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Related Change Request (CR) #: 3149

Related CR Release Date: March 19, 2004

Effective Date: July 1, 2004

Related CR Transmittal #: R7NCD

Implementation Date: July 6, 2004

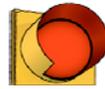
Electrical Stimulation and Electromagnetic Therapy for the Treatment of Wounds

Note: This article was updated on April 22, 2013, to reflect current Web addresses. All other information remains unchanged.

Provider Types Affected

Physicians, therapists, federally qualified health centers (FQHCs), rural health clinics (RHCs), hospitals, and critical access hospitals (CAHs)

Provider Action Needed



STOP – Impact to You

Effective July 1, 2004, under specific conditions Medicare will cover electromagnetic therapy for wound treatment for the same settings and conditions in which electrical stimulation (ES) for wound treatment is currently covered.



CAUTION – What You Need to Know

Be aware of the conditions under which Medicare will cover this procedure.



GO – What You Need to Do

You may file claims with Medicare for electromagnetic therapy for the treatment of certain wounds for services rendered on or after July 1, 2004. Be sure to use the correct HCPCS and revenue codes as specified below to assure timely and correct payment.

Background

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

Medicare conducted a reconsideration review of electromagnetic therapy used for the treatment of certain wounds. They found that wounds treated using either electrical stimulation (ES) therapy or electromagnetic therapy resulted in similar improvements. Therefore, CMS decided to cover electromagnetic therapy for wound treatment for the same settings and conditions in which electrical stimulation for wound treatment is currently covered.

Effective July 1, 2004, Medicare will cover ES or electromagnetic therapy for chronic stage III or stage IV pressure ulcers (ulcers that have not healed within 30 days of occurrence), arterial ulcers, diabetic ulcers, and venous stasis ulcers. Electromagnetic therapy services will be covered only when performed by a physician, physical therapist, or incident to a physician service. No other wound treatment using electromagnetic therapy will be covered.

ES and electromagnetic therapy for wound treatment will be covered only after appropriate standard wound treatment has been tried for at least 30 days with no measurable signs of healing. Additionally, wounds undergoing treatment by electromagnetic therapy must be evaluated at least monthly by the treating physician.

Medicare will not continue to cover the treatment if the wound shows no measurable signs of improvement within any 30 day period of treatment. Additionally, ES or electromagnetic therapy must be discontinued when the wound demonstrates a 100% epithelialized wound bed. Unsupervised therapy for wound treatment will not be covered, nor will ES and electromagnetic therapy be covered as an initial treatment modality.

Additional Information

The applicable Healthcare Common Procedure Coding System (HCPCS) code for Electromagnetic Therapy is as follows:

HCPCS G0329 – Electromagnetic Therapy, 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. Effective date: July 1, 2004.

Note: Medicare will not cover the device (Code E0761) used for electromagnetic treatment of wounds. Medicare will also not cover unsupervised home use of electromagnetic therapy.

The following revenue codes must be used in conjunction with the HCPCS code identified:

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Revenue Code	Description
420	Physical Therapy
430	Occupational Therapy
520	Federal Qualified Health Center
521	Rural Health Center
977, 978	Critical Access Hospital – method II CAH professional services only.

The official instruction issued to your carrier regarding this change may be found by going to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R7NCD.pdf> on the CMS site. The CR includes the revised portions of the Medicare *National Coverage Determinations Manual*, which further explain this change.

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