

09-E0000-43

Original Effective Date: 08/15/03

Reviewed: 01/22/26

Revised: 02/15/26

Subject: Electrostimulation and Electromagnetic Therapy for Treating Wounds

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

[Position Statement](#)

[Billing/Coding](#)

[Reimbursement](#)

[Program Exceptions](#)

[Definitions](#)

[Related Guidelines](#)

[Other](#)

[References](#)

[Updates](#)

DESCRIPTION:

Electrostimulation refers to the application of electrical current through electrodes placed directly on the skin near the wound. The types of electrostimulation and devices can be categorized into groups based on the type of current. This includes low-intensity direct current, high-voltage pulsed current, alternating current, and transcutaneous electrical nerve stimulation.

Electromagnetic therapy is a related but distinct form of treatment that involves the application of electromagnetic fields, rather than direct electrical current.

No electrostimulation or electromagnetic therapy devices have received approval from the U.S. Food and Drug Administration (FDA) specifically for the treatment of wound healing. A number of devices have been cleared for marketing for other indications.

POSITION STATEMENT:

Electrical stimulation for the treatment of chronic wounds which include stage III and IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers **meets the definition of medical necessity** when all of the following are met:

- The service is covered only as an adjunct and only after standard wound care has been tried for 30 days with no measurable signs of improved healing. Chronic ulcers are those not healed within 30 days of occurrence (this 30 day period may begin while the wound is acute). The wound(s) should be reviewed each 30 days for evidence of measurable signs of improved healing. If, after a 30-day trial, no healing has occurred, treatment should be discontinued. 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. Therapy should be discontinued when the wound demonstrates 100% epithelialized wound bed.

- The therapy must be administered and supervised by a medical professional with expertise in wound evaluation and management.

Electrical stimulation performed by the member in the home setting for the treatment of wounds is considered **experimental or investigational**. The evidence is insufficient to determine the effects of the technology on health outcomes.

Electromagnetic therapy for the treatment of wounds is considered **experimental or investigational**. The evidence is insufficient to determine the effects of the technology on health outcomes.

BILLING/CODING INFORMATION:

HCPCS Coding:

E0761	Non-thermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device (Investigational)
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified (Investigational)
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 (Investigational)
G0295	Electromagnetic therapy, to one or more areas, for wound care other than described in G0329 or for other uses (Investigational)
G0329	Electromagnetic therapy, to one or more areas for chronic Stage III or Stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care (Investigational)

ICD-10 Diagnosis Codes That Support Medical Necessity:

E08.621 – E08.622 E09.621 – E09.622 E10.621 – E10.622 E11.621 – E11.622 E13.621 – E13.622	Diabetes mellitus with ulcer
L89.000 – L89.96	Pressure ulcer (stage 3 or 4)
L97.101 – L97.929	Non-pressure chronic ulcer of lower limb
L98.411 – L98.499	Non-pressure chronic ulcer of skin, not elsewhere classified

REIMBURSEMENT INFORMATION:

Refer to section entitled [POSITION STATEMENT](#).

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products: The following National Coverage Determination (NCD) was reviewed on the last guideline reviewed date: Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds (270.1) located at cms.gov.

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at [Coverage Protocol Exemption Request](#).

DEFINITIONS:

None Applicable.

RELATED GUIDELINES:

[Negative Pressure Wound Therapy \(NPWT\), 09-E0000-37](#)

[Noncontact Normothermic Wound Therapy, 09-E0000-42](#)

[Transcutaneous Electric Nerve Stimulation \(TENS\), 02-61000-04](#)

OTHER:

None applicable.

REFERENCES:

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3. Blue Cross Blue Shield Association (BCBSA) Evidence Positioning System®; 2.01.57 Electrostimulation and Electromagnetic Therapy for Treating Wounds, 02/25.
4. Blue Cross Blue Shield Association Technology Evaluation Center (TEC) – “Electrical Stimulation or Electromagnetic Therapy as Adjunctive Treatments for Chronic Skin Wounds.” Vol 20, #2, April 2005.
5. Centers for Medicare & Medicaid Services (CMS) National Coverage Determination (NCD) Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds (270.1), accessed at cms.gov.
6. Clegg JP, Guest JF, Modelling the Cost-Utility of Bio-Electric Stimulation Therapy Compared to Standard Care in the Treatment of Elderly Patients with Chronic Non-Healing Wounds in the UK, Curr Med Res Opin. 2007 Apr; 23(4): 871-83.

7. Girgis B, Duarte JA. High Voltage Monophasic Pulsed Current (HVMP) for stage II-IV pressure ulcer healing. A systematic review and meta-analysis. J Tissue Viability. 2018 Nov;27(4):274-284. doi: 10.1016/j.jtv.2018.08.003. PMID: 30177421.
8. Houghton PE, Electrical stimulation therapy to promote healing of chronic wounds: a review of reviews. DOI <https://doi.org/10.2147/CWCMR.S101323>; 25 January 2017 Volume 2017:4 Pages 25—44
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10. Polak A, Kucio C, et al. A Randomized, Controlled Clinical Study to Assess the Effect of Anodal and Cathodal Electrical Stimulation on Periwound Skin Blood Flow and Pressure Ulcer Size Reduction in Persons with Neurological Injuries. Ostomy Wound Manage. 2018 Feb;64(2):10-29. PMID: 29481324.
11. Qaseem A, Humphrey LL, Forcica MA, et al. Treatment of pressure ulcers: a clinical practice guideline from the American College of Physicians. Ann Intern Med. Mar 3 2015;162(5):370-379.

COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 01/22/26.

GUIDELINE UPDATE INFORMATION:

08/15/03	New Medical Coverage Guideline.
07/15/04	Scheduled review; new code G0329 added; G0295 revised; coverage extended to electromagnetic, in addition to electric; ultrasound maintained investigational.
10/01/04	Change to description of G0329 per HCPCS update.
01/01/05	Code E0769 added & revision to G0295 per HCPCS update.
08/15/05	Scheduled review; current coverage criteria maintained.
08/15/06	Annual review; current coverage maintained; ultrasound maintained investigational.
07/15/07	Scheduled review; current coverage and limitations maintained, reformatted guideline, references updated.
07/15/08	Annual review: position statements maintained and references updated.
06/15/09	Annual review: position statements maintained and references updated.
10/15/10	Revision; related ICD-10 codes added.
05/11/14	Revision: Program Exceptions section updated.
10/01/15	Revision; ICD9 and ICD10 coding sections updated.
11/01/15	Revision: ICD-9 Codes deleted.
09/15/18	Review; Title, position statements, coding, and references updated.
04/15/20	Review; Position statements maintained and references updated.
03/15/22	Review: Position statements maintained; references updated.
04/15/24	Review: Position statements, coding, and references updated.
02/15/26	Position statements maintained.