Subject: Electrical Stimulation Therapy for Wounds*

Effective Date: March 27, 2007

Departments: Utilization Management

Policy: Electrical Stimulation therapy for wounds [CPT-G0281] is reimbursable under plans administered by QualCare, Inc. when eligible member benefit is in place and medical necessity exists.

Objective: To assure proper and consistent reimbursement for a medically necessary service, procedure or test and to delineate criteria that provides evidence of that medical necessity.

Procedure: Requests for coverage of electrical stimulation therapy for wounds must be applied against criteria below.

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

The use of ES for treatment of wounds is considered adjunctive therapy. Coverage is provided to members with chronic stage III or Stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers and only after appropriate standard wound therapy has been tried and there are no measurable signs of healing. [ICD-707.0-707.09, 454.0, 454.2, 250.80-250.83, 444.21, 444.22, 444.81, 447.8; ICD-10 L89.000-L89.004,L89.009, L89.010-L89.014, L89.019-L89.024, L89.029, L89.100-L89.104, L89.109,-L89.114, L89.119-L89.124, L89.129,L89.130-L89.134, L89.139-L89.144, L89.149-L89.154, L89.159, L89.40-L89.45,L89.200-L89.204, L89.209-L89.214, L89.219-L89.224, L89.229, L89.40-L89.45, L89.300-L89.304, L89.309-L89.314, L89.319-L89.324, L89.329,L89.500-L89.504, L89.509-L89.514, L89.519-L89.524, L89.529, L89.600-L89.604, L89.609-L89.614, L89.619-L89.624, L89.629, L89.810-
Standard Wound Care:

- Optimization of nutritional status
- Debridement to remove devitalized tissue
- Maintenance of a clean and moist bed of granulation tissue
- Treatment of any infection

Measurable Signs of Wound Healing:

- Decrease in wound size, either surface area or volume
- Decrease in amounts of exudates, and
- Decrease in amount of necrotic tissue

Electrical Stimulation Therapy for wounds will not be covered for the following:

- ES will not be covered as an initial treatment modality
- ES must be performed by a physician, physical therapist, or a clinician under the strict monitoring of a physician.

References:


Hinchliffe RJ et al. A systematic review of the effectiveness of interventions to enhance the healing of chronic ulcers of the foot in diabetes. 2008 (May-June); 24 Suppl 1:S119-44

CMS NCD for Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds (270.1) Publication Number 100-3.


Kloth LC. Electrical stimulation for wound healing:

Drafted By: Mark S. Cukierman, M.D.
Approved By/Date: QM Committee 03/27/07
Revised By/Date: M. McNeil, MD 3/08/11
Approved By/Date: QM Committee 03/22/11
Revised By/Date: M. McNeil, MD 03/12/13
Approved By/Date: QM Committee 03/26/13
Revised By/Date: M. McNeil, MD 01/29/16
Approved by/Date: QM Committee 02/16/16

*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.