

MEDICAL POLICY

POLICY TITLE	WOUND & BURN CARE & SPECIALIZED TREATMENT CENTERS
POLICY NUMBER	MP-4.028

Original Issue Date (Created):	February 7, 2005
Most Recent Review Date (Revised):	May 20, 2014
Effective Date:	August 1, 2014

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I. POLICY

Specialized Wound or Burn Care is considered **medically necessary** for the following types of wounds or burns:

- Requiring non-selective or selective debridement to facilitate healing or due to necrotic tissue, or;
- Requiring complex dressings, or;
- With documentation of signs of infection or risk factors for infection (e.g., diabetes mellitus, moderate dose of steroids, frail, elderly, poor nutrition, ischemia, venous insufficiency, etc.), or;
- 3rd degree or severe 2nd degree burns.

Documentation requirements for medical necessity

The medical necessity for wound or burn care on a continuing basis for a given wound in a given patient is contingent upon evidence documented in the patient's record that the wound is improving in response to the wound care being provided. Evidence of improvement includes measurable changes in at least two of the following:

- Drainage
- Inflammation
- Swelling
- Pain and/or Tenderness
- Wound dimensions (surface measurements, depth)
- Granulation tissue
- Necrotic tissue/slough

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Such evidence must be documented **each** time the patient is seen. A wound that shows no improvement after 30 days requires a new approach, which may include a physician reassessment of underlying infection, metabolic, nutritional, or vascular problems inhibiting wound healing, or a new treatment approach.

Specialized wound or burn care is considered **not medically necessary** in the following circumstances:

- A superficial wound, less than 0.2mm in depth (i.e., abrasion, road rash, etc.), without documentation of signs of infection.
- A small-uncomplicated wound (< 0.5 cm. square) in a patient without documentation of risk factors for infection (e.g., diabetes mellitus, moderate dose of steroids, frail, elderly, poor nutrition, ischemia, venous insufficiency, etc.) or signs of infection.
- A mild burn (e.g., 1st degree or small area of 2nd degree)
- There is no documentation of the continued need for debridement, or current wound infection, or complex wounds or dressings.
- The management of acute wounds; the care of wounds that normally heal by primary intention, such as clean, incised traumatic wounds; surgical wounds, which are closed primarily; and other uncomplicated postoperative wound care.

Debridement of the wound(s) if there is no necrotic, devitalized, fibrotic, or other tissue or foreign matter present that would interfere with wound healing is **not medically necessary**.

Procedures performed for cosmetic reasons or to prepare tissues for cosmetic procedures are considered **not medically necessary**.

With appropriate management, it is expected that in most cases a wound will reach a state at which care can be performed primarily in a non-specialized office setting, and ultimately by the patient and/or the patient's caregiver with periodic physician assessment and supervision. Wound care that can be performed in a non-specialized office setting or by the patient or the patient's caregiver is considered **not medically necessary**.

Ultrasound Treatment for Wounds (Contact or Non-contact)

Ultrasound treatment for wounds (contact or non-contact) is considered **investigational**, as there is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with this procedure.

Electrostimulation and Electromagnetic Therapy

Electrical stimulation for the treatment of wounds, including but not limited to g low-intensity direct current (LIDC), high-voltage pulsed current (HVPC), alternating current (AC) and transcutaneous electrical nerve stimulation (TENS) for the treatment of wounds is considered **investigational**, as there is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with this procedure.

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Electrical stimulation performed by the patient in the home setting is considered **investigational**, as there is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with this procedure.

Electromagnetic therapy for the treatment of wounds is considered **investigational**, as there is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with this procedure.

Noncontact Radiant Heat Bandage

The use of a noncontact radiant heat bandage is considered **investigational** as a treatment of wounds, as there is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with this procedure.

Cross-reference

- MP-1.017 Biologic and Burn Wound Dressings
- MP-2.033 Recombinant and Autologous Platelet-Derived Growth Factors as a Treatment of Wound Healing and Other Conditions
- MP-6.026 Durable Medical Equipment
- MP-2.070 Hyperbaric Oxygen Therapy (HBO)
- MP-8.001 Physical Medicine and Specialized Physical Medicine Treatments (Outpatient)
- MP-1.094 Skin Contact Monochromatic Infrared energy for the Treatment of Cutaneous Ulcers, Diabetic Neuropathy, and other Miscellaneous Musculoskeletal Conditions
- MP-4.004 Vacuum Assisted Wound Closure

II. PRODUCT VARIATIONS

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[N] = No product variation, policy applies as stated

[Y] = Standard product coverage varies from application of this policy, see below

- | | |
|--------------------------|-----------------|
| [N] Capital Cares 4 Kids | [N] Indemnity |
| [N] PPO | [N] SpecialCare |
| [N] HMO | [N] POS |
| [Y] SeniorBlue HMO* | [Y] FEP PPO** |
| [Y] SeniorBlue PPO* | |

* Refer to Centers for Medicare and Medicaid (CMS) National Coverage Determination [\(NCD\) 270.1. Electrical Stimulation \(ES\) and Electromagnetic Therapy for the Treatment of Wounds.](#)

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- * Refer to [Novitas Solutions Local Coverage Determination \(LCD\) L27547 Wound Care](#) for additional guidelines and information related to wound care, debridement and low frequency, non-contact, non-thermal ultrasound (MIST Therapy).
- ** Refer to FEP Medical Policy Manual [MP 2.01.57](#). Electrostimulation and Electromagnetic Therapy for the Treatment of Chronic Wounds and [MP 2.01.79](#) Non-Contact Ultrasound Treatment for Wounds. The FEP Medical Policy manual can be found at:
<http://www.fepblue.org>

III. DESCRIPTION/BACKGROUND

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This policy discussion of wound care includes burns, which are considered a type of wound. Wound care involves evaluation and treatment of a wound including identifying potential causes of delayed wound healing and modifying treatment as directed by the certifying physician. Determining the agent of delayed wound healing such as vascular disease, infection, diabetes or other metabolic disorders, immunosuppression, unrelieved pressure, radiation injury and malnutrition will help determine the course of treatment. Evaluations could include comprehensive medical evaluation, vascular evaluation, orthopedic evaluation and metabolic/nutritional evaluation leading to a plan of care. The plan may include metabolic corrections including dietary supplementation, specialized wound care, pressure relief, use of compression to manage edema, debridement and reconstruction, rehabilitation therapy, possible general, vascular and/or orthopedic surgery, and antimicrobial agents.

Wound care centers have evolved during the last fifteen (15) years for treatment of chronic and complex wounds. Referral to a wound care center would be most appropriate for those wounds that require advanced wound care techniques. Referral to a wound care center is not required for uncomplicated wounds, particularly traumatic wounds, in the absence of co-morbid conditions, which predictably impair wound healing (such as diabetes, ischemia, poor nutrition, venous insufficiency, among others). Referral is also impacted by the complexity of the wound (size, depth, infection, underlying exposed tissues) the chronic (or predictable chronic) duration of the wound, its progress toward healing in the primary caregiver’s hands, and even the location of the wound (wounds on weight bearing surfaces, those on the head and neck, those on the hands, and other locations, require special consideration).

Wound care centers are available to treat complicated wounds, but in many communities the experience, training, judgment, skill and background to treat complex wounds also exists among vascular, general, plastic, orthopedic and other surgeons, dermatologists, podiatrists, or primary care physicians.

Wound care centers generally do not perform extensive surgical services, which may be required for optimal care. Such procedures may include debridement (minor debridement

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in the wound care center is appropriate), bypass or other vascular repair, plastic surgical reconstructions, flaps, amputations, and other procedures. Early surgical consultation for such procedures should be sought and the wound care center should not simply continue with more conservative measures when surgical treatment is necessary. There are some wounds which prove to be essentially chronic, and with which the patient will live indefinitely.

Active Wound Care Management Procedures

Active wound care procedures are performed to remove devitalized tissue and promote healing, and involve selective and non-selective debridement techniques.

1. Wound Care Selective Debridement

Debridement is usually indicated whenever necrotic tissue is present on an open wound, and may be indicated in cases of abnormal wound healing or repair. Debridement techniques usually progress from non-selective to selective but can be combined. Selective debridement should only be done under the specific order of a physician. Wound care selective treatments include:

- a. Conservative sharp debridement: Conservative sharp debridement is the classical method of selective wound debridement. Scalpel, curettes, scissors and tweezers/forceps may be used and only clearly identified devitalized tissue is removed. Conservative sharp debridement is a minor procedure that typically requires no anesthesia and generally results in no bleeding.
- b. High Pressure Water Jet: Whirlpool provides a means where a wound can be submerged in water and, if appropriate, an additive agent is used for cleansing. Generally, whirlpool treatments do not require the skills of a physical therapist to perform, although a therapist may be required for an accurate assessment of the medical necessity of the whirlpool for the specific wound type. The skills, knowledge and judgment of a qualified physical therapist might be required when the patient's condition is complicated by circulatory deficiency, areas of desensitization, complex open wounds, and fractures. Immersion in the whirlpool to facilitate removal of a dressing would not be considered a skilled treatment modality.
- c. Lavage (non-immersion hydrotherapy) involves the use of an irrigation device, with or without pulsation, to provide a water jet to administer a shearing effect to loosen debris within a wound. Some electric pulsatile irrigation devices include suction to remove debris from the wound after it is irrigated. This does not include the Ultrasonic Wound Therapy System (MIST) system (see below).

2. Wound Care Non-Selective Debridement

These treatments include the following:

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- a. Blunt Debridement: Blunt debridement is the removal of necrotic tissue by cleansing, scraping, chemical application or wet to dry dressing technique. It may also involve the cleaning and dressing of small or superficial lesions. Generally this is not a skilled service and does not require the skills of a physician, podiatrist, therapist, or wound care nurse.
- b. Enzymatic Debridement: Debridement with topical enzymes is used when the necrotic substances to be removed from a wound are protein, fiber and collagen. The manufacturers’ product insert contains indications, contraindications, precautions, dosage and administration guidelines; and it is the clinician’s responsibility to comply with those guidelines.
- c. Autolytic Debridement: This type of debridement is indicated where manageable amounts of necrotic tissue are present, and there is no infection. Autolytic debridement occurs when the enzymes that are naturally found in wound fluids are sequestered under synthetic dressings; it is contraindicated for infected wounds.
- d. Mechanical Debridement: Wet-to-dry dressings may be used with wounds that have a high percentage of necrotic tissue. Wet-to-dry dressings should be used cautiously as maceration of surrounding tissue may hinder healing.
- e. Jet Hydrotherapy and Wound Irrigation: Mechanical debridement is used to remove necrotic tissue. They also should be used cautiously as maceration of surrounding tissue may hinder healing. Documentation must support the use of skilled personnel in order to be considered a skilled service.

Ultrasound Treatment for Wounds

Ultrasound (contact or non-contact) is a therapeutic modality utilized for the treatment of chronic wounds. Ultrasound therapy may involve direct contact with the wound or non-contact therapy. It has been theorized that low-frequency ultrasound may improve wound healing.

Low-frequency ultrasound (US) in the kilohertz (KHz) range may improve wound healing. Several devices are available, including the MIST Therapy® system, which delivers ultrasonic energy to wounds via a saline mist without direct skin contact.

Ultrasound (US) is defined as a mechanical vibration above the upper threshold of human hearing (greater than 20 KHz). US in the megahertz (MHz) range (1–3 MHz) has been used for the treatment of musculoskeletal disorders, primarily by physical therapists. Although the exact mechanism underlying its clinical effects is not known, therapeutic US has been shown to have a variety of effects at a cellular level, including angiogenesis, leukocyte adhesion, growth factor and collagen production, and increases in macrophage responsiveness, fibrinolysis, and nitric oxide levels. More recently, the therapeutic effects of US energy in the KHz range have been examined. It has been proposed that low frequency US in this range may improve wound healing via the production, vibration, and movement of micron-sized bubbles in the coupling medium and tissue.

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The mechanical energy from US is typically transmitted to tissue through a coupling gel. Several high-intensity US devices with contact probes are currently available for wound debridement. A non-contact low-intensity US device has been developed that does not require use of a coupling gel or other direct contact. The MIST Therapy™ System (Celleration, Eden Prairie, MN) delivers a saline mist to the wound with low-frequency US (40 KHz); it includes a generator, a transducer, and a disposable applicator for discharge of prepackaged saline.

Regulatory Status

In 2005, the Celleration MIST Therapy device received marketing clearance (K050129) through the U.S. Food and Drug Administration’s (FDA) 510(k) process, “to promote wound healing through wound cleansing and maintenance debridement by the removal of yellow slough, fibrin, tissue exudates and bacteria.” Several wound drainage and wound vacuum systems were listed as predicate devices. In 2004, the FDA had reclassified these devices from class III to class II at the request of Celleration (K032378).

In 2007, the AR1000 Ultrasonic Wound Therapy System (Arobella Medical) received marketing clearance, listing the Celleration MIST system and several other ultrasonic wound debridement and hydrosurgery systems as predicate devices. The AR1000 system uses a combination of irrigation and US with a contact probe to debride and cleanse wounds. The indications are similar to that of the MIST system, listed as: “selective dissection and fragmentation of tissue, wound debridement (acute and chronic wounds, burns, diseased or necrotic tissue), and cleansing irrigation of the site for the removal of debris, exudates, fragments, and other matter.”

Contact ultrasound refers to direct contact of the wound with an ultrasound applicator. Several devices have received FDA marketing clearance, including the Qoustic Wound Therapy System™ (Model AR1000 Series), SonicOne Ultrasound Wound Debridement System and Sonoca 180. These systems use a combination of irrigation and ultrasound with a contact probe to debride and cleanse wounds.

Electrostimulation and Electromagnetic Therapy for the Treatment of Chronic Wounds

Electrical stimulation refers to the application of electrical current through electrodes placed directly on the skin in close proximity to the wound. Electromagnetic therapy involves the application of electromagnetic fields rather than direct electrical current. Both are proposed as treatments for chronic wounds.

The normal wound healing process involves inflammatory, proliferative, and remodeling phases. When the healing process fails to progress properly and the wound persists for longer than 1 month, it may be described as a chronic wound. The types of chronic wounds most frequently addressed in studies of electrical stimulation for wound healing are 1) pressure ulcers, 2) venous ulcers, 3) arterial ulcers, and 4) diabetic ulcers. Conventional or standard therapy for chronic wounds involves local wound care, as well as systemic measures including debridement of necrotic tissues, wound cleansing, and dressing that

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promotes a moist wound environment, antibiotics to control infection, and optimizing nutritional supplementation. Non-weight bearing is another important component of wound management.

Since the 1950s, investigators have used electrical stimulation as a technique to promote wound healing, based on the theory that electrical stimulation may:

- Increase adenosine 5'-triphosphate (ATP) concentration in the skin
 - Increase DNA synthesis
 - Attract epithelial cells and fibroblasts to wound sites
 - Accelerate the recovery of damaged neural tissue
 - Reduce edema
 - Increase blood flow
 - Inhibit pathogenesis

Electrical stimulation refers to the application of electrical current through electrodes placed directly on the skin in close proximity to the wound. The types of electrical stimulation and devices can be categorized into 4 groups based on the type of current: 1) low-intensity direct current (LIDC), 2) high-voltage pulsed current (HVPC), 3) alternating current (AC), and 4) transcutaneous electrical nerve stimulation (TENS). Electromagnetic therapy is a related but distinct form of treatment that involves the application of electromagnetic fields rather than direct electrical current.

Regulatory Status

No electrical stimulation 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. Use of these devices for wound healing is an off-label indication

Noncontact Radiant Heat Bandage

The optimal environment for wound healing is thought to include a moist warm environment. Warm-Up Active Wound Therapy™ is a device approved the FDA that attempts to create this environment. The device includes a noncontact bandage and a warming unit. Treatments are typically administered three times per day for one hour per session.

IV. RATIONALE

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Non-Contact Ultrasound Treatment for Wounds

The literature review focused on studies evaluating whether the addition of non-contact ultrasound (US) improves wound healing in comparison with standard treatment alone.

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Two systematic reviews were published in 2011. An industry-sponsored review by Driver et al. considered both controlled and uncontrolled studies on non-contact low-frequency US therapy for treating chronic wounds. (1) To be eligible for inclusion, studies had to have at least 4 weeks of follow-up. Ten studies were initially identified and 2 were excluded, 1 because data were not in a form suitable for pooling and the other because follow-up time was too short. Of the remaining 8 studies, 1 was an RCT, and the remainder were observational studies (5 retrospective analyses and 2 prospective studies). A pooled analysis of findings from 7 studies (total n=429) found that a mean of 32.7% (95% confidence interval [CI], 23.3% to 42.1%) of patients had healed wounds by a mean of 6 weeks. A pooled analysis of 4 studies (total n=188) found a mean of 85.2% (95% CI, 64.7% to 97.6%) reduction in wound area by final follow-up. The major limitation of this meta-analysis was that there were no pooled comparisons of non-contact US therapy to optimal wound care alone, or to an alternative intervention. Thus conclusions cannot be drawn about the incremental benefit of non-contact ultrasound treatment over optimal wound care alone.

The second systematic review only included randomized controlled trials (RCTs); studies could non-contact or contact ultrasound (US) for treating chronic wounds. (2) Five RCTs were identified on non-contact ultrasound, 1 of which was unpublished. The authors conducted 1 pooled analysis of study findings. This meta-analysis of 2 RCTs found a significantly smaller proportion of nonhealed wounds at 3 months in the non-contact US group compared to the control group (risk ratio, 0.74; 95% CI, 0.58 to 0.95). The ability to draw conclusions from this meta-analysis is limited because only 2 RCTs were included and 1 of these used non-contact US delivered during foot bathing (i.e., it did not use a modern device). The other RCT, by Ennis et al. had potential methodologic limitations (see below).

Details of the 2 industry-sponsored RCTs that have assessed the incremental benefit of MIST therapy on wound healing are as follows.

In 2005, Ennis et al. published findings of a double-blind multicenter RCT that used MIST therapy for recalcitrant diabetic foot ulcers. (3) Most of the 133 patients (85%) were enrolled and treated at 17 different wound clinics/private practice centers. An additional 15% of patients were enrolled at 6 university medical clinics. Patients with recalcitrant foot ulcers were treated with active or sham saline mist therapy 3 times per week, with debridement as needed and a weekly evaluation by an independent investigator. Twenty-four patients were lost to follow-up, and data from 54 patients were excluded from analysis due to protocol violations (5 centers were found to have inverted the treatment distances for the active and sham devices), leaving 55 patients (41%) for the per-protocol analysis. The investigators reported significant improvement in the active treatment group (11 of 27 patients, 41%) compared to the control group (4 of 28 patients, 14%) in the proportion of wounds healed (defined as complete epithelialization without drainage). However, intention-to-treat (ITT) analysis showed no difference in wound healing (26% vs 22%, respectively) between the active (n=70) and control (n= 63) groups. In addition to the 59% loss to follow-up, there was a difference in the ulcer area at baseline (1.7 vs 4.4 cm², respectively) and chronicity of wounds (35 vs 67 weeks, respectively) that favored MIST therapy in the per-

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protocol groups. Due to the serious limitations of this study, these results are considered inconclusive.

In 2007, Kavros et al. published an open-label (nonblinded) RCT comparing 12 weeks of MIST therapy plus standard care to standard care alone in 70 patients with nonhealing (2 months) foot, ankle, or leg. (4) To participate, patients need to have documented ischemia (transcutaneous oximetry of 40 mm Hg or less) and to agree to 3 times per week visits for therapy. The study found that a greater proportion of patients in the MIST therapy group (22 of 35, 63%) achieved wound healing (defined as a reduction of wound area greater than 50%) in comparison with standard of care alone (10 of 35, 29% of patients). The authors did not control for potential nonspecific effects of the additional treatment sessions for patients in the non-contact US group, e.g., by including a sham treatment group. In addition, although the study reported on the importance of baseline transcutaneous partial pressure of oxygen (TcPo₂) on wound healing, patients with low (1–20 mm Hg) and high (21–40 mm Hg) TcPo₂ levels did not appear to be equally distributed between the groups.

Since publication of the 2011 systematic reviews, 1 additional RCT was published that evaluated the incremental benefit of non-contact US on wound healing. The study, by Olyaie et al., was nonblinded and was conducted in Iran. (5) Sponsorship of the study was not discussed. Ninety patients with venous leg ulcers were randomized to 1 of 3 groups (30 patients per group): standard care only; standard care plus high-frequency US; or non-contact US using MIST therapy. Patients in the 2 US groups received treatments 3 times per week for 3 months or until healing occurred. After 4 months, mean ulcer size was 3.23 cm² (standard deviation [SD] =2.39) in the high-frequency US group, 2.72 cm² (SD=2.16) in the non-contact US group, and 4.28 cm² (SD=2.80) in the standard care group, p<0.04. Patients were followed for a mean of 7.5 months. The mean time to complete healing (in months) was 6.86 (SD=2.04) in the high-frequency US group, 6.65 (SD=1.59) in the non-contact US group, and 8.50 (SD=2.17) in the standard care group. The difference in time to healing among the 3 groups was statistically significant (p<0.001). The authors did not report paired comparisons between the standard care and non-contact US groups. The main limitation of this trial is that it was not blinded—this could have led to differential treatment of patients in the 3 groups as they received standard care, and could have biased outcome assessment. Also, as evidenced by the complete healing of ulcers in all patients in the standard care group, it is unlikely that patients had received optimal wound care prior to enrolling in the study.

Ongoing Clinical Trials

MIST Ultrasound Therapy Compared to UK Standard Care for the Treatment of Non-healing Venous Leg Ulcers (NCT01671748) (6): This single-blind RCT is comparing MIST ultrasound therapy to standard care in the United Kingdom for treatment of nonhealing venous leg ulcers. The primary outcome is change in wound area. The investigators expect to enroll 40 patients, and the expected date of study completion is November 2013.

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Summary

Non-contact low-frequency ultrasound (US) in the kilohertz range is proposed to promote wound healing. The available published evidence does not permit conclusions concerning the effect of non-contact US on health outcomes compared to standard wound treatment. One blinded RCT and 2 nonblinded RCTs have evaluated the incremental benefit of commercially available non-contact US devices on wound healing. The blinded RCT had substantial methodologic flaws, e.g., high dropout rate, baseline differences between groups that limit the validity of the findings. Well-designed, blinded studies that have adequate numbers of patients and that include all relevant outcomes are needed to further evaluate the efficacy of this treatment. Therefore, non-contact ultrasound treatment for wounds is considered investigational.

Practice Guidelines and Position Statements

In 2010, the Association for the Advancement of Wound Care (AAWC) published a guideline on care of pressure ulcers. (7) Non-contact ultrasound therapy was included as a potential second-line intervention if first-line treatments did not result in wound healing.

The AAWC guideline on treatment of venous ulcers, updated in 2010, states that low-frequency ultrasound treatment requires additional evidence before it can be considered an appropriate treatment. (8)

Medicare National Coverage

There is no national coverage determination (NCD). In the absence of an NCD, coverage decisions are left to the discretion of local Medicare carriers.

Electrostimulation and Electromagnetic Therapy for Treating Wounds

In February 2005, a TEC Assessment on electrostimulation and electromagnetic therapy for the treatment of chronic wounds was conducted. (1) The following summarizes the conclusions of the TEC Assessment:

- The most clinically important outcome in evaluating treatments for wound healing is the percent of patients who heal completely following a course of treatment. Time to complete healing is another important, objective outcome measure. Secondary outcomes that have some clinical relevance are decrease in the size of a wound, pain associated with a wound, and facilitation of surgical closure. Adverse outcomes with electrical stimulation and electromagnetic therapy are expected to be minimal but may include discomfort and infection associated with the device.
- The evidence is not sufficient to permit conclusions on the efficacy of electrical stimulation and electromagnetic therapy as adjunctive treatments for wound healing. For studies of wound healing, high-quality randomized, controlled trials (RCTs) are essential

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to determining the efficacy of an intervention independent of the many confounding factors and the variable natural history of the disorder. The body of evidence for electrical stimulation and electromagnetic therapy consisted of numerous small, relatively poor-quality RCTs (N=10 for electrical stimulation; N=5 for electromagnetic therapy) that compare active treatment with a placebo sham device.

- Although results suggest that electrical stimulation and electromagnetic therapy may promote wound healing or some aspect of wound healing, considerable uncertainty remains as to whether these modalities lead to clinically significant health outcome benefits, given the relatively poor quality of the available evidence. Larger RCTs are needed that focus on one type of wound, demonstrate baseline comparability on important confounders, and report the outcome of complete healing.

Based on the conclusions of the February 2005 TEC Assessment, the policy statement regarding electrostimulation of wounds was changed from may be considered medically necessary to investigational. Previously, consistent with conclusions of a 2002 technology review performed by the Centers for Medicare and Medicaid Services (CMS), the policy had stated that electrostimulation may be considered medically necessary for the treatment of chronic ulcers. (2) The policy on electromagnetic therapy of wounds has remained investigational.

Subsequent to the TEC Assessment, several systematic reviews on treatments for wounds have been published that address electrostimulation and/or electromagnetic stimulation for treating wounds. In 2012, Game and colleagues reviewed studies on interventions to enhance healing of diabetic foot ulcers and stated that they did not find sufficient evidence that electrical stimulation was clinically effective for treating foot ulcers. (3) Moreover, two Cochrane reviews have evaluated electromagnetic stimulation for treating wounds; one addressed treatment of pressure ulcers (last updated in 2012) and the other addressed leg ulcers (last updated in 2013). (4, 5) Each review identified few RCTs (2 and 3 studies, respectively) with small sample sizes. Consequently, the investigators were not able to conduct robust pooled analyses of study findings. Both reviews concluded that there is insufficient evidence that electromagnetic therapy is effective for treating chronic wounds.

Representative RCTs on electrostimulation or electromagnetic stimulation for treating chronic wounds are described below.

In 2005, Adunsky and colleagues published a randomized, double-blind, placebo-controlled trial to determine the benefits of adding direct current electrostimulation to conservative wound care for stage III degree pressure sores of 30 days' to 24 months' duration. (6) This multicenter trial of 63 patients found no significant differences in complete wound closure or time to complete wound closure between the treatment groups after 8 consecutive weeks of electrostimulation. Nor were there any significant differences between groups after an additional follow-up of 12 weeks. While the authors reported an increase in absolute wound area reduction and speed of wound healing up until the 45th day of treatment in the electrostimulation group, this was not statistically significant and did not result in a greater rate of complete wound closure.

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In 2010, Houghton and colleagues in Canada published a single-blind trial evaluating the effect of adding treatment with high-voltage pulsed current (HVPC) to a community-based standard wound care program. (7) The trial included 34 adults with spinal cord injuries and stage II to IV pressure ulcers of at least 3 months' duration. The study excluded potential participants who were likely to have limited healing potential e.g., those with anemia or uncontrolled diabetes. Patients in the HVPC group or their caregivers were trained to administer the treatment and instructed to apply it for 8 hours per day e.g., overnight. (An analysis of compliance found that HVPC treatment was actually used for a mean of 3 hours per day.) All randomized patients completed the 3-month follow-up. Two wounds, both in the standard care only group, were unstageable. The primary efficacy outcome, percentage decrease in wound care surface, was significantly greater in the group receiving HVPC (n=16) than the standard care only group (n=18), mean decrease of 70% versus 36%, respectively (p=0.048). By 3 months, all of the stage II wounds had healed (1 in the HVPC group and 4 in the standard care only group). The number of the remaining wounds (stage III, IV, or unstageable) that were at least 50% smaller at 3 months was 12 of 15 (80%) in the HVPC group and 5 of 14 (36%) in the standard care only group; this difference was statistically significant (p=0.02). There was not a statistically significant difference in the number of wounds that were completely healed at 3 months, 6 in the HVPC group and 5 in the standard care only group.

In 2012, Franek and colleagues in Poland evaluated high-voltage electrical stimulation for treating lower extremity pressure ulcers in an unblinded RCT. (8) Fifty-seven patients with stage II or III pressure ulcers were randomized to receive electrical stimulation in addition to standard wound care or standard care only. The electrical stimulation intervention involved five 50-minute procedures per week until the wound was healed or until reaching a maximum of 6 weeks. A total of 50 of 57 patients (88%) completed treatment. After 6 weeks, there were statistically significantly greater changes in the treatment group compared to the control group on several outcomes. These included change in wound surface area (88.9% vs. 44.4%, p<0.0001) and change in the longest length of the wound (74.0% vs. 36.1%, p<0.0001). The rate of complete healing was not reported; the authors noted that they were unable to follow patients long enough for healing to occur.

One small RCT on electromagnetic therapy, published in 2009, was identified. (9) The study was conducted in India and included only 12 patients. Patients were inpatients with neurologic disorders and stage 3 or 4 pressure ulcers. Six patients were assigned to active treatment, and the other 6 were assigned to a sham intervention. After 6 months of follow-up, there was no significant difference between groups in the degree of wound healing. The sample size was too small to allow a meaningful comparison of the proportion of patients whose wounds had healed completely.

Summary

There is insufficient evidence from well-designed randomized controlled trials (RCTs) that electrostimulation or electromagnetic stimulation improves health outcomes for wound care

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patients beyond that provided by standard treatment. Some small RCTs on electrostimulation have reported improvements in some intermediate outcomes, such as decrease in wound size and/or the velocity of wound healing. However, these studies have not demonstrated consistent improvements on the more important clinical outcomes of complete healing and the time to complete healing. For electromagnetic therapy, there is a lack of high-quality RCTs. Therefore, these treatments are considered investigational for the treatment of wounds.

Practice Guidelines and Position Statements

In 2010, the Association for the Advancement of Wound Care (AAWC) published a guideline on care of pressure ulcers. (10) Electrical stimulation was included as a potential second-line intervention if first-line treatments did not result in wound healing. The guideline did not mention electromagnetic therapy.

Medicare National Coverage

National Medicare Coverage of electrical stimulation and electromagnetic stimulation is limited to chronic stage III or stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers. (11)

Effective July, 2004, Medicare’s national coverage decision is as follows:

1. Electrical stimulation and electromagnetic therapy will not be covered as an initial treatment modality;
2. Continued treatment with electrical stimulation and 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 electrical stimulation or electromagnetic therapy is not covered;
4. All other uses of electrical stimulation and electromagnetic therapy for the treatment of wounds remain at the discretion of local contractors.

Noncontact Radiant Heat Bandage for the Treatment of Wounds

Standard components of wound care include sharp debridement of devitalized tissue, infection control, non-weight bearing, and treatment of underlying co-morbidities, such as adequate nutrition or glycemic control in diabetics. Therefore, validation of any adjunct to standard wound management requires a randomized controlled trial to isolate the contribution of the intervention compared to underlying wound management. A literature review identified 1 small, randomized crossover trial of warm-up active wound therapy involving 13 patients who were followed up for 2 weeks. (1) Compared to the control group, more patients in the treatment group improved (62.5% vs. 37.5%). However, the term “improvement” was not fully defined, and no statistical analysis was provided. Santilli and colleagues reported a 2-week trial of warm-up active wound therapy in which 17 patients with 31 wounds served as their own control. (2) Almost half of

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these patients, all refractory to prior therapy, reported complete healing within 12 weeks after treatment. While studies of wound-healing therapies frequently use patients as their own control, this trial design cannot isolate the contribution of the intervention. It is possible that the wound-healing effect may be in part due to increased attentiveness to underlying wound care rather than to the warm-up active wound therapy itself. Finally, Cherry and Wilson reported on a case series of 5 patients who received a 2-week trial of warm-up active wound therapy. (3) Although 4 of the 5 patients reported complete healing at 6 to 14 weeks after treatment, again a case series does not permit isolation of the contribution of the warm-up therapy. In addition, both in this trial and in the previous trial reviewed (2), it should be noted that wound healing occurred several weeks after discontinuation of the warm-up therapy, further confounding any evaluation of the therapy.

2002-2006 Update

A review of the literature since the original publication of this policy through December 2005 did not identify any studies that would address the limitations noted here. In January 2002, the Centers for Medicare and Medicaid Services (CMS) published a review of the available literature of noncontact, normothermic wound therapy, specifically literature focusing on the warm-up active wound therapy device. (4) CMS identified 8 articles that met their selection criteria, including 5 randomized studies (2 of which were not yet published) and 3 case series. Data were separately analyzed for different types of wounds, i.e., pressure ulcers, venous stasis ulcers, diabetic/neuropathic ulcers, non-healing surgical incisions, and other types of chronic wounds. The CMS review identified methodologic flaws in all the trials in ensuring standard wound care in all patients, reporting outcomes, or reporting statistical or clinical significance of outcomes. The CMS assessment offered the following conclusion:

"In summary, the medical literature does not support a finding that noncontact normothermic wound therapy (NNWT) heals any wound type better than conventional treatment. While the submitted studies purport better healing, due to serious methodologic weaknesses, inadequate controls, and a variety of biases, the improved outcomes could also easily disappear in a properly controlled randomized trial. Furthermore, there is no reason why such a trial could not be readily performed. A trial that would best answer our coverage concerns would be one in which there was randomization to three arms: 1) experimental arm which would receive NNWT; 2) experimental arm which would receive NNWT, but with the heating element turned off; and 3) control arm, which would only receive conventional therapy. Conventional therapy should be standardized across all three arms as applicable."

Since the Medicare decision, results from 4 small studies (ranging in size from 16–36 patients) were published that found increased wound healing time with use of noncontact normothermic wound therapy. (5-8) However, none of these studies was a controlled randomized, 3-arm trial to isolate the effect of the intervention and address the trial design issues noted. (5, 7, 8) In addition, stratification of wound size, duration, and location are also necessary in trial design.

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2007 Update

A search of the MEDLINE database for the period of January 2006 through May 2007 identified 1 small (49 patients) open-label randomized trial with standard therapy controls. (9) The study found an improvement in wound healing with NNWT; at 12 weeks, 18% of NNWT wounds had complete healing compared to 9% in the control group. However, as the authors noted, the 3 hours per day of off-loading (application for 1 hour 3 times per day), may have improved patient compliance to off-loading instructions. A study in a larger patient population with the appropriate control groups, as described, is needed.

2008 Update

A search of the MEDLINE database for the period of June 2007 through June 2008 did not identify any recent studies. Improved health outcomes have not been demonstrated with use of a noncontact radiant heat bandage. Therefore, the policy statement is unchanged.

2014 Update

Review of the literature revealed no new information that would alter the conclusions reached above. Well-designed studies in peer-reviewed journals regarding the mechanism of how this technology may improve wound healing are lacking. Therefore, the policy statement is unchanged.

V. DEFINITIONS

[TOP](#)

N/A

VI. BENEFIT VARIATIONS

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The existence of this medical policy does not mean that this service is a covered benefit under the member's contract. Benefit determinations should be based in all cases on the applicable contract language. Medical policies do not constitute a description of benefits. A member's individual or group customer benefits govern which services are covered, which are excluded, and which are subject to benefit limits and which require preauthorization. Members and providers should consult the member's benefit information or contact Capital for benefit information.

VII. DISCLAIMER

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Capital's medical policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and

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treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member’s benefit information, the benefit information will govern. Capital considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VIII. CODING INFORMATION

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Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

Covered when medically necessary:

CPT Codes ®							
11000	11001	11042	11043	11044	11045	11046	11047
16020	16025	16030	29582	29583	29584	97022	97035
97597	97598	97602					

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HCPCS Code	Description
A4216	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
A4217	STERILE WATER/SALINE, 500 ML
A4244	ALCOHOL OR PEROXIDE, PER PINT
A4245	ALCOHOL WIPES, PER BOX
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT
A4247	BETADINE OR IODINE SWABS/WIPES, PER BOX
A4248	CHLORHEXIDINE CONTAINING ANTISEPTIC, 1 ML
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES
A4461	SURGICAL DRESSING HOLDER, NON-REUSABLE, EACH
A4463	SURGICAL DRESSING HOLDER, REUSABLE, EACH
A4465	NONELASTIC BINDER FOR EXTREMITY
A4649	SURGICAL SUPPLY; MISCELLANEOUS
A6010	COLLAGEN BASED WOUND FILLER, DRY FORM, STERILE, PER GRAM OF COLLAGEN
A6011	COLLAGEN BASED WOUND FILLER, GEL/PASTE, STERILE, PER GRAM OF COLLAGEN
A6021	COLLAGEN DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH

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HCPCS Code	Description
A6022	COLLAGEN DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH
A6023	COLLAGEN DRESSING, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH
A6024	COLLAGEN DRESSING WOUND FILLER, STERILE, PER 6 INCHES
A6025	GEL SHEET FOR DERMAL OR EPIDERMAL APPLICATION, (E.G., SILICONE, HYDROGEL, OTHER), EACH
A6154	WOUND POUCH, EACH
A6196	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING
A6197	ALGINATE DRSG >16 <=48 SQ IN
A6198	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING
A6199	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, STERILE, PER 6 INCHES
A6203	COMPOSITE DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING
A6204	COMPOSITE DRSG >16<=48 SQ IN
A6205	COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING
A6206	CONTACT LAYER, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING
A6207	CONTACT LAYER, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING
A6208	CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING
A6209	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING
A6210	FOAM DRG >16<=48 SQ IN W/O B
A6211	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING
A6212	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING
A6213	FOAM DRG >16<=48 SQ IN W/BDR
A6214	FOAM DRG > 48 SQ IN W/BORDER
A6215	FOAM DRESSING, WOUND FILLER, STERILE, PER GRAM
A6216	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING
A6217	GAUZE NON-IMPREG NONSTERL >16
A6218	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING
A6219	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING
A6220	GAUZE >16 <=48 SQ IN W/BORDR

MEDICAL POLICY

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HCPCS Code	Description
A6221	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING
A6222	GAUZE <=16 IN NO W/SAL W/O B
A6223	GAUZE >16<=48 NO W/SAL W/O B
A6224	GAUZE > 48 IN NO W/SAL W/O B
A6228	GAUZE <= 16 SQ IN WATER/SAL
A6229	GAUZE >16<=48 SQ IN WATR/SAL
A6230	GAUZE > 48 SQ IN WATER/SALNE
A6231	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING
A6232	HYDROGEL DSG>16<=48 SQ IN
A6233	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING
A6234	HYDROCOLLD DRG <=16 W/O BDR
A6235	HYDROCOLLD DRG >16<=48 W/O B
A6236	HYDROCOLLD DRG > 48 IN W/O B
A6237	HYDROCOLLD DRG <=16 IN W/BDR
A6238	HYDROCOLLD DRG >16<=48 W/BDR
A6239	HYDROCOLLD DRG > 48 IN W/BDR
A6240	HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, STERILE, PER OUNCE
A6241	HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, STERILE, PER GRAM
A6242	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING
A6243	HYDROGEL DRG >16<=48 W/O BDR
A6244	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING
A6245	HYDROGEL DRG <= 16 IN W/BDR
A6246	HYDROGEL DRG >16<=48 IN W/B
A6247	HYDROGEL DRG > 48 SQ IN W/B
A6248	HYDROGEL DRESSING, WOUND FILLER, GEL, STERILE, PER FLUID OUNCE
A6250	SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, OINTMENTS, ANY TYPE, ANY SIZE
A6251	ABSORPT DRG <=16 SQ IN W/O B
A6252	ABSORPT DRG >16 <=48 W/O BDR
A6253	ABSORPT DRG > 48 SQ IN W/O B
A6254	ABSORPT DRG <=16 SQ IN W/BDR
A6255	ABSORPT DRG >16<=48 IN W/BDR
A6256	ABSORPT DRG > 48 SQ IN W/BDR
A6257	TRANSPARENT FILM, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING
A6258	TRANSPARENT FILM, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING

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HCPCS Code	Description
A6259	TRANSPARENT FILM, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING
A6260	WOUND CLEANSERS, STERILE, ANY TYPE, ANY SIZE
A6261	WOUND FILLER, GEL/PASTE, STERILE, PER FLUID OUNCE, NOT OTHERWISE SPECIFIED
A6262	WOUND FILLER, DRY FORM, STERILE, PER GRAM, NOT OTHERWISE SPECIFIED
A6266	GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, STERILE, ANY WIDTH, PER LINEAR YARD
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING
A6403	GAUZE NON-IMPREG STERL > 16
A6404	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING
A6407	PACKING STRIPS, NON-IMPREGNATED, STERILE, UP TO 2 INCHES IN WIDTH, PER LINEAR YARD
A6410	EYE PAD, STERILE, EACH
A6411	EYE PAD, NON-STERILE, EACH
A6412	EYE PATCH, OCCLUSIVE, EACH
A6413	ADHESIVE BANDAGE, FIRST-AID TYPE, ANY SIZE, EACH
A6441	PADD BANDGE NON-ELAST NON-WOVEN/NON-KNITTED WDTH
A6442	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN THREE INCHES, PER YARD
A6443	CONFORMING BANDGE NON-ELAST KNITTED/WOVEN NON-ST
A6444	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD
A6445	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH LESS THAN THREE INCHES, PER YARD
A6446	CONFORMING BANDGE NON-ELAST KNITTED/WOVEN STERL
A6447	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD
A6448	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD
A6449	LT COMPRS BANDGE ELAST KNITTED/WOVEN WDTH >= 3
A6450	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD
A6451	MOD COMPRS BANDGE ELAST KNITTED/WOVEN LOAD RSIST
A6452	HI COMPRS BANDGE ELAST KNITTED/WOVEN LOAD RSIST
A6453	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD
A6454	SLF-ADHERENT BANDGE ELAST NON-KNITTED/NON-WOVEN
A6455	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD
A6456	ZINC PASTE IMPREGNTD BANDGE NON-ELAST KNITTED/WO

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HCPCS Code	Description
A6457	TUBULAR DRESSING WITH OR WITHOUT ELASTIC, ANY WIDTH, PER LINEAR YARD
A6501	COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED
A6502	COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED
A6503	COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED
A6504	COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED
A6506	COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED
A6507	COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED
A6508	COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED
A6509	COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST), CUSTOM FABRICATED
A6510	COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), CUSTOM FABRICATED
A6511	COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM FABRICATED
A6512	COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED
A6513	COMPRESSION BURN MASK, FACE AND/OR NECK, PLASTIC OR EQUAL, CUSTOM FABRICATED
A6530	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MM HG, EACH
A6531	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MM HG, EACH
A6532	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MM HG, EACH
A6533	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MM HG, EACH
A6534	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MM HG, EACH
A6535	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40-50 MM HG, EACH
A6536	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 18-30 MM HG, EACH
A6537	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 30-40 MM HG, EACH
A6538	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40-50 MM HG, EACH
A6539	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 18-30 MM HG, EACH
A6540	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 30-40 MM HG, EACH
A6541	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 40-50 MM HG, EACH
A6544	GRADIENT COMPRESSION STOCKING, GARTER BELT
A6549	GRADIENT COMPRESSION STOCKING/SLEEVE, NOT OTHERWISE SPECIFIED
Q4131- Q4136	EPIFIX, PER SQ CM

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Investigational; therefore not covered:

CPT Codes®							
97610							

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ICD-9-CM Diagnosis Code*	Description
454.0	VARICOSE VEINS OF LOWER EXTREMITIES WITH ULCER
454.2	VARICOSE VEINS OF LOWER EXTREMITIES WITH ULCER AND INFLAMMATION
459.11	POSTPHLEBITIC SYNDROME WITH ULCER
459.13	POSTPHLEBITIC SYNDROME WITH ULCER AND INFLAMMATION
459.31	CHRONIC VENOUS HYPERTENSION WITH ULCER
459.33	CHRONIC VENOUS HYPERTENSION WITH ULCER AND INFLAMMATION
707.00-707.9	CHRONIC ULCER OF SKIN
941.20-941.29	BLISTERS, WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF FACE, HEAD AND NECK
941.30-941.39	FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF FACE, HEAD AND NECK
941.40-941.49	DEEP NECROSIS OF UNDERLYING TISSUES (DEEP THIRD DEGREE) DUE TO BURN OF FACE, HEAD AND NECK, WITHOUT MENTION OF LOSS OF A BODY PART
941.50-941.59	DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF FACE , HEAD AND NECK, WITH LOSS OF A BODY PART

*If applicable, please see Medicare LCD or NCD for additional covered diagnoses.

Investigational and therefore not covered:

CPT Codes ®							
0183T	0287T						

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HCPCS Code	Description
A6000	NON-CONTACT WOUND WARMING WOUND COVER FOR USE WITH THE NON-CONTACT WOUND WARMING DEVICE AND WARMING CARD
E0231	NON-CNTC WND WARMING DEVC W/WARMING CARD&COVR

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HCPCS Code	Description
E0232	WARMING CARD FOR USE WITH THE NON-CONTACT WOUND WARMING DEVICE AND NON-CONTACT WOUND WARMING WOUND COVER
E0769	ELECTRICAL STIMULATION OR ELECTROMAGNETIC WOUND TREATMENT DEVICE, NOT OTHERWISE CLASSIFIED
G0281	E-STIM 1/> AREAS CHRONIC STAGE III&IV ULCERS
G0282	ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS, FOR WOUND CARE OTHER THAN DESCRIBED IN G0281
G0295	ELECTROMAGNETIC THERAPY, TO ONE OR MORE AREAS, FOR WOUND CARE OTHER THAN DESCRIBED IN G0329 OR FOR OTHER USES
G0329	ELECMAGNET TX ULCERS NOT HEALING 30 DAYS CARE

Not Covered:

HCPCS Code	Description
A9270	NONCOVERED ITEM OR SERVICE

The following ICD-10 diagnosis codes will be effective October 1, 2015:

ICD-10-CM Diagnosis Code*	Description
I83.023	Varicose veins of left lower extremity with ulcer of ankle
I83.022	Varicose veins of left lower extremity with ulcer of calf
I83.024	Varicose veins of left lower extremity with ulcer of heel and midfoot
I83.021	Varicose veins of left lower extremity with ulcer of thigh
I83.029	Varicose veins of left lower extremity with ulcer of unspecified site
I83.025	Varicose veins of left lower extremity with ulcer other part of foot
I83.028	Varicose veins of left lower extremity with ulcer other part of lower leg
I83.013	Varicose veins of right lower extremity with ulcer of ankle
I83.012	Varicose veins of right lower extremity with ulcer of calf
I83.014	Varicose veins of right lower extremity with ulcer of heel and midfoot
I83.011	Varicose veins of right lower extremity with ulcer of thigh
I83.019	Varicose veins of right lower extremity with ulcer of unspecified site
I83.015	Varicose veins of right lower extremity with ulcer other part of foot
I83.018	Varicose veins of right lower extremity with ulcer other part of lower leg
I83.003	Varicose veins of unspecified lower extremity with ulcer of ankle
I83.002	Varicose veins of unspecified lower extremity with ulcer of calf
I83.004	Varicose veins of unspecified lower extremity with ulcer of heel and midfoot
I83.001	Varicose veins of unspecified lower extremity with ulcer of thigh

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ICD-10-CM Diagnosis Code*	Description
I83.009	Varicose veins of unspecified lower extremity with ulcer of unspecified site
I83.005	Varicose veins of unspecified lower extremity with ulcer other part of foot
I83.008	Varicose veins of unspecified lower extremity with ulcer other part of lower leg
I83.223	Varicose veins of left lower extremity with both ulcer of ankle and inflammation
I83.222	Varicose veins of left lower extremity with both ulcer of calf and inflammation
I83.224	Varicose veins of left lower extremity with both ulcer of heel and midfoot and inflammation
I83.228	Varicose veins of left lower extremity with both ulcer of other part of lower extremity and inflammation
I83.221	Varicose veins of left lower extremity with both ulcer of thigh and inflammation
I83.229	Varicose veins of left lower extremity with both ulcer of unspecified site and inflammation
I83.225	Varicose veins of left lower extremity with both ulcer other part of foot and inflammation
I83.213	Varicose veins of right lower extremity with both ulcer of ankle and inflammation
I83.212	Varicose veins of right lower extremity with both ulcer of calf and inflammation
I83.214	Varicose veins of right lower extremity with both ulcer of heel and midfoot and inflammation
I83.218	Varicose veins of right lower extremity with both ulcer of other part of lower extremity and inflammation
I83.211	Varicose veins of right lower extremity with both ulcer of thigh and inflammation
I83.219	Varicose veins of right lower extremity with both ulcer of unspecified site and inflammation
I83.215	Varicose veins of right lower extremity with both ulcer other part of foot and inflammation
I83.203	Varicose veins of unspecified lower extremity with both ulcer of ankle and inflammation
I83.202	Varicose veins of unspecified lower extremity with both ulcer of calf and inflammation
I83.204	Varicose veins of unspecified lower extremity with both ulcer of heel and midfoot and inflammation
I83.208	Varicose veins of unspecified lower extremity with both ulcer of other part of lower extremity and inflammation
I83.201	Varicose veins of unspecified lower extremity with both ulcer of thigh and inflammation
I83.209	Varicose veins of unspecified lower extremity with both ulcer of unspecified site and inflammation
I83.205	Varicose veins of unspecified lower extremity with both ulcer other part of foot and inflammation
I87.013	Postthrombotic syndrome with ulcer of bilateral lower extremity
I87.012	Postthrombotic syndrome with ulcer of left lower extremity
I87.011	Postthrombotic syndrome with ulcer of right lower extremity
I87.019	Postthrombotic syndrome with ulcer of unspecified lower extremity
I87.033	Postthrombotic syndrome with ulcer and inflammation of bilateral lower extremity
I87.032	Postthrombotic syndrome with ulcer and inflammation of left lower extremity
I87.031	Postthrombotic syndrome with ulcer and inflammation of right lower extremity
I87.039	Postthrombotic syndrome with ulcer and inflammation of unspecified lower extremity
I87.313	Chronic venous hypertension (idiopathic) with ulcer of bilateral lower extremity
I87.312	Chronic venous hypertension (idiopathic) with ulcer of left lower extremity
I87.311	Chronic venous hypertension (idiopathic) with ulcer of right lower extremity
I87.319	Chronic venous hypertension (idiopathic) with ulcer of unspecified lower extremity
I87.333	Chronic venous hypertension (idiopathic) with ulcer and inflammation of bilateral lower extremity

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ICD-10-CM Diagnosis Code*	Description
I87.332	Chronic venous hypertension (idiopathic) with ulcer and inflammation of left lower extremity
I87.331	Chronic venous hypertension (idiopathic) with ulcer and inflammation of right lower
I87.339	Chronic venous hypertension (idiopathic) with ulcer and inflammation of unspecified lower extremity
L89.91	Pressure ulcer of unspecified site, stage 1
L89.92	Pressure ulcer of unspecified site, stage 2
L89.93	Pressure ulcer of unspecified site, stage 3
L89.94	Pressure ulcer of unspecified site, stage 4
L89.90	Pressure ulcer of unspecified site, unspecified stage
L89.95	Pressure ulcer of unspecified site, unstageable
L89.021	Pressure ulcer of left elbow, stage 1
L89.022	Pressure ulcer of left elbow, stage 2
L89.023	Pressure ulcer of left elbow, stage 3
L89.024	Pressure ulcer of left elbow, stage 4
L89.029	Pressure ulcer of left elbow, unspecified stage
L89.020	Pressure ulcer of left elbow, unstageable
L89.011	Pressure ulcer of right elbow, stage 1
L89.012	Pressure ulcer of right elbow, stage 2
L89.013	Pressure ulcer of right elbow, stage 3
L89.014	Pressure ulcer of right elbow, stage 4
L89.019	Pressure ulcer of right elbow, unspecified stage
L89.010	Pressure ulcer of right elbow, unstageable
L89.001	Pressure ulcer of unspecified elbow, stage 1
L89.002	Pressure ulcer of unspecified elbow, stage 2
L89.003	Pressure ulcer of unspecified elbow, stage 3
L89.004	Pressure ulcer of unspecified elbow, stage 4
L89.009	Pressure ulcer of unspecified elbow, unspecified stage
L89.000	Pressure ulcer of unspecified elbow, unstageable
L89.121	Pressure ulcer of left upper back, stage 1
L89.122	Pressure ulcer of left upper back, stage 2
L89.123	Pressure ulcer of left upper back, stage 3
L89.124	Pressure ulcer of left upper back, stage 4
L89.129	Pressure ulcer of left upper back, unspecified stage
L89.120	Pressure ulcer of left upper back, unstageable
L89.111	Pressure ulcer of right upper back, stage 1
L89.112	Pressure ulcer of right upper back, stage 2
L89.113	Pressure ulcer of right upper back, stage 3
L89.114	Pressure ulcer of right upper back, stage 4
L89.119	Pressure ulcer of right upper back, unspecified stage
L89.110	Pressure ulcer of right upper back, unstageable

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ICD-10-CM Diagnosis Code*	Description
L89.101	Pressure ulcer of unspecified part of back, stage 1
L89.102	Pressure ulcer of unspecified part of back, stage 2
L89.103	Pressure ulcer of unspecified part of back, stage 3
L89.104	Pressure ulcer of unspecified part of back, stage 4
L89.109	Pressure ulcer of unspecified part of back, unspecified stage
L89.100	Pressure ulcer of unspecified part of back, unstageable
L89.41	Pressure ulcer of contiguous site of back, buttock and hip, stage 1
L89.42	Pressure ulcer of contiguous site of back, buttock and hip, stage 2
L89.43	Pressure ulcer of contiguous site of back, buttock and hip, stage 3
L89.44	Pressure ulcer of contiguous site of back, buttock and hip, stage 4
L89.40	Pressure ulcer of contiguous site of back, buttock and hip, unspecified stage
L89.45	Pressure ulcer of contiguous site of back, buttock and hip, unstageable
L89.141	Pressure ulcer of left lower back, stage 1
L89.142	Pressure ulcer of left lower back, stage 2
L89.143	Pressure ulcer of left lower back, stage 3
L89.144	Pressure ulcer of left lower back, stage 4
L89.149	Pressure ulcer of left lower back, unspecified stage
L89.140	Pressure ulcer of left lower back, unstageable
L89.131	Pressure ulcer of right lower back, stage 1
L89.132	Pressure ulcer of right lower back, stage 2
L89.133	Pressure ulcer of right lower back, stage 3
L89.134	Pressure ulcer of right lower back, stage 4
L89.139	Pressure ulcer of right lower back, unspecified stage
L89.130	Pressure ulcer of right lower back, unstageable
L89.151	Pressure ulcer of sacral region, stage 1
L89.152	Pressure ulcer of sacral region, stage 2
L89.153	Pressure ulcer of sacral region, stage 3
L89.154	Pressure ulcer of sacral region, stage 4
L89.159	Pressure ulcer of sacral region, unspecified stage
L89.150	Pressure ulcer of sacral region, unstageable
L89.41	Pressure ulcer of contiguous site of back, buttock and hip, stage 1
L89.42	Pressure ulcer of contiguous site of back, buttock and hip, stage 2
L89.43	Pressure ulcer of contiguous site of back, buttock and hip, stage 3
L89.44	Pressure ulcer of contiguous site of back, buttock and hip, stage 4
L89.40	Pressure ulcer of contiguous site of back, buttock and hip, unspecified stage
L89.45	Pressure ulcer of contiguous site of back, buttock and hip, unstageable
L89.221	Pressure ulcer of left hip, stage 1
L89.222	Pressure ulcer of left hip, stage 2
L89.223	Pressure ulcer of left hip, stage 3
L89.224	Pressure ulcer of left hip, stage 4

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ICD-10-CM Diagnosis Code*	Description
L89.229	Pressure ulcer of left hip, unspecified stage
L89.220	Pressure ulcer of left hip, unstageable
L89.211	Pressure ulcer of right hip, stage 1
L89.212	Pressure ulcer of right hip, stage 2
L89.213	Pressure ulcer of right hip, stage 3
L89.214	Pressure ulcer of right hip, stage 4
L89.219	Pressure ulcer of right hip, unspecified stage
L89.210	Pressure ulcer of right hip, unstageable
L89.201	Pressure ulcer of unspecified hip, stage 1
L89.202	Pressure ulcer of unspecified hip, stage 2
L89.203	Pressure ulcer of unspecified hip, stage 3
L89.204	Pressure ulcer of unspecified hip, stage 4
L89.209	Pressure ulcer of unspecified hip, unspecified stage
L89.200	Pressure ulcer of unspecified hip, unstageable
L89.41	Pressure ulcer of contiguous site of back, buttock and hip, stage 1
L89.42	Pressure ulcer of contiguous site of back, buttock and hip, stage 2
L89.43	Pressure ulcer of contiguous site of back, buttock and hip, stage 3
L89.44	Pressure ulcer of contiguous site of back, buttock and hip, stage 4
L89.40	Pressure ulcer of contiguous site of back, buttock and hip, unspecified stage
L89.45	Pressure ulcer of contiguous site of back, buttock and hip, unstageable
L89.321	Pressure ulcer of left buttock, stage 1
L89.322	Pressure ulcer of left buttock, stage 2
L89.323	Pressure ulcer of left buttock, stage 3
L89.324	Pressure ulcer of left buttock, stage 4
L89.329	Pressure ulcer of left buttock, unspecified stage
L89.320	Pressure ulcer of left buttock, unstageable
L89.311	Pressure ulcer of right buttock, stage 1
L89.312	Pressure ulcer of right buttock, stage 2
L89.313	Pressure ulcer of right buttock, stage 3
L89.314	Pressure ulcer of right buttock, stage 4
L89.319	Pressure ulcer of right buttock, unspecified stage
L89.310	Pressure ulcer of right buttock, unstageable
L89.301	Pressure ulcer of unspecified buttock, stage 1
L89.302	Pressure ulcer of unspecified buttock, stage 2
L89.303	Pressure ulcer of unspecified buttock, stage 3
L89.304	Pressure ulcer of unspecified buttock, stage 4
L89.309	Pressure ulcer of unspecified buttock, unspecified stage
L89.300	Pressure ulcer of unspecified buttock, unstageable
L89.521	Pressure ulcer of left ankle, stage 1
L89.522	Pressure ulcer of left ankle, stage 2

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ICD-10-CM Diagnosis Code*	Description
L89.523	Pressure ulcer of left ankle, stage 3
L89.524	Pressure ulcer of left ankle, stage 4
L89.529	Pressure ulcer of left ankle, unspecified stage
L89.520	Pressure ulcer of left ankle, unstageable
L89.511	Pressure ulcer of right ankle, stage 1
L89.512	Pressure ulcer of right ankle, stage 2
L89.513	Pressure ulcer of right ankle, stage 3
L89.514	Pressure ulcer of right ankle, stage 4
L89.519	Pressure ulcer of right ankle, unspecified stage
L89.510	Pressure ulcer of right ankle, unstageable
L89.501	Pressure ulcer of unspecified ankle, stage 1
L89.502	Pressure ulcer of unspecified ankle, stage 2
L89.503	Pressure ulcer of unspecified ankle, stage 3
L89.504	Pressure ulcer of unspecified ankle, stage 4
L89.509	Pressure ulcer of unspecified ankle, unspecified stage
L89.500	Pressure ulcer of unspecified ankle, unstageable
L89.621	Pressure ulcer of left heel, stage 1
L89.622	Pressure ulcer of left heel, stage 2
L89.623	Pressure ulcer of left heel, stage 3
L89.624	Pressure ulcer of left heel, stage 4
L89.629	Pressure ulcer of left heel, unspecified stage
L89.620	Pressure ulcer of left heel, unstageable
L89.611	Pressure ulcer of right heel, stage 1
L89.612	Pressure ulcer of right heel, stage 2
L89.613	Pressure ulcer of right heel, stage 3
L89.614	Pressure ulcer of right heel, stage 4
L89.619	Pressure ulcer of right heel, unspecified stage
L89.610	Pressure ulcer of right heel, unstageable
L89.601	Pressure ulcer of unspecified heel, stage 1
L89.602	Pressure ulcer of unspecified heel, stage 2
L89.603	Pressure ulcer of unspecified heel, stage 3
L89.604	Pressure ulcer of unspecified heel, stage 4
L89.609	Pressure ulcer of unspecified heel, unspecified stage
L89.600	Pressure ulcer of unspecified heel, unstageable
L89.811	Pressure ulcer of head, stage 1
L89.812	Pressure ulcer of head, stage 2
L89.813	Pressure ulcer of head, stage 3
L89.814	Pressure ulcer of head, stage 4
L89.819	Pressure ulcer of head, unspecified stage
L89.810	Pressure ulcer of head, unstageable

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ICD-10-CM Diagnosis Code*	Description
L89.891	Pressure ulcer of other site, stage 1
L89.892	Pressure ulcer of other site, stage 2
L89.893	Pressure ulcer of other site, stage 3
L89.894	Pressure ulcer of other site, stage 4
L89.899	Pressure ulcer of other site, unspecified stage
L89.890	Pressure ulcer of other site, unstageable
L97.921	Non-pressure chronic ulcer of unspecified part of left lower leg limited to breakdown of skin
L97.922	Non-pressure chronic ulcer of unspecified part of left lower leg with fat layer exposed
L97.924	Non-pressure chronic ulcer of unspecified part of left lower leg with necrosis of bone
L97.923	Non-pressure chronic ulcer of unspecified part of left lower leg with necrosis of muscle
L97.929	Non-pressure chronic ulcer of unspecified part of left lower leg with unspecified severity
L97.911	Non-pressure chronic ulcer of unspecified part of right lower leg limited to breakdown of skin
L97.912	Non-pressure chronic ulcer of unspecified part of right lower leg with fat layer exposed
L97.914	Non-pressure chronic ulcer of unspecified part of right lower leg with necrosis of bone
L97.913	Non-pressure chronic ulcer of unspecified part of right lower leg with necrosis of muscle
L97.919	Non-pressure chronic ulcer of unspecified part of right lower leg with unspecified severity
L97.901	Non-pressure chronic ulcer of unspecified part of unspecified lower leg limited to breakdown of skin
L97.902	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with fat layer exposed
L97.904	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with necrosis of bone
L97.903	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with necrosis of muscle
L97.909	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with unspecified severity
I70.441	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of thigh
I70.431	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of thigh
I70.241	Atherosclerosis of native arteries of left leg with ulceration of thigh
I70.231	Atherosclerosis of native arteries of right leg with ulceration of thigh
I70.541	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of thigh
I70.531	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of thigh
I70.641	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of thigh
I70.631	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of thigh
I70.741	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of thigh
I70.731	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of thigh
I70.341	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of thigh
I70.331	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of thigh
L97.121	Non-pressure chronic ulcer of left thigh limited to breakdown of skin
L97.122	Non-pressure chronic ulcer of left thigh with fat layer exposed
L97.124	Non-pressure chronic ulcer of left thigh with necrosis of bone
L97.123	Non-pressure chronic ulcer of left thigh with necrosis of muscle
L97.129	Non-pressure chronic ulcer of left thigh with unspecified severity
L97.111	Non-pressure chronic ulcer of right thigh limited to breakdown of skin

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ICD-10-CM Diagnosis Code*	Description
L97.112	Non-pressure chronic ulcer of right thigh with fat layer exposed
L97.114	Non-pressure chronic ulcer of right thigh with necrosis of bone
L97.113	Non-pressure chronic ulcer of right thigh with necrosis of muscle
L97.119	Non-pressure chronic ulcer of right thigh with unspecified severity
L97.101	Non-pressure chronic ulcer of unspecified thigh limited to
L97.102	Non-pressure chronic ulcer of unspecified thigh with fat layer exposed
L97.104	Non-pressure chronic ulcer of unspecified thigh with necrosis of bone
L97.103	Non-pressure chronic ulcer of unspecified thigh with necrosis of muscle
L97.109	Non-pressure chronic ulcer of unspecified thigh with unspecified severity
I70.442	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of calf
I70.432	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of calf
I70.242	Atherosclerosis of native arteries of left leg with ulceration of calf
I70.232	Atherosclerosis of native arteries of right leg with ulceration of calf
I70.542	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of calf
I70.532	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of calf
I70.642	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of calf
I70.632	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of calf
I70.742	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of calf
I70.732	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of calf
I70.342	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of calf
I70.332	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of calf
L97.221	Non-pressure chronic ulcer of left calf limited to breakdown of skin
L97.222	Non-pressure chronic ulcer of left calf with fat layer exposed
L97.224	Non-pressure chronic ulcer of left calf with necrosis of bone
L97.223	Non-pressure chronic ulcer of left calf with necrosis of muscle
L97.229	Non-pressure chronic ulcer of left calf with unspecified severity
L97.211	Non-pressure chronic ulcer of right calf limited to breakdown of skin
L97.212	Non-pressure chronic ulcer of right calf with fat layer exposed
L97.214	Non-pressure chronic ulcer of right calf with necrosis of bone
L97.213	Non-pressure chronic ulcer of right calf with necrosis of muscle
L97.219	Non-pressure chronic ulcer of right calf with unspecified severity
L97.201	Non-pressure chronic ulcer of unspecified calf limited to breakdown of skin
L97.202	Non-pressure chronic ulcer of unspecified calf with fat layer exposed
L97.204	Non-pressure chronic ulcer of unspecified calf with necrosis of bone
L97.203	Non-pressure chronic ulcer of unspecified calf with necrosis of muscle
L97.209	Non-pressure chronic ulcer of unspecified calf with unspecified severity
I70.443	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of ankle
I70.433	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of ankle
I70.243	Atherosclerosis of native arteries of left leg with ulceration of ankle
I70.233	Atherosclerosis of native arteries of right leg with ulceration of ankle

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ICD-10-CM Diagnosis Code*	Description
I70.543	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of ankle
I70.533	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of ankle
I70.643	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of ankle
I70.633	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of ankle
I70.743	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of ankle
I70.733	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of ankle
I70.343	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of ankle
I70.333	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of ankle
L97.321	Non-pressure chronic ulcer of left ankle limited to breakdown of skin
L97.322	Non-pressure chronic ulcer of left ankle with fat layer exposed
L97.324	Non-pressure chronic ulcer of left ankle with necrosis of bone
L97.323	Non-pressure chronic ulcer of left ankle with necrosis of muscle
L97.329	Non-pressure chronic ulcer of left ankle with unspecified severity
L97.311	Non-pressure chronic ulcer of right ankle limited to breakdown of skin
L97.312	Non-pressure chronic ulcer of right ankle with fat layer exposed
L97.314	Non-pressure chronic ulcer of right ankle with necrosis of bone
L97.313	Non-pressure chronic ulcer of right ankle with necrosis of muscle
L97.319	Non-pressure chronic ulcer of right ankle with unspecified severity
L97.301	Non-pressure chronic ulcer of unspecified ankle limited to breakdown of skin
L97.302	Non-pressure chronic ulcer of unspecified ankle with fat layer exposed
L97.304	Non-pressure chronic ulcer of unspecified ankle with necrosis of bone
L97.303	Non-pressure chronic ulcer of unspecified ankle with necrosis of muscle
L97.309	Non-pressure chronic ulcer of unspecified ankle with unspecified severity
I70.444	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.434	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.244	Atherosclerosis of native arteries of left leg with ulceration of heel and midfoot
I70.234	Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot
I70.544	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.534	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.644	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.634	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.744	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.734	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.344	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.334	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of heel and midfoot
L97.421	Non-pressure chronic ulcer of left heel and midfoot limited to breakdown of skin

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ICD-10-CM Diagnosis Code*	Description
L97.422	Non-pressure chronic ulcer of left heel and midfoot with fat layer exposed
L97.424	Non-pressure chronic ulcer of left heel and midfoot with necrosis of bone
L97.423	Non-pressure chronic ulcer of left heel and midfoot with necrosis of muscle
L97.429	Non-pressure chronic ulcer of left heel and midfoot with unspecified severity
L97.411	Non-pressure chronic ulcer of right heel and midfoot limited to breakdown of skin
L97.412	Non-pressure chronic ulcer of right heel and midfoot with fat layer exposed
L97.414	Non-pressure chronic ulcer of right heel and midfoot with necrosis of bone
L97.413	Non-pressure chronic ulcer of right heel and midfoot with necrosis of muscle
L97.419	Non-pressure chronic ulcer of right heel and midfoot with unspecified severity
L97.401	Non-pressure chronic ulcer of unspecified heel and midfoot limited to breakdown of skin
L97.402	Non-pressure chronic ulcer of unspecified heel and midfoot with fat layer exposed
L97.404	Non-pressure chronic ulcer of unspecified heel and midfoot with necrosis of bone
L97.403	Non-pressure chronic ulcer of unspecified heel and midfoot with necrosis of muscle
L97.409	Non-pressure chronic ulcer of unspecified heel and midfoot with unspecified severity
I70.445	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of
I70.435	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of foot
I70.245	Atherosclerosis of native arteries of left leg with ulceration of other part of foot
I70.235	Atherosclerosis of native arteries of right leg with ulceration of other part of foot
I70.545	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of foot
I70.535	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of foot
I70.645	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of foot
I70.635	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of foot
I70.745	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of foot
I70.735	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of foot
I70.345	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of foot
I70.335	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of foot
E08.621	Diabetes mellitus due to underlying condition with foot ulcer
E09.621	Drug or chemical induced diabetes mellitus with foot ulcer
L97.521	Non-pressure chronic ulcer of other part of left foot limited to breakdown of skin
L97.522	Non-pressure chronic ulcer of other part of left foot with fat layer exposed
L97.524	Non-pressure chronic ulcer of other part of left foot with necrosis of bone
L97.523	Non-pressure chronic ulcer of other part of left foot with necrosis of muscle
L97.529	Non-pressure chronic ulcer of other part of left foot with unspecified severity
L97.511	Non-pressure chronic ulcer of other part of right foot limited to breakdown of skin
L97.512	Non-pressure chronic ulcer of other part of right foot with fat layer exposed
L97.514	Non-pressure chronic ulcer of other part of right foot with necrosis of bone

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ICD-10-CM Diagnosis Code*	Description
L97.513	Non-pressure chronic ulcer of other part of right foot with necrosis of muscle
L97.519	Non-pressure chronic ulcer of other part of right foot with unspecified severity
L97.501	Non-pressure chronic ulcer of other part of unspecified foot limited to breakdown of skin
L97.502	Non-pressure chronic ulcer of other part of unspecified foot with fat layer exposed
L97.504	Non-pressure chronic ulcer of other part of unspecified foot with necrosis of bone
L97.503	Non-pressure chronic ulcer of other part of unspecified foot with necrosis of muscle
L97.509	Non-pressure chronic ulcer of other part of unspecified foot with unspecified severity
I70.448	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.449	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of unspecified site
I70.438	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.439	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of unspecified site
I70.248	Atherosclerosis of native arteries of left leg with ulceration of other part of lower left leg
I70.249	Atherosclerosis of native arteries of left leg with ulceration of unspecified site
I70.238	Atherosclerosis of native arteries of right leg with ulceration of other part of lower right leg
I70.239	Atherosclerosis of native arteries of right leg with ulceration of unspecified site
I70.548	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.549	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of unspecified site
I70.538	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.539	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of unspecified site
I70.648	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.649	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of unspecified site
I70.638	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.639	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of unspecified site
I70.748	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.749	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of unspecified site
I70.738	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.739	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of unspecified site
I70.348	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.349	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of unspecified site
I70.338	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of lower leg

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ICD-10-CM Diagnosis Code*	Description
I70.339	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of unspecified site
L97.821	Non-pressure chronic ulcer of other part of left lower leg limited to breakdown of skin
L97.822	Non-pressure chronic ulcer of other part of left lower leg with fat layer exposed
L97.824	Non-pressure chronic ulcer of other part of left lower leg with necrosis of bone
L97.823	Non-pressure chronic ulcer of other part of left lower leg with necrosis of muscle
L97.829	Non-pressure chronic ulcer of other part of left lower leg with unspecified severity
L97.811	Non-pressure chronic ulcer of other part of right lower leg limited to breakdown of skin
L97.812	Non-pressure chronic ulcer of other part of right lower leg with fat layer exposed
L97.814	Non-pressure chronic ulcer of other part of right lower leg with necrosis of bone
L97.813	Non-pressure chronic ulcer of other part of right lower leg with necrosis of muscle
L97.819	Non-pressure chronic ulcer of other part of right lower leg with unspecified severity
L97.801	Non-pressure chronic ulcer of other part of unspecified lower leg limited to breakdown of skin
L97.802	Non-pressure chronic ulcer of other part of unspecified lower leg with fat layer exposed
L97.804	Non-pressure chronic ulcer of other part of unspecified lower leg with necrosis of bone
L97.803	Non-pressure chronic ulcer of other part of unspecified lower leg with necrosis of muscle
L97.809	Non-pressure chronic ulcer of other part of unspecified lower leg with unspecified severity
707.20	no icd 10 conversion code provided on encoder
707.21	no icd 10 conversion code provided on encoder
707.22	no icd 10 conversion code provided on encoder
707.23	no icd 10 conversion code provided on encoder
707.24	no icd 10 conversion code provided on encoder
707.25	no icd 10 conversion code provided on encoder
L98.421	Non-pressure chronic ulcer of back limited to breakdown of skin
L98.422	Non-pressure chronic ulcer of back with fat layer exposed
L98.424	Non-pressure chronic ulcer of back with necrosis of bone
L98.423	Non-pressure chronic ulcer of back with necrosis of muscle
L98.429	Non-pressure chronic ulcer of back with unspecified severity
L98.411	Non-pressure chronic ulcer of buttock limited to breakdown of skin
L98.412	Non-pressure chronic ulcer of buttock with fat layer exposed
L98.414	Non-pressure chronic ulcer of buttock with necrosis of bone
L98.413	Non-pressure chronic ulcer of buttock with necrosis of muscle
L98.419	Non-pressure chronic ulcer of buttock with unspecified severity
I70.45	Atherosclerosis of autologous vein bypass graft(s) of other extremity with ulceration
I70.25	Atherosclerosis of native arteries of other extremities with ulceration
I70.55	Atherosclerosis of nonautologous biological bypass graft(s) of other extremity
I70.65	Atherosclerosis of nonbiological bypass graft(s) of other extremity with ulceration
I70.75	Atherosclerosis of other type of bypass graft(s) of other extremity with ulceration
I70.35	Atherosclerosis of unspecified type of bypass graft(s) of other extremity with ulceration
E08.622	Diabetes mellitus due to underlying condition with other skin ulcer

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ICD-10-CM Diagnosis Code*	Description
E09.622	Drug or chemical induced diabetes mellitus with other skin ulcer
L98.491	Non-pressure chronic ulcer of skin of other sites limited to breakdown of skin
L98.492	Non-pressure chronic ulcer of skin of other sites with fat layer exposed
L98.494	Non-pressure chronic ulcer of skin of other sites with necrosis
L98.493	Non-pressure chronic ulcer of skin of other sites with necrosis of muscle
L98.499	Non-pressure chronic ulcer of skin of other sites with unspecified severity
T20.20xa	Burn of second degree of head, face, and neck, unspecified site, initial encounter
T20.60xa	Corrosion of second degree of head, face, and neck, unspecified site, initial encounter
T20.212a	Burn of second degree of left ear [any part, except ear drum], initial encounter
T20.211a	Burn of second degree of right ear [any part, except ear drum], initial encounter
T20.219a	Burn of second degree of unspecified ear [any part, except ear drum], initial encounter
T20.612a	Corrosion of second degree of left ear [any part, except ear drum], initial encounter
T20.611a	Corrosion of second degree of right ear [any part, except ear drum], initial encounter
T20.619a	Corrosion of second degree of unspecified ear [any part, except ear drum], initial encounter
T26.42xa	Burn of left eye and adnexa, part unspecified, initial encounter
T26.41xa	Burn of right eye and adnexa, part unspecified, initial encounter
T26.40xa	Burn of unspecified eye and adnexa, part unspecified, initial encounter
T20.22xa	Burn of second degree of lip(s), initial encounter
T20.62xa	Corrosion of second degree of lip(s), initial encounter
T20.23xa	Burn of second degree of chin, initial encounter
T20.63xa	Corrosion of second degree of chin, initial encounter
T20.24xa	Burn of second degree of nose (septum), initial encounter
T20.64xa	Corrosion of second degree of nose (septum), initial encounter
T20.25xa	Burn of second degree of scalp [any part], initial encounter
T20.65xa	Corrosion of second degree of scalp [any part], initial encounter
T20.26xa	Burn of second degree of forehead and cheek, initial encounter
T20.66xa	Corrosion of second degree of forehead and cheek, initial encounter
T20.27xa	Burn of second degree of neck, initial encounter
T20.67xa	Corrosion of second degree of neck, initial encounter
T20.29xa	Burn of second degree of multiple sites of head, face, and neck, initial encounter
T20.69xa	Corrosion of second degree of multiple sites of head, face, and neck, initial encounter
T20.30xa	Burn of third degree of head, face, and neck, unspecified site, initial encounter
T20.70xa	Corrosion of third degree of head, face, and neck, unspecified site, initial encounter
T20.312a	Burn of third degree of left ear [any part, except ear drum], initial encounter
T20.311a	Burn of third degree of right ear [any part, except ear drum], initial encounter
T20.319a	Burn of third degree of unspecified ear [any part, except ear drum], initial encounter
T20.712a	Corrosion of third degree of left ear [any part, except ear drum], initial encounter
T20.711a	Corrosion of third degree of right ear [any part, except ear drum], initial encounter
T20.719a	Corrosion of third degree of unspecified ear [any part, except ear drum], initial encounter
T26.42xa	Burn of left eye and adnexa, part unspecified, initial encounter

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ICD-10-CM Diagnosis Code*	Description
T26.41xa	Burn of right eye and adnexa, part unspecified, initial encounter
T26.40xa	Burn of unspecified eye and adnexa, part unspecified, initial encounter
T20.32xa	Burn of third degree of lip(s), initial encounter
T20.72xa	Corrosion of third degree of lip(s), initial encounter
T20.33xa	Burn of third degree of chin, initial encounter
T20.73xa	Corrosion of third degree of chin, initial encounter
T20.34xa	Burn of third degree of nose (septum), initial encounter
T20.74xa	Corrosion of third degree of nose (septum), initial encounter
T20.35xa	Burn of third degree of scalp [any part], initial encounter
T20.75xa	Corrosion of third degree of scalp [any part], initial encounter
T20.36xa	Burn of third degree of forehead and cheek, initial encounter
T20.76xa	Corrosion of third degree of forehead and cheek, initial encounter
T20.37xa	Burn of third degree of neck, initial encounter
T20.77xa	Corrosion of third degree of neck, initial encounter
T20.39xa	Burn of third degree of multiple sites of head, face, and neck, initial encounter
T20.79xa	Corrosion of third degree of multiple sites of head, face, and neck, initial encounter
T20.30xa	Burn of third degree of head, face, and neck, unspecified site, initial encounter
T20.70xa	Corrosion of third degree of head, face, and neck, unspecified site, initial encounter
T20.312a	Burn of third degree of left ear [any part, except ear drum], initial encounter
T20.311a	Burn of third degree of right ear [any part, except ear drum], initial encounter
T20.319a	Burn of third degree of unspecified ear [any part, except ear drum], initial encounter
T20.712a	Corrosion of third degree of left ear [any part, except ear drum]
T20.711a	Corrosion of third degree of right ear [any part, except ear drum], initial encounter
T20.719a	Corrosion of third degree of unspecified ear [any part, except ear drum], initial encounter
T26.42xa	Burn of left eye and adnexa, part unspecified, initial encounter
T26.41xa	Burn of right eye and adnexa, part unspecified, initial encounter
T26.40xa	Burn of unspecified eye and adnexa, part unspecified, initial encounter
T20.32xa	Burn of third degree of lip(s), initial encounter
T20.72xa	Corrosion of third degree of lip(s), initial encounter
T20.33xa	Burn of third degree of chin, initial encounter
T20.73xa	Corrosion of third degree of chin, initial encounter
T20.34xa	Burn of third degree of nose (septum), initial encounter
T20.74xa	Corrosion of third degree of nose (septum), initial encounter
T20.35xa	Burn of third degree of scalp [any part], initial encounter
T20.75xa	Corrosion of third degree of scalp [any part], initial encounter
T20.36xa	Burn of third degree of forehead and cheek, initial encounter
T20.76xa	Corrosion of third degree of forehead and cheek, initial encounter
T20.37xa	Burn of third degree of neck, initial encounter
T20.77xa	Corrosion of third degree of neck, initial encounter
T20.39xa	Burn of third degree of multiple sites of head, face, and neck, initial encounter

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ICD-10-CM Diagnosis Code*	Description
T20.79xa	Corrosion of third degree of multiple sites of head, face, and neck, initial encounter
T20.30xa	Burn of third degree of head, face, and neck, unspecified site, initial encounter
T20.70xa	Corrosion of third degree of head, face, and neck, unspecified site, initial encounter
T20.319a	Burn of third degree of unspecified ear [any part, except ear drum], initial encounter
T20.719a	Corrosion of third degree of unspecified ear [any part, except ear drum], initial encounter
T26.22xa	Burn with resulting rupture and destruction of left eyeball, initial encounter
T26.21xa	Burn with resulting rupture and destruction of right eyeball, initial encounter
T26.20xa	Burn with resulting rupture and destruction of unspecified eyeball, initial encounter
T20.32xa	Burn of third degree of lip(s), initial encounter
T20.72xa	Corrosion of third degree of lip(s), initial encounter
T20.33xa	Burn of third degree of chin, initial encounter
T20.73xa	Corrosion of third degree of chin, initial encounter
T20.34xa	Burn of third degree of nose (septum), initial encounter
T20.74xa	Corrosion of third degree of nose (septum), initial encounter
T20.35xa	Burn of third degree of scalp [any part], initial encounter
T20.75xa	Corrosion of third degree of scalp [any part], initial encounter
T20.36xa	Burn of third degree of forehead and cheek, initial encounter
T20.76xa	Corrosion of third degree of forehead and cheek, initial encounter
T20.37xa	Burn of third degree of neck, initial encounter
T20.77xa	Corrosion of third degree of neck, initial encounter
T20.39xa	Burn of third degree of multiple sites of head, face, and neck, initial encounter
T20.79xa	Corrosion of third degree of multiple sites of head, face, and neck, initial encounter

*If applicable, please see Medicare LCD or NCD for additional covered diagnoses.

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X. POLICY HISTORY

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MP 4.028	CAC 3/25/08
	CAC 1/27/09
	7/13/09 Milliman 13 th Edition
	CAC 11/24/09 Added contact ultrasound exclusion. Revised Medicare variation to include MIST therapy.
	CAC 11/30/10 Consensus
	CAC 11/22/11 Consensus. Deleted DME information related to surgical dressings. Added FEP variation referring to FEP Policy Manual.
	New codes added 12-20-12/sb
	<p>CAC 7/30/13 Minor.</p> <ul style="list-style-type: none"> • Corrected the word “alternative current” to “alternating current (AC)”. • Added transcutaneous electrical nerve stimulation (TENS) as an investigational form of electrical stimulation for the treatment of wounds. • Deleted section on surgical dressings – was not removed previously as indicated 11/22/11. • Updated Medicare variation to reference LCD L27547. • Added FEP variation to reference MP 2.01.79 Non-Contact Ultrasound Treatment for Wounds. • Updated Background/Description <p>Administrative code review completed.</p>
	12/19/2013- New 2014 Code updates made.

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	CAC 5/20/14 Consensus review. The first policy statement under electrostimulation and electromagnetic therapy was edited to clarify the intent References updated. Rationale added. Policy coded.
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