Sentara Health Plans

Medicaid

Electrical Stimulation and Electromagnetic Therapy for Wounds, DME 01

Table of Content

Effective Date	07/2008
Next Review Date	10/2025
Coverage Policy	DME 01
Version	4

All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Purpose:

This policy addresses Electrical Stimulation and Electromagnetic Therapy for Wounds.

Description & Definitions:

Electrical stimulation is used for a variety of clinical applications, such as fracture repair, pain management, and wound healing.

Criteria:

Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds may be covered for **ALL** of the following:

- Used as adjunctive therapy
- Appropriate condition, as indicated by 1 or more of the following:
  - Chronic Stage III or Stage IV pressure ulcer (defined as ulcer that has not healed within 30 days of occurrence)
  - Arterial ulcer
  - Diabetic ulcer
  - Venous stasis ulcer
- Appropriate standard wound therapy has been tried for at least 30 days (which may begin while wound is acute), as indicated by ALL of the following:
  - Optimization of nutritional status
  - Debridement by any means to remove devitalized tissue
  - Maintenance of clean moist bed of granulation tissue with appropriate moist dressings
  - Necessary treatment to resolve any infection, if present
  - Standard wound care, based on specific type of wound, including 1 or more of the following:

        - Pressure ulcer: frequent repositioning of patient (usually every 2 hours)
        - Diabetic ulcer: offloading of pressure and good glucose control
        - Arterial ulcer: establishment of adequate circulation
        - Venous ulcer: use of compression system
- Absence of measurable signs of improved healing, as indicated by 1 or more of the following:
    - No decrease in wound size (either surface area or volume)
    - No decrease in amount of exudates
    - No decrease in amount of necrotic tissue
- Services performed by physician, physical therapist, or incident to physician service and ALL of the following:
    - Evaluation of wound occurs as integral part of wound therapy, and provider performing services contacts treating physician if wound worsens.
    - Wound evaluation done at least monthly by treating physician

Electrical stimulation and electromagnetic therapy **do not meet the definition of medical necessity**, to include but not limited to:

- As initial treatment modality or prevention
- Unsupervised use for wound therapy
- Wound previously treated with ES or electromagnetic therapy demonstrates 100% epithelialized wound bed.
- Continuation of electrical stimulation or electromagnetic therapy for wound healing is considered not medically necessary if no evidence of healing is noted within any 30-day period of treatment.
- Devices used for pulsed electromagnetic therapy including but not limited to Diapulse, SofPulse, and Provant Therapy System for any indication
- Electromagnetic therapy for **1 or more** the following:
    - Prevention of ulcers and pressure sores.
    - Tinnitus
    - Treatment and prevention of osteoporosis
    - Treatment of acute post-operative pain and edema
    - Treatment of fibromyalgia
    - Treatment of mechanical neck disorders
    - Treatment of neuropathic pain (e.g., painful diabetic peripheral neuropathy)
    - Treatment of osteoarthritis
    - Treatment of soft tissue injuries
    - Treatment of subacromial impingement syndrome
- High-frequency pulsed electromagnetic stimulation (also known as therapeutic magnetic resonance) for all indications, including but not limited to the following:
    - Treatment and prevention of osteoporosis
    - Treatment of acute post-operative pain and edema
    - Treatment of fibromyalgia
    - Treatment of mechanical neck disorders
    - Treatment of neuropathic pain (e.g., painful diabetic peripheral neuropathy)
    - Treatment of osteoarthritis
    - Treatment of soft tissue injuries
    - Treatment of subacromial impingement syndrome
    - Treatment of wounds

Coding:

Medically necessary with criteria:

Coding	Description
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified
G0329	Electromagnetic therapy, to one or more areas for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis

Considered Not Medically Necessary:

Coding	Description

E0761	Non-thermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device
G0295	Electromagnetic therapy, to one or more areas, for wound care other than described in G0329

Document History:

Revised Dates:

- 2022: October
- 2021: December
- 2020: November
- 2019: October
- 2015: July
- 2014: July
- 2013: July
- 2012: July
- 2011: August

Reviewed Dates:

- 2024: October – No criteria changes. References and coding updated.
- 2023: October
- 2018: July
- 2017: November
- 2016: July
- 2010: July
- 2009: July

Effective Date:

- July 2008

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2024, Mar 14). Retrieved Sep 13, 2024, from MCG 28th Edition: https://careweb.careguidelines.com/ed28/index.html

(2024). Retrieved Sep 17, 2024, from Department of Medical Assistance Services - MES Public Portal: https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library#gsc.tab=0&gsc.q=electromagnetic%20therapy%20for%20wounds&gsc.sort=

(2024). Retrieved Sep 17, 2024, from Hayes - a symplr company: https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522Electrical%2520stimulation%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522sou

Fukaya, E., & O'Banion, L. (2023, Jul 13). Evaluation and management of chronic venous insufficiency including venous leg ulcer. Retrieved Sep 17, 2024, from UpToDate: https://www.uptodate.com/contents/evaluation-and-management-of-chronic-venous-insufficiency-including-venous-leg-ulcer?sectionName=Ulcer%20care&search=Electromagnetic%20for%20wounds&topicRef=15912&anchor=H2922671112&source=see_link#H2325463644

Guidelines on interventions to enhance healing of foot ulcers in people with diabetes. (2023). Retrieved Sep 17, 2024, from 2023 International Working Group on the Diabetic Foot (IWGDF): https://iwgdfguidelines.org/wp-content/uploads/2023/07/IWGDF-2023-07-Wound-Healing-Guideline.pdf

Hao, Q., Horton, J., & Hamson, A. (2023, Jul). CADTH Health Technology Review - Electrostimulation Devices for Wounds. Retrieved Sep 17, 2024, from Canadian Agency for Drugs and Technologies in Health: https://www.ncbi.nlm.nih.gov/books/NBK595136/

LCD: Wound Care (L37228). (2023, Apr 27). Retrieved Sep 17, 2024, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=37228&ver=22&keyword=electrical%20stimulation&keywordType=starts&areaId=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1

NCD: Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds. (2004, Jul 01). Retrieved Sep 17, 2024, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=131&ncdver=3&keyword=electrical%20stimulation&keywordType=starts&areaId=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1

Peripheral electromagnetic field (pemf) to aid wound healing. (2024). Retrieved Sep 17, 2024, from U.S. Food and Drug Administration: https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPCD/classification.cfm?id=MBQ

Special Notes: *

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

All medically necessary medical equipment and supplies under the Virginia Administrative Code (12VAC30-50-165) may be covered only if they are necessary to carry out a treatment prescribed by a practitioner. Only supplies, equipment, and appliances that are determined medically necessary may be covered for reimbursement by DMAS. (12VAC30-50-165) The following criteria must be satisfied through the submission of adequate and verifiable documentation satisfactory to DMAS, or its contractor. Medically necessary DME and supplies shall be:

- Ordered by the practitioner on the CMN/DMAS-352;

• A reasonable and medically necessary part of the individual's treatment plan;

• Consistent with the individual's diagnosis and medical condition, particularly the functional limitations and symptoms exhibited by the individual; • Not furnished for the safety or restraint of the individual, or solely for the convenience of the family, attending practitioner, or other practitioner or supplier;

• Consistent with generally accepted professional medical standards (i.e., not experimental or investigational);

• Furnished at a safe, effective, and cost-effective level; and

• Suitable for use, and consistent with 42 CFR 440.70(b)(3), that treats a diagnosed condition or assists the individual with functional limitations.

Keywords:

SHP Electrical Stimulation and Electromagnetic Therapy, SHP Durable Medical Equipment 01, Wound, healing, electrical, electromagnetic, magnetic, stimulation, stage, pressure, ulcer, venous, diabetic, arterial, Stage III pressure ulcers, Stage IV pressure ulcers, Arterial ulcers, Diabetic ulcers, Venous stasis ulcers, wound care, Pulsed Electromagnetic Therapy, Diapulse, SofPulse, Provant Wound Closure System, increased, blood flow, nerve regeneration, tissue regeneration