

Electrical Stimulation and Electromagnetic Therapy for Wound Healing

Policy Number: PG0271

Last Review: 01/08/2019



PARAMOUNT

ADVANTAGE | ELITE | HMO
INDIVIDUAL MARKETPLACE |
PROMEDICA MEDICARE
PLAN | PPO

GUIDELINES

This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

SCOPE

Professional

Facility

DESCRIPTION

Chronic wounds, also known as ulcers, are wounds that have a biological or physiologic reason for not healing. Chronic wounds have not completed the process of healing in the expected period, or have proceeded through the healing phase without establishing the expected functional result. These wounds generally do not close without intervention and are sometimes unresponsive to healing interventions. Local electrical currents may improve arterial blood flow, reduce tissue edema, microvascular permeability, and have antibacterial effects.

Electrical stimulation (ES) and electromagnetic therapy have been used or studied for many different applications, one of which is accelerating wound healing. The use of ES and electromagnetic therapy for the treatment of wounds are considered adjunctive therapies. 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.

Pressure injury/wound staging classifications:

Stage 1 Pressure Injury: Nonblanchable erythema of intact skin

Intact skin with a localized area of non blanchable erythema which may appear differently in darkly pigmented skin. Presence of blanchable erythema or changes in sensation, temperature or firmness may precede visual changes. Color changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury.

Stage 2 Pressure Injury: Partial thickness skin loss with exposed dermis

The wound bed is viable, pink or red, moist and may also present as an intact or ruptured serum filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (IAD), intertriginous dermatitis (ITD), medical adhesive related skin injury (MARS) or traumatic wounds (skin tears, burns, abrasions).

Stage 3 Pressure Injury: Full thickness skin loss

Adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed.

Stage 4 Pressure Injury: Full-thickness skin and tissue loss

Full-thickness skin and tissue loss with exposed or directly palpable bone, cartilage, fascia, ligament, muscle or

tendon in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location.

Unstageable Pressure Injury: Obscured full-thickness skin and tissue loss

The extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar. If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed. Stable eschar (ie, dry, adherent and intact without erythema or fluctuance) on the heel or ischemic limb should not be softened or removed.

Deep Tissue Pressure Injury (DTPI): Persistent non-blanchable deep red, maroon or purple discoloration

Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood filled blister. Pain and temperature change often precede skin color changes. Discoloration may appear differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury or may resolve without tissue loss. If fascia, granulation tissues, muscle, necrotic tissues, subcutaneous tissues or other underlying structures are visible, this indicates a full thickness pressure injury (Unstageable, Stage 3 or Stage 4). Do not use DTPI to describe vascular, traumatic, neuropathic or dermatologic conditions.

Medical Device Related Pressure Injury

Injury resulting from the use of devices designed and applied for diagnostic or therapeutic purposes. The resultant pressure injury generally conforms to the pattern or shape of the device. The injury should be staged using the staging system.

Mucosal Membrane Pressure Injury

Injury is found on mucous membranes with a history of a medical device in use at the location of the injury. Due to the anatomy of the tissue these injuries cannot be staged.

POLICY

Electrical Stimulation (G0281) and Electromagnetic Therapy (G0329) do not require prior authorization for HMO, PPO, Individual Marketplace, & Elite/ProMedica Medicare Plan.

Electrical Stimulation (G0281) and Electromagnetic Therapy (G0329) are non-covered for Advantage.

Codes G0282, G0295, E0761, & E0769 are non-covered for all product lines.

COVERAGE CRITERIA

HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan

Electrical Stimulation (G0281) and Electromagnetic Therapy (G0329) for the treatment of wounds (in an office or outpatient setting), as an adjunct to standard wound therapy is considered medically necessary for any of the following chronic wound types:

- Arterial ulcers
- Chronic (30 days or greater) stage 3 or stage 4 pressure injuries
- Neuropathic (diabetic) ulcers
- Venous stasis ulcers

Paramount will allow either one covered electrical stimulation therapy or one covered electromagnetic therapy for the treatment of wounds.

Treatment with electrical stimulation and electromagnetic therapy is covered when performed by a physician, physical therapist, or incident to a physician service.

Electrical stimulation and electromagnetic therapy for chronic ulcers are considered experimental and investigational when these criteria are not met.

Note: Conventional wound treatments include 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 care to resolve any infection that may be present. Specific wound care based on type of wound includes frequent repositioning of a member with pressure ulcers (usually every 2 hours); off-loading of pressure and good glucose control for diabetic ulcers; establishment of adequate circulation for arterial ulcers and the use of a compression system for members with venous ulcers.

Note: A course of electrical stimulation or electromagnetic therapy for chronic cutaneous ulcers would not typically be expected to exceed 60 minutes per day, or a total duration of more than 4 weeks. Courses of therapy exceeding 1 hour per day are not considered medically necessary, as prolonged treatments beyond 1 hour per day have not been proven to offer additional clinically significant benefits.

Note: Continued electrical stimulation or electromagnetic therapy is not considered medically necessary if measurable signs of healing have not been demonstrated within a 4-week treatment period. Measurable signs of improved healing include a decrease in wound size either in surface area or volume, decrease in amount of exudates and decrease in amount of necrotic tissue.

Continued electrical stimulation or electromagnetic therapy is not medically necessary once the wound demonstrates a 100 % epithelialized wound bed.

Electrical stimulation or electromagnetic therapy for the treatment of chronic ulcers in the home setting is considered not medically appropriate.

Electrical stimulation or electromagnetic therapy for the prevention of ulcers and pressure sores and the treatment of infected wounds is considered experimental and investigational because its effectiveness for this indication has not been established.

Advantage

Electrical stimulation and electromagnetic therapy for the treatment of wounds are non-covered. Only conventional medical wound treatments will be covered.

CODING/BILLING INFORMATION

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

HCPCS CODES	
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
G0281	Electrical stimulation, (unattended), to one or more areas, for chronic Stage III and Stage IV pressure 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 and stage IV pressure ulcers, arterial ulcers, and 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

REVISION HISTORY EXPLANATION

ORIGINAL EFFECTIVE DATE: 09/01/2009

01/08/19: Electrical Stimulation (G0281) and Electromagnetic Therapy (G0329) are covered without prior authorization for HMO, PPO, Individual Marketplace, & Elite per CMS guidelines. Electrical Stimulation (G0281)

and Electromagnetic Therapy (G0329) are non-covered for Advantage per ODM guidelines. Codes G0282, G0295, E0761, & E0769 are non-covered for all product lines per CMS & ODM guidelines. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

12/18/2020: Medical policy placed on the new Paramount Medical Policy Format

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Ohio Department of Medicaid

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Industry Standard Review

Hayes, Inc.