

# Medical Policy

Healthcare Services Department

<b>Policy Name</b> Wound Electrical Stimulation and Electromagnetic Therapy	<b>Policy Number</b> MP-WES-FP-04-23	<b>Scope</b> <input checked="" type="checkbox"/> MMM MA <input type="checkbox"/> MMM Multihealth
<b>Service Category</b> <input type="checkbox"/> Anesthesia <input type="checkbox"/> Surgery <input type="checkbox"/> Radiology Procedures <input type="checkbox"/> Pathology and Laboratory Procedures <input type="checkbox"/> Medicine Services and Procedures <input type="checkbox"/> Evaluation and Management Services <input type="checkbox"/> DME/Prosthetics or Supplies <input checked="" type="checkbox"/> <u>Other Wound</u> <u>Wound Electrical Stimulation and Electromagnetic Therapy</u>		
<b>Service Description</b> NCD 270.1 Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds  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. The Centers for Medicare & Medicaid Services (CMS) was asked to reconsider its national non-coverage 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 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.  Please note that all services described in this policy require prior authorization. <ul style="list-style-type: none"> <li>• Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.</li> <li>• Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.</li> <li>• Providers must submit all required and requested documentation for case evaluation and determination.</li> <li>• The plan may request additional documentation and information not received and or provided initially related to condition and diagnosis for case evaluation and determination. Any additional documentation submitted specifying medical necessity criteria and considered important for case evaluation and determination will be reviewed by Clinical Team utilizing guidelines and regulation criteria.</li> </ul>		

**Medical Necessity Guidelines**

NCD 270.1

Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds

**Indications and Limitations of Coverage****A. Nationally Covered Indications**

The use of ES and electromagnetic 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.

**B. Nationally Non-Covered Indications**

1. ES and electromagnetic therapy will not be covered as an initial treatment modality.
2. 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.
3. 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.

**Limits or Restrictions**

**C. Other**

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

(This NCD last reviewed March 2004.)

**Reference Information**

NCD 270.1

Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds

Medicare Coverage Database (MCD)

Link: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx>

<https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=131&ncdver=3&bc=0>

**Policy History**

Date	Version	Comments
12/07/2023	Draft	New Medical Policy
12/15/2023	Final	Approved by Medical Policy Committee