

**National Coverage Determination**

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

**Contractor Number**

PHYSMED-012

**Contractor Name**

Wisconsin Physicians Service (WPS)

**Contractor Number**

00951, 00952, 00953, 00954  
05101, 05201, 05301, 05401,  
05102, 05202, 05302, 05402, 52280

**Contractor Type**

Carrier B  
Fiscal Intermediary A  
MAC A  
MAC B

**Primary Geographic Jurisdiction**

**Carrier B:** Wisconsin, Illinois, Michigan, Minnesota

**Fiscal Intermediary A:** Alaska, Alabama, Arizona, Arkansas, Connecticut, Florida, Georgia, Iowa, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Massachusetts, Maine, Michigan, Minnesota, Missouri, Mississippi, Montana, North Carolina, North Dakota, Nebraska, New Hampshire, Ohio, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Virginia, Vermont, Washington, Wisconsin, West Virginia, Wyoming, U.S. Virgin Islands

**MAC A/B:** Iowa, Missouri, Nebraska, Kansas

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**CMS National Coverage Policy**

National Coverage Decision (NCD) 270.1

**CMS Effective Date**

07/01/2004

**Item/Service Description**

*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.

### **Indications and Limitations of Coverage**

#### **A. Nationally Covered Indications**

1. *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.*
2. *This 30-day period may begin while the wound is acute.*
3. *Standard wound care includes:*
  - a. *optimization of nutritional status,*
  - b. *debridement by any means to remove devitalized tissue,*
  - c. *maintenance of a clean, moist bed of granulation tissue with appropriate moist dressings,*
  - d. *and necessary treatment to resolve any infection that may be present.*
4. *Standard wound care based on the specific type of wound includes:*
  - a. *frequent repositioning of a patient with pressure ulcers (usually every 2 hours),*
  - b. *offloading of pressure and good glucose control for diabetic ulcers,*
  - c. *establishment of adequate circulation for arterial ulcers, and*
  - d. *the use of a compression system for patients with venous ulcers*
5. *Measurable signs of improved healing include:*
  - a. *a decrease in wound size (either surface area or volume),*
  - b. *decrease in amount of exudates, and*
  - c. *decrease in amount of necrotic tissue.*
6. *ES or electromagnetic therapy must be discontinued when the wound demonstrates 100% epithelialized wound bed.*
7. *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.*

#### **B. 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.*

#### **C. Other**

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

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An asterisk (\*) indicates a revision to that section of the policy.

**Date Published**

09/01/2011

**Revision History**

See [Billing and Coding Guidelines Electrical Stimulation \(ES\) and Electromagnetic Therapy for the Treatment of Wounds PHYSMED-012](#)