Medica Central Coverage Policy

Policy Name:	**Electrical or Electromagnetic Stimulation for Healing of Chronic Wounds MP9702**
Effective Date:	**04/01/2025**

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Coverage Policy

Electrical stimulation is **COVERED** for treating Stage III or IV pressure ulcers that have failed to demonstrate measurable signs of healing with 30 days of conventional treatment which includes **all** of the following:

1. Application of dressings to maintain a moist wound environment
2. Appropriate turning and positioning
3. Debridement of necrotic tissue, if present
4. Evaluation of and provision for adequate nutritional status
5. Management of existing infection, if present
6. Moisture and incontinence management
7. Use of a pressure-reducing support surface

Electrical stimulation for treating all other wounds or ulcers is considered investigative and unproven, and therefore NOT COVERED. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Electromagnetic stimulation for chronic wound healing is considered investigative and unproven, and therefore NOT COVERED. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes..

Description

Electrical stimulation (ES) is the use of an electrical current to try to accelerate wound healing of

chronic venous, arterial, or pressure ulcers. The type of electrical current transferred (low intensity direct current, alternating current, or pulsed current) is controlled by the electrical source (e.g., a transcutaneous electrical stimulator for the transfer of alternating current). Electromagnetic therapy uses a pulsed magnetic field to induce an electric current and is also referred to as pulsed electromagnetic induction (PEMI).

ES and electromagnetic therapy are proposed as adjunctive modalities in combination with standard wound therapy for patients with chronic refractory wounds. Chronic wounds include diabetic foot ulcers, venous leg ulcers, arterial leg ulcers, and pressure ulcers that have not shown progression to healing within thirty days.

Pressure Ulcer Staging (National Pressure Ulcer Advisory Panel Staging System):

- Stage III: Characterized by full-thickness loss of skin, in which 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. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage, and/or bone are not exposed.
- Stage IV: Characterized by full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage, or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location. (National Pressure Injury Advisory Panel, 2019)

FDA Approval

No electrical stimulation device or electromagnetic therapy device is currently cleared or approved by the FDA for the specific indication of wound healing. A number of devices have been cleared for marketing for other indications. Use of these devices for wound healing is an off-label indication.

Prior Authorization

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

HCPC 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
- **E1399** - Durable medical equipment, miscellaneous
- **G0281** - Electrical stimulation, (unattended), 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
- **G0282** - Electrical stimulation, (unattended), to one or more areas, for wound care other than described in
- **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

	Committee/Source	Date(s)
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