

NCD for Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds (270.1)

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100-3

Manual Section Number

270.1

Version Number

3

Effective Date of this Version

7/1/2004

Implementation Date

7/6/2004

Benefit Category

Incident to a physician's professional Service
Outpatient Physical Therapy Services
Physicians' Services

Note: This may not be an exhaustive list of all applicable Medicare benefit categories for this item or service.

Coverage Topic

Physical, Occupational, and Speech Therapy

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

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. This 30-day period may begin while the wound is acute.

Standard wound care includes: optimization of nutritional status, debridement by any means to remove devitalized tissue, maintenance of a clean, moist bed of granulation tissue with appropriate moist dressings, and necessary treatment to resolve any infection that may be present. Standard wound care based on the specific type of wound includes: frequent repositioning of a patient with pressure ulcers (usually every 2 hours), offloading of pressure and good glucose control for diabetic ulcers, establishment of adequate circulation for arterial ulcers, and the use of a compression system for patients with venous ulcers.

Measurable signs of improved healing include: a decrease in wound size (either surface area or volume), decrease in amount of exudates, and decrease in amount of necrotic tissue. ES or electromagnetic therapy must be discontinued when the wound demonstrates 100% epithelialized wound bed.

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.

(This NCD last reviewed March 2004.)

Transmittal Number

7

Transmittal Link

<http://www.cms.hhs.gov/transmittals/downloads/R7NCD.pdf>

Revision History

04/1997 - Provided noncoverage policy. Effective date 05/14/1997. (TN 95)

05/1997 - Corrected pagination error. Effective date NA. (TN 98)

05/1997 - Changed effective date for TN 95 to 07/14/1997. Effective date 07/14/1997. (TN 100)

12/1997 - Suspended implementation of national coverage policy due to court decision in Aitken v Shalala. As a result of the court's decision, CMS and its agents ordered to return to case-by-case evaluation regarding necessity and reasonableness of treatments. Includes all claims for services performed after July 14, 1997. (PM B-97-11)

11/2002 - Covered only for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers. Electrical

stimulation not covered as an initial treatment modality. Electrical stimulation covered only after standard wound therapy has been tried for at least 30-days and there are no measurable signs of healing. Medicare will not cover any form of electromagnetic therapy for the treatment of chronic wounds. Effective and implementation dates 04/01/2003. ([TN 161](#)) (CR 2313)

03/04 - Covered electromagnetic therapy for treatment of wounds for same settings and conditions as electrical stimulation for treatment of wounds. Allowed either one covered ES therapy or one covered electromagnetic therapy for treatment of wounds. Effective date 7/01/04. Implementation date 7/06/2004. ([TN 7](#)) (CR 3149)

Claims Processing Instructions

- [TN 124 \(Medicare Claims Processing\)](#)

National Coverage Analyses (NCAs)

This NCD has been or is currently being reviewed under the National Coverage Determination process. The following are existing associations with NCAs, from the National Coverage Analyses database.

- [Original consideration for Electrostimulation for Wounds \(CAG-00068N\)](#)
- [First reconsideration for Electrostimulation for Wounds \(CAG-00068R\)](#)

Other Versions

[Electrical Stimulation for the Treatment of Wounds](#) - Version 2, Effective between 04/01/2003 - 07/01/2004

[Electrical Stimulation for the Treatment of Wounds](#) - Version 1, Effective between 07/14/1997 - 04/01/2003

Source: CMS Manual 100-3 Section 270.1