Reimbursement Policy

Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds (NCD 270.1)

<table>
<thead>
<tr>
<th>Policy Number</th>
<th>Approved By</th>
<th>Current Approval Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>270.1</td>
<td>UnitedHealthcare Medicare Reimbursement Policy Committee</td>
<td>01/08/2014</td>
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</tbody>
</table>

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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## Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds (NCD 270.1)

### Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

### Summary

**Overview**

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. CMS was asked to reconsider its national noncoverage 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.

**Reimbursement Guidelines**

**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.

**Nationally Noncovered 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.

**Other**

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

**CPT/HCPCS Codes**

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tr>
<td>97032</td>
<td>Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes (Not exclusive to this NCD)</td>
</tr>
<tr>
<td>E0761</td>
<td>Non-thermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device (Not Covered by Medicare)</td>
</tr>
<tr>
<td>E0769</td>
<td>Electrical stimulation or electromagnetic wound Treatment device, not otherwise classified</td>
</tr>
<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</td>
</tr>
<tr>
<td>G0282</td>
<td>Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281. (Not Covered by Medicare)</td>
</tr>
<tr>
<td>G0295</td>
<td>Electromagnetic stimulation, to one or more areas, for wound care other than described in G0329 or for other uses (Not Covered by Medicare)</td>
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<tr>
<td>G0329</td>
<td>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</td>
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**Modifiers**

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<tr>
<th>Code</th>
<th>Description</th>
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<tr>
<td>GO</td>
<td>Services delivered under an outpatient occupational therapy plan of care</td>
</tr>
<tr>
<td>GP</td>
<td>Services delivered under an outpatient physical therapy plan of care</td>
</tr>
<tr>
<td>KX</td>
<td>Requirements specified in the medical policy have been met</td>
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</table>

**References Included (but not limited to):**

**CMS NCD(s)**

NCD 270.1 Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds
Reference NCD: 280.1 Durable Medical Equipment Reference List

**CMS LCD(s)**

Numerous LCDs

**CMS Article(s)**

Numerous Articles

**CMS Claims Processing Manual**

Chapter 32; § 11.1 Electrical Stimulation, § 11.2 Electromagnetic Therapy

**CMS Transmittals**

Transmittal 7, Change Request 3149, Dated 03/19/2004 (270.1. - Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds)
**Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds (NCD 270.1)**

Transmittal 124, Change Request 3149, Dated 03/19/2004 (Billing and Coding Requirements for Electromagnetic therapy for the Treatment of Wounds)

**UnitedHealthcare Medicare Advantage Coverage Summaries**

Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid

Wound Treatments

**UnitedHealthcare Reimbursement Policies**

Assessing Patient's Suitability for Electrical Nerve Stimulation Therapy (NCD 160.7.1)

Electrotherapy for Treatment of Facial Nerve Paralysis (Bell's Palsy) (NCD 160.15)

Neuromuscular Electrical Stimulation (NMES) (NCD 160.12)

Non-Implantable Pelvic Floor Electrical Stimulator (NCD 230.8)

Treatment of Motor Function Disorders with Electric Nerve Stimulation (NCD 160.2)

**UnitedHealthcare Medical Policies**

Electrical Stimulation and Electromagnetic Therapy for Wounds

**MLN Matters**

Article MM3149, Electrical Stimulation and Electromagnetic Therapy for the Treatment of Wounds

Article SE1113, Foot Care Coverage Guidelines

**Others**

Decision Memo for Electrostimulation for Wounds, CMS Website

**History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Revisions</th>
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<tbody>
<tr>
<td>01/08/2014</td>
<td>Administrative updates</td>
</tr>
<tr>
<td>07/10/2013</td>
<td>Administrative updates</td>
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