MASSACHUSETTS

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Medical Policy

Electrostimulation and Electromagnetic Therapy for Treating Wounds

Table of Contents

- Policy: Commercial
- Authorization Information
- Description
- Policy History
- References
- Coding Information
- Information Pertaining to All Policies

Policy Number: 655

BCBSA Reference Number: 2.01.57 (For Plan internal use only)

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**.

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

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

CPT Codes / HCPCS Codes / ICD-9 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.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The following HCPCS codes are considered investigational for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

HCPCS Codes

HCPCS codes:	Code Description
G0281	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.
G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281
G0295	Electromagnetic therapy, to one or more areas, for wound care other than described in G0329 or for other uses.
G0329	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.
E0761	Non-thermal pulsed high-frequency radiowaves, high peak power electromagnetic energy treatment device.
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified.

Description

Standard Treatment

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. Avoidance of weight-bearing is another important component of wound management.

Electrostimulation

Since the 1950s, investigators have used electrostimulation to promote wound healing, based on the theory that electrostimulation may:

- Increase adenosine 5'-triphosphate concentration in the skin
- Increase DNA synthesis
- Attract epithelial cells and fibroblasts to wound sites
- Accelerate the recovery of damaged neural tissue
- Reduce edema
- Increase blood flow
- Inhibit pathogenesis.

Electrostimulation refers to the application of electrical current through electrodes placed directly on the skin near the wound. The types of electrostimulation and devices can be categorized into groups based

on the type of current. This includes low-intensity direct current, high-voltage pulsed current, alternating current, and transcutaneous electrical nerve stimulation.

Electromagnetic Therapy
Electromagnetic therapy is a related but distinct form of treatment that involves the application of electromagnetic fields, rather than direct electrical current.

Summary

For individuals who have any wound type (acute or nonhealing) who receive electrostimulation, the evidence includes systematic reviews and RCTs. Relevant outcomes are symptoms, change in health status, morbid events, quality of life, and treatment-related morbidity. Systematic reviews of RCTs on electrical stimulation have reported improvements in some outcomes, mainly intermediate outcomes such as a decrease in wound size and/or the speed of wound healing. There are few analyses of the more important clinical outcomes of complete healing and the time to complete healing, and many of the trials are relatively low quality. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have any wound type (acute or nonhealing) who receive electromagnetic therapy, the evidence includes 2 systematic reviews of RCTs (1 on pressure ulcers and the other on leg ulcers) and an RCT of electromagnetic treatment following Cesarean section. Relevant outcomes are symptoms, change in health status, morbid events, quality of life, and treatment-related morbidity. The systematic reviews identified a few RCTs with small sample sizes that do not permit drawing definitive conclusions. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Policy History

Date	Action
4/2022	Clarified coding language
2/2022	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
3/2021	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
1/2021	Medicare information removed. See MP #132 Medicare Advantage Management for local coverage determination and national coverage determination reference.
3/2020	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
3/2019	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
2/2018	Annual policy review. New references added.
10/2017	Annual policy review. New references added.
7/2017	Clarified coding information.
11/2015	Annual policy review. New references added.
7/2014	Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.
3/2014	Annual policy review. New investigational indications described. Effective 3/1/2014. Coding information clarified.
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.

9/2009	Annual policy review. No changes to policy statements.
6/2009	Annual policy review. No changes to policy statements.
12/2008	Reviewed - Medical Policy Group - Plastic Surgery and Dermatology. No changes to policy statements.
7/2008	Annual policy review. Changes to policy statements.
3/2008	Reviewed - Medical Policy Group - Allergy and ENT/Otolaryngology. No changes to policy statements.
3/2007	Annual policy review. No changes to policy statements.
3/2007	Reviewed - Medical Policy Group - Allergy and ENT/Otolaryngology. 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

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