Medical Policy

Electrostimulation and Electromagnetic Therapy for Treating Wounds

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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 considered INVESTIGATIONAL.

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

Electromagnetic therapy for the treatment of wounds is considered 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.

<table>
<thead>
<tr>
<th>Commercial Managed Care (HMO and POS)</th>
<th>Outpatient</th>
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<tbody>
<tr>
<td>This is not a covered service.</td>
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<table>
<thead>
<tr>
<th>Commercial PPO and Indemnity</th>
<th>Outpatient</th>
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<tr>
<td>This is not a covered service.</td>
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CPT Codes / HCPCS Codes / ICD 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:

<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>
</tr>
<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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<tr>
<td>E0769</td>
<td>Electrical stimulation or electromagnetic wound treatment device, not otherwise classified.</td>
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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**

**Description**
Electrostimulation (electrical stimulation) refers to the application of electrical current through electrodes placed directly on the skin. Electromagnetic therapy involves the application of electromagnetic fields, rather than direct electrical current. Both are proposed as treatments for wounds, generally chronic wounds.

**Summary of Evidence**
For individuals who have any wound type (acute or nonhealing) who receive electrostimulation, the evidence includes systematic reviews and randomized controlled trials (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**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>3/2023</td>
<td>Annual policy review. Minor editorial refinements to policy statements; intent unchanged.</td>
</tr>
<tr>
<td>4/2022</td>
<td>Clarified coding language.</td>
</tr>
<tr>
<td>2/2022</td>
<td>Annual policy review. Description, summary, and references updated. Policy statements unchanged.</td>
</tr>
<tr>
<td>1/2021</td>
<td>Medicare information removed. See MP #132 Medicare Advantage Management for local coverage determination and national coverage determination reference.</td>
</tr>
<tr>
<td>2/2018</td>
<td>Annual policy review. New references added.</td>
</tr>
<tr>
<td>10/2017</td>
<td>Annual policy review. New references added.</td>
</tr>
<tr>
<td>7/2017</td>
<td>Clarified coding information.</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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</table>
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