

Electrical or Electromagnetic Stimulation for Healing of Chronic Wounds

Also known as	<div><div>1. Electrical Stimulation (ES)</div><div>2. Electromagnetic Therapy</div><div>3. Pulsed Electromagnetic Induction (PEMI)</div></div>				
Description	Electrical stimulation (ES) is the use of electrical current to try to accelerate wound healing. Electromagnetic therapy refers to applying an electromagnetic field to the wound area as an alternative to direct application of electrical current.				
See also	<div>Similar, related, or easily confused documents.</div> <div><div><div>• Negative Pressure Wound Therapy with Installation Systems - Non-invasive mechanical wound care therapy that uses power to apply continuous or intermittent controlled negative pressure (suction) to a wound to promote healing. The instillation of fluids helps to remove wound exudate, slough, and bacteria, which promotes a more rapid healing of the wound.</div><div>• Noncontact Low-frequency Ultrasound Therapy for Healing of Chronic Wounds - Noncontact low-frequency ultrasound therapy systems consist of a hand held device to deliver a saline mist to wounds.</div><div>• Noncontact Normothermic Wound Therapy (NNWT) - A system that produces radiant heat intended to assist in the healing of non-healing wounds.</div><div>• Non-Powered and Single Use Negative Pressure Wound Therapy - The device applies negative pressure, or suction, to the wound which removes the fluid and infectious materials from the wound to aid in healing.</div><div>• Skin and Soft Tissue-Engineered Skin Substitutes for Wound and Surgical Care - Skin and soft tissue-engineered skin substitutes are used to provide temporary wound coverage, assist in wound closure, and reduce healing time.</div><div>• Vacuum-Assisted Negative Pressure Wound Therapy - A noninvasive mechanical wound care therapy that is vacuum assisted and uses power to apply continuous or intermittent controlled negative pressure (suction) to a wound to promote healing.</div></div></div>				
Table of Contents	<div>The following topics are included in this document:</div> <div><div>• Commercial</div><div>• Government Programs</div><div>• Individual and Family Business (IFB)</div></div>				
Document history	<div>The document history for the past 12 months is outlined below.</div> <table><tr><th>Date</th><th>Description</th></tr><tr><td>2.26.24</td><td>Updated to new template.</td></tr></table>	Date	Description	2.26.24	Updated to new template.
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Commercial

Introduction	<p>This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).</p>				
Dean (DHP, Prevea360)	<p>Medical Policy, <i>Electrical or Electromagnetic Stimulation for Healing of Chronic Wounds (MP9702)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.				
Mayo Medical Plan (MMP)	<p>Medica’s Coverage Policy, <i>Electrical or Electromagnetic Stimulation for Healing of Chronic Wounds</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.				
Medica (including MHPS)	<p>Medica’s Coverage Policy, <i>Electrical or Electromagnetic Stimulation for Healing of Chronic Wounds</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.				
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.						
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Considered investigative, not covered.<ul style="list-style-type: none">– Note: If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.						
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Medica’s Coverage Policy, <i>Electrical or Electromagnetic Stimulation for Healing of Chronic Wounds</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.<ul style="list-style-type: none">– Note: If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.• Medica is the only payer.						
Cost (Prime)	<p>Check for an LCD or NCD. If one does not exist, Medica’s Coverage Policy, <i>Electrical or Electromagnetic Stimulation for Healing of Chronic Wounds</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.<ul style="list-style-type: none">– Note: If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.• Follows Medicare guidelines.						
Med Advantage	<p>Medica’s Coverage Policy, <i>Electrical or Electromagnetic Stimulation for Healing of Chronic Wounds</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.<ul style="list-style-type: none">– Note: If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.• Follows Medicare guidelines.• Medica is the only payer.						
Med Supp (Select, Signature)	<p>Considered investigative, not covered.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.						
Medicaid	<p>Medica’s Coverage Policy, <i>Electrical or Electromagnetic Stimulation for Healing of Chronic Wounds</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.						
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Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p>				
Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>Medical Policy, <i>Electrical or Electromagnetic Stimulation for Healing of Chronic Wounds (MP9702)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.				
Medica	<p>Medica’s Coverage Policy, <i>Electrical or Electromagnetic Stimulation for Healing of Chronic Wounds</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.				
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