

# Medical Coverage Policy



**Blue Cross  
Blue Shield**  
of Rhode Island

## Electrical Stimulation and Electromagnetic Therapy for Wound Treatment

Device/Equipment    Drug    Medical    Surgery    Test    Other

<b>Effective Date:</b>	<b>10/1/2005</b>	<b>Policy Last Updated:</b>	<b>12/20/2011</b>
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**Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

**Prospective review is not required.**

### **Description:**

Electrical stimulation (ES) refers to the application of electrical current through electrodes placed directly on the skin in close proximity to the wound.

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

Electrical stimulation and electromagnetic therapy for the treatment of chronic wounds are covered for BlueCHiP for Medicare members only, typically for the following conditions when wounds have not sufficiently healed within 30 days of conventional wound-healing therapy\*:

- Stage III or Stage IV pressure ulcers; or
- Arterial ulcers; or
- Diabetic ulcers; or
- Venous stasis ulcers

**\*Note:** Conventional wound-healing therapy includes: optimization of nutritional status; debridement 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.

Electrical stimulation and electromagnetic therapy for the treatment of chronic wounds are not medically necessary for all other BCBSRI products as there are insufficient evidence to prove its effectiveness.

Electrical stimulation and electromagnetic therapy are not medically necessary for all BCBSRI products for the following indications as there is no clinical evidence to prove their effectiveness:

- As an initial treatment modality
- For all other uses not otherwise specified for the treatment of wounds
- Continued treatment if measurable signs of healing [e.g., decrease in wound size-surface area or volume] and decrease in amounts of exudates and necrotic tissue have not been demonstrated within any 30-day period of treatment

**Medical Criteria:**

Not applicable.

**Policy:**

Electrical stimulation and electromagnetic therapy for the treatment of chronic wounds are **covered for BlueCHiP for Medicare only and not medically necessary for all other BCBSRI products** as the evidence is not sufficient to permit conclusions on their efficacy.

Treatment with ES and EM is covered for BlueCHiP for Medicare members when performed by a physician, physical therapist, or incident to a physician service.

Medicare policy is developed separately from BCBSRI policy. Medicare policy incorporates scientific evidence with local expert opinion, and consideration of governmental regulations from CMS (Centers for Medicare and Medicaid Services), such as national coverage determinations or local coverage determinations, and the US Congress. BCBSRI policy is based upon peer-reviewed, scientifically controlled studies in the literature which demonstrate the superior health outcome of a service or treatment. In addition to benefit differences, CMS may reach different conclusions regarding the scientific evidence than does BCBSRI. BCBSRI and Medicare policies may differ; however, our BlueCHiP for Medicare members must be offered, at least, the same services as Medicare offers. (In some, but not all instances, BCBSRI offers more benefits than does Medicare).

**Coverage:**

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement or Benefit Booklet for the applicable Surgery and services and Not Medically Necessary benefits or coverage.

**Coding:**

The following codes are **covered for BlueCHiP for Medicare and not medically necessary for all other BCBSRI products**:

**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

**G0329** 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

**\*Note:** Medicare's definition of unattended means the procedure must be supervised by a health care provider but the provider does not have to be in constant attendance.

The following codes are considered **not medically necessary for all BCBSRI products**:

**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.

The following codes are **not separately reimbursed for all BCBSRI products**:

**E0761** Electrical stimulation or electromagnetic wound treatment device.

**E0769** Electrical stimulation or electromagnetic wound treatment device, not otherwise classified.

**Published:**

Policy Update, Aug 2001  
Policy Update, Feb 2001  
Policy Update, Feb 2006  
Policy Update, Mar 2007  
Policy Update, Mar 2008  
Provider Update, Oct 2008  
Provider Update, Dec 2009  
Provider Update, Dec 2010  
Provider Update, March 2012

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