Others
Decision Memo for Electro-stimulation for Wounds, CMS Website

GUIDELINE HISTORY/REVISION INFORMATION

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<tr>
<td>01/11/2017</td>
<td>• Annual review</td>
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