Medica Coverage Policy

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<th>Policy Name:</th>
<th>Electrical or Electromagnetic Stimulation for Healing of Chronic Wounds</th>
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<td>Effective Date:</td>
<td>5/1/2017</td>
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Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for 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 MinnesotaCare members, 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 about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica 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 or electromagnetic stimulation for chronic wound healing is investigative and therefore NOT COVERED.

Note: This policy is no longer scheduled for routine review of the scientific literature.

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.

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 applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.
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

Original Effective Date: 12/1/2002

Re-Review Date(s):
7/23/2002
1/25/2005
1/22/2008
1/25/2011
2/19/2014
2/15/2017

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