Electrical Stimulation for Wounds (for Indiana Only)

Policy Number: CS374IN.01
Effective Date: June 1, 2024

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Related Policies

- Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation (for Indiana Only)
- Electromagnetic Therapy for Wounds (for Indiana Only)

Application

This Medical Policy only applies to the state of Indiana.

Coverage Rationale

Electrical Stimulation for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers is medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the InterQual® Medicare: Procedures, Wound Care.

Click here to view the InterQual® criteria.

Electrical stimulation for treating all other wounds or ulcers is unproven and not medically necessary due to insufficient evidence of efficacy.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
G0281	Electrical stimulation, (unattended), to one or more areas, for chronic Stage III and 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 G0281

Note: Codes labeled with an asterisk (*) are not managed for medical necessity review for the state of Indiana at the time this policy became effective. Refer to the most up to date prior authorization list for Indiana at Prior Authorization and Notification: UnitedHealthcare Community Plan of Indiana.

Description of Services

Electrical stimulation for accelerating wound healing involves the direct application of at least two electrodes attached to a small battery-like device. The electrical stimulation device provides short bursts of electrical current in varying intervals to the area surrounding the pressure injury. Once applied, the electrical current alters the charge across the wound bed, modifying the cell membrane potential and promoting angiogenesis. (Arora et al. 2020)

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

The FDA has not approved any electrical stimulation or electromagnetic devices specifically for the treatment of chronic wounds. Use of these devices for wound healing is an off-label indication.

The FDA regulates electrical stimulation devices as Class II devices, and more than 500 of these devices have been cleared by the FDA 510(k) process. To locate marketing clearance information for a specific device or manufacturer, search the following Center for Devices and Radiological Health (CDRH) 510(k) database or the Premarket Approval (PMA) database by product and/or manufacturer name:

- http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm
- http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMA/pma.cfm

(Accessed October 17, 2022)

Policy History/Revision Information

Date	Summary of Changes
06/01/2024	**Title Change/Template Update** • Relocated and reformatted content previously included in the Medical Policy titled *Electrical Stimulation and Electromagnetic Therapy for Wounds (for Indiana Only)* **Related Policies** • Added reference link to the Medical Policy titled *Electromagnetic Therapy for Wounds (for Indiana Only)* **Coverage Rationale** • Replaced language indicating "electrical stimulation for *wounds* is medically necessary in certain circumstances" with "electrical stimulation for *chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers* is medically necessary in certain circumstances" • Added language to indicate electrical stimulation for treating all other wounds or ulcers [not listed in the policy] is unproven and not medically necessary due to insufficient evidence of efficacy **Supporting Information** • Added *Description of Services* section • Updated *FDA* section to reflect the most current information • Archived previous policy version CS035IN.04

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the

independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.