

MEDICAL POLICY

POLICY TITLE	WOUND & BURN MANAGEMENT & SPECIALIZED TREATMENT CENTERS
POLICY NUMBER	MP 4.028

CLINICAL BENEFIT	<input type="checkbox"/> MINIMIZE SAFETY RISK OR CONCERN. <input checked="" type="checkbox"/> MINIMIZE HARMFUL OR INEFFECTIVE INTERVENTIONS. <input type="checkbox"/> ASSURE APPROPRIATE LEVEL OF CARE. <input type="checkbox"/> ASSURE APPROPRIATE DURATION OF SERVICE FOR INTERVENTIONS. <input type="checkbox"/> ASSURE THAT RECOMMENDED MEDICAL PREREQUISITES HAVE BEEN MET. <input type="checkbox"/> ASSURE APPROPRIATE SITE OF TREATMENT OR SERVICE.
Effective Date:	1/1/2025

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I. POLICY

Specialized Wound or Burn Care may be 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, 11000, 11001, 11042, 11043, 11044, 11045, 11046, 11047, 97597, 97598, 97602 or;
- Requiring complex dressings, 16020, 16025, 16030, 29581, 29584 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 individual is contingent upon evidence documented in the individual'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
- Tunneling or undermining

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Such evidence must be documented **each** time the individual 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 an individual 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 individual and/or the individual's caregiver with periodic physician assessment and supervision.

Wound care that can be performed in a non-specialized office setting or by the individual or the individual's caregiver is considered **not medically necessary**.

Electrostimulation and Electromagnetic Therapy

Electrical stimulation may be considered **medically necessary** for the management of the following types of chronic ulcers when it is used as adjunctive therapy after there are no measurable signs of healing for at least 30 days of treatment with conventional wound treatments (see policy guidelines):

- Arterial ulcers; or
- Diabetic ulcers; or
- Stage III or Stage IV Pressure ulcers; or
- Venous stasis ulcers

G0281

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Continuation of treatment is considered **medically necessary** if there are measurable signs of healing within any 30-day period of treatment (see policy guidelines).

Electrical stimulation for the treatment of wounds not listed above is considered **investigational**, as there is insufficient evidence to support a general conclusion concerning the health outcomes or benefits associated with this procedure.

E0769, G0282

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

E0769, G0281, G0282

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

E0761, E0769, G0295, G0329

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 general conclusion concerning the health outcomes or benefits associated with this procedure.

97035, 97610

Extracorporeal Shock Wave Therapy

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

0512T, 0513T

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 general conclusion concerning the health outcomes or benefits associated with this procedure.

A6000, E0231, E0232

Ablative Laser Treatment

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

17999

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Near Infrared Spectroscopy

The use of near-infrared spectroscopy is considered **investigational**. There is insufficient evidence to support a general conclusion concerning the health outcomes or benefits associated with this procedure.

0640T, 0859T, 0860T

Transcutaneous Visible Light Hyperspectral Imaging

The use of transcutaneous visible light hyperspectral imaging is considered **investigational**. There is insufficient evidence to support a general conclusion concerning the health outcomes or benefits associated with this procedure.

0631T

Policy Guidelines

Conventional wound care includes optimization of nutritional status, debridement by any means to remove devitalized tissue, maintenance of a clean, moist bed of granulation tissue with appropriate moist dressings, and necessary treatment to resolve any infection that may be present. Conventional wound care based on the specific type of wound includes frequent repositioning of a patient with pressure ulcers (usually every 2 hours), offloading of pressure and good glucose control for diabetic ulcers, establishment of adequate circulation for arterial ulcers, and the use of a compression system for patients with venous ulcers.

If electrical stimulation is being used, wounds should be evaluated at least monthly by the treating physician.

Measurable signs of improved healing include a decrease in wound size either in surface area or volume, decrease in amount of exudates, and decrease in amount of necrotic tissue.

Cross-references:

MP 1.094 Skin Contact Monochromatic Infrared energy for the Treatment of Cutaneous Ulcers, Diabetic Neuropathy, and other Miscellaneous Musculoskeletal Conditions

MP 2.033 Recombinant and Autologous Platelet-Derived Growth Factors as a Treatment of Wound Healing and Other Non-Orthopedic Conditions

MP 2.070 Hyperbaric Oxygen Therapy (HBO)

MP 4.004 Negative Pressure Wound Therapy in the Outpatient Setting

MP 6.026 Durable Medical Equipment (DME) and Supplies

MP 8.001 Physical Medicine and Specialized Physical Medicine Treatments (Outpatient)

II. PRODUCT VARIATIONS

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This policy is only applicable to certain programs and products administered by Capital Blue Cross please see additional information below, and subject to benefit variations as discussed in Section VI below.

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FEP PPO - Refer to FEP Medical Policy Manual. The FEP Medical Policy manual can be found at: <https://www.fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies>

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.

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 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.

- **Wound Care Selective Debridement**

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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:

- **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.
- **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.
- **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).

- **Wound Care Non-Selective Debridement**

These treatments include the following:

- **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.
- **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.
- **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.

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- 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.
- 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 (US) delivers mechanical vibration above the upper threshold of human hearing (>20 kHz). US in the megahertz range (1-3 MHz) has been used to treat musculoskeletal disorders, often 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, collagen production, and increases in macrophage responsiveness, fibrinolysis, and nitric oxide levels. The therapeutic effects of US energy in the kilohertz range have also been examined. Although the precise effects are not known, the 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.

The mechanical energy from the US is typically transmitted to the tissue through a coupling gel. Several high-intensity US devices with contact probes are currently available for wound debridement. Low-intensity US devices have been developed that do not require coupling gel or other direct contact. The MIST Therapy System delivers a saline mist to the wound with low-frequency US (40 KHz). A second device, the Qoustic Wound Therapy System, also uses sterile saline to deliver US energy (35 KHz) for wound debridement and irrigation.

US is intended as an adjunct to standard wound care. Therefore, the evidence is needed that demonstrates US plus standard wound care provides superior wound closure outcomes compared with standard wound care alone.

The primary endpoints of interest for trials of wound closure are as follows, consistent with 2006 guidance from the U.S. Food and Drug Administration (FDA) for the industry in developing products for the treatment of chronic cutaneous ulcer and burn wounds:

- Incidence of complete wound closure.
- Time to complete wound closure (reflecting accelerated wound closure).
- Incidence of complete wound closure following surgical wound closure.
- Pain control.

Regulatory Status

In 2005, the MIST Therapy® device (Celleration) was cleared for marketing by the FDA through the 510(k) process “to promote wound healing through wound cleansing and maintenance debridement by the removal of yellow slough, fibrin, tissue exudates, and bacteria.” In February 2015, Celleration was acquired by Alliqua Biomedical (Langhorne, PA).

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In 2007, the AR1000 Ultrasonic Wound Therapy System (Arobella Medical, Minnetonka, MN) was cleared for marketing by the FDA through the 510(k) process, listing the MIST Therapy® system and several other ultrasonic wound debridement and hydrosurgery systems as predicate devices. The AR1000 system probe uses “contact or noncontact techniques to achieve intended wound therapy modalities to promote wound healing.” Indications in the 510(k) summary are listed as “Selective and non-selective dissection and fragmentation of soft and or hard tissue” and “Surgical, excisional or sharp-edge wound debridement (acute and chronic wounds, burns) for the removal of nonviable tissue including but not limited to diseased tissue, necrotic tissue, slough and eschar, fibrin, tissue exudates, bacteria and other matter.” This device is now known as the Qoustic Wound Therapy System™.

Several other devices have been approved as being substantially equivalent to the earlier devices. FDA product code: NRB.

Electrostimulation and Electromagnetic Therapy for the Treatment of Wounds

Standard Treatment

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

Electrostimulation

Since the 1950s, investigators have used electrostimulation to promote wound healing, based on the theory that electrostimulation may:

- Increase adenosine 5'-triphosphate 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.

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

Electromagnetic Therapy

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 electrostimulation or electromagnetic therapy devices have received approval from the U.S. Food and Drug Administration specifically for the treatment of wound healing. A number of

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devices have been cleared for marketing for other indications. Use of these devices for wound healing is off label.

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.

Extracorporeal Shock Wave Therapy

Extracorporeal Shock Wave Therapy (ESWT) was originally used for stone management in urology and was subsequently introduced as treatment for various musculoskeletal disorders. Today, the application of ESWT have been expanded to new therapeutic fields including wound healing and has offered a potential solution for improving the wound-healing process.

Ablative Laser Treatment

Ablative fractional lasers have recently been employed for the treatment of hypertrophic and function-limiting scars. This therapy has been shown to induce healing of chronic wounds in patients with persistent ulcers and erosions within traumatic scars. Recent reports suggest it may be applicable to other types of chronic wounds as well. The mechanism of action for this modality has yet to be discovered but possible factors include laser-induced collagen remodeling, photomicrodebridement and disruption of biofilms, and induction of a proper wound healing cascade.

Near Infrared Spectroscopy

Near Infrared Spectroscopy (NIRS) is a noninvasive modality that measures maximum light absorption wavelengths of different components, including oxygen saturation, hemoglobin content, and water content, around wound sites. NIR imaging can also be used to estimate the depth of burn wounds. In addition, it has been utilized to monitor the wound healing process. However, due to the potential overlap/shifting of the absorption wavelengths of various components, NIRS can sometimes lack specificity.

Transcutaneous Visible Light Hyperspectral Imaging

HyperMed Imaging's product, HyperView™, is a handheld, battery operated, portable diagnostic imaging device that is used to assess tissue oxygenation without contacting the patient. The product is intended for use by physicians and healthcare professionals as a noninvasive tissue oxygenation measurement system that reports an approximate value of oxygen saturation (O2Sat), oxyhemoglobin level (Oxy), and deoxyhemoglobin level (Deoxy) in superficial tissue. The HyperView system displays two-dimensional, color-coded images of tissue oxygenation of the scanned surface. Images and data provide hyperspectral tissue oxygenation measurements for selected tissue regions. The product is indicated for use to determine oxygenation levels in

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superficial tissues for patients with potential circulatory compromise, such as wound healing, diabetic foot ulcers, amputation, and critical limb ischemia.

Regulatory Status

The HyperView™ system was cleared via the FDA's 501(k) process on December 16, 2016.
Product Code: MUD

IV. RATIONALE

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Ultrasound Treatment for Wounds: Summary of Evidence

For individuals who have any wound type (acute or nonhealing) who receive ultrasound therapy plus standard wound care, the evidence includes RCTs and systematic reviews. Relevant outcomes are symptoms, change in disease status, morbid events, quality of life, and treatment-related morbidity. The single double-blinded, sham-controlled randomized trial, which included patients with nonhealing diabetic foot ulcers, had substantial methodologic flaws (e.g., high dropout rate, baseline differences between groups) that limit the validity of the findings. In the remaining studies comprising the evidence base, all but 1 RCT comparing noncontact low-frequency ultrasound (NLFU) with standard wound care reported improved (statistically significant) results on the primary outcome with NLFU. However, these studies also had several methodologic limitations. Complete healing is the most clinically relevant outcome. None of the RCTs evaluating venous leg ulcers reported complete healing as its primary outcome measure, and none had blinded outcome assessment. Only 1 RCT, which addressed split-thickness graft donor sites, reported on the proportion of patients with complete healing and had blinded outcome assessment. Another limitation of the body of evidence is that some standard of care interventions involved fewer visits than the NLFU intervention, and the differences in intensity of care resulting from this differential in face-to-face contact could partially explain the difference in findings between intervention and control groups. The evidence is insufficient to determine the effects of the technology on health outcomes.

Electrostimulation and Electromagnetic Therapy for Treating Wounds: Summary of Evidence

For individuals who have any wound type (acute or nonhealing) who receive electrostimulation, the evidence includes systematic reviews, a meta-analysis, and RCTs. Relevant outcomes are symptoms, change in health status, morbid events, quality of life, and treatment-related morbidity. Systematic reviews of RCTs on electrical stimulation have reported improvements in some outcomes, mainly intermediate outcomes such as a decrease in wound size and/or the velocity of wound healing. There are few analyses on the more important clinical outcomes of complete healing and the time to complete healing, and many of the trials are of relatively low quality. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have any wound type (acute or nonhealing) who receive electromagnetic therapy, the evidence includes two systematic reviews of RCTs (one on pressure ulcers and the other on leg ulcers) and an RCT of electromagnetic treatment following Cesarean section.

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Relevant outcomes are symptoms, change in health status, morbid events, quality of life, and treatment-related morbidity. The systematic reviews identified a few RCTs with small sample sizes that do not permit drawing definitive conclusions. The evidence is insufficient to determine the effects of the technology on health outcomes.

Noncontact Radiant Heat Bandage for the Treatment of Wounds: Summary of Evidence

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 one small, randomized crossover trial of warm-up active wound therapy involving thirteen patients who were followed up for 2 weeks. 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 seventeen patients with thirty-one wounds served as their own control. Almost half of 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 five patients who received a 2-week trial of warm-up active wound therapy. Although four of the five 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, it should be noted that wound healing occurred several weeks after discontinuation of the warm-up therapy, further confounding any evaluation of the therapy. The evidence is insufficient to determine the effects of the technology on health outcomes.

Extracorporeal Shock Wave Therapy: Summary of evidence

For individuals who have any wound type who receive extracorporeal shock wave therapy plus standard wound care, the evidence includes RCTs and systematic reviews. ESWT showed therapeutic effects on acute and chronic soft tissue wound of different etiologies. However, the effectiveness of ESWT still requires further high quality, well-controlled RCTs with an adequate sample size because the existing clinical and experimental evidence has been limited. Furthermore, optimal ESWT regimens and dosages are required to provide evidence-based therapeutic guidance. The evidence is insufficient to determine the effects of the technology on health outcomes.

Ablative Laser Treatment

There are limited studies and overall effectiveness cannot be demonstrated. Larger, randomized, and controlled trials will need to be conducted to best determine appropriate

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treatment protocols. The evidence is insufficient to determine the effects of the technology on health outcomes.

Near Infrared Spectroscopy

There are limited studies and overall small sample sizes on this imaging and overall effectiveness cannot be demonstrated. The evidence is insufficient to determine the effects of the technology on health outcomes.

Transcutaneous Visible Light Hyperspectral Imaging

There are limited studies and proven efficacy on this imaging and overall effectiveness cannot be demonstrated. The evidence is insufficient to determine the effects of the technology on health outcomes.

V. DEFINITIONS

N/A

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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 health benefit plan. Benefit determinations should be based in all cases on the applicable health benefit plan language. Medical policies do not constitute a description of benefits. A member's health benefit plan governs which services are covered, which are excluded, which are subject to benefit limits, and which require preauthorization. There are different benefit plan designs in each product administered by Capital Blue Cross. Members and providers should consult the member's health benefit plan for information or contact Capital Blue Cross for benefit information.

VII. DISCLAIMER

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Capital Blue Cross' 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 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. If a provider or a member has a question concerning the application of this medical policy to a specific member's plan of benefits, please contact Capital Blue Cross' Provider Services or Member Services. Capital Blue Cross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

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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.

Ultrasound Treatment for Wounds (Contact or Non-Contact) is Investigational; therefore, not covered:

Procedure Codes								
97035	97610							

Extracorporeal Shock Wave Therapy is Investigational; therefore, not covered:

Procedure Codes								
0512T	0513T							

Electrostimulation for wounds not listed in the statement above, Electrostimulation for home use, and Electromagnetic Therapy for the Treatment of Wounds is Investigational; therefore, not covered:

Procedure Codes								
E0761	E0769	G0282	G0295	G0329	0906T	0907T		

Noncontact Radiant Heat Bandage is Investigational; therefore, not covered:

Procedure Codes								
A6000	E0231	E0232						

Ablative laser treatment is Investigational; therefore, not covered:

Procedure Codes								
17999								

Near-infrared spectroscopy is Investigational; therefore, not covered:

Procedure Codes								
0640T	0859T	0860T						

Transcutaneous visible light hyperspectral imaging is Investigational; therefore, not covered:

Procedure Codes								
0631T								

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Covered when medically necessary:

Procedure Codes							
11000*	11001*	11042*	11043*	11044*	11045*	11046*	11047*
16020*	16025*	16030*	29581*	29584*	97597*	97598*	97602*
G0281							

*Appropriate ICD-10 codes for specialized wound or burn care could potentially involve any wound or burn diagnosis.

Appropriate Diagnosis Codes for Electrical Stimulation Indication:

ICD-10-CM Diagnosis Codes	Description
E08.621	Diabetes mellitus due to underlying condition with foot ulcer
E08.622	Diabetes mellitus due to underlying condition with other skin ulcer
E09.621	Drug or chemical induced diabetes mellitus with foot ulcer
E09.622	Drug or chemical induced diabetes mellitus with other skin ulcer
E10.621	Type 1 diabetes mellitus with foot ulcer
E10.622	Type 1 diabetes mellitus with other skin ulcer
E11.621	Type 2 diabetes mellitus with foot ulcer
E11.622	Type 2 diabetes mellitus with other skin ulcer
E13.621	Other specified diabetes mellitus with foot ulcer
E13.622	Other specified diabetes mellitus with other skin ulcer
I70.231	Atherosclerosis of native arteries of right leg with ulceration of thigh
I70.232	Atherosclerosis of native arteries of right leg with ulceration of calf
I70.233	Atherosclerosis of native arteries of right leg with ulceration of ankle
I70.234	Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot
I70.235	Atherosclerosis of native arteries of right leg with ulceration of other part of foot
I70.238	Atherosclerosis of native arteries of right leg with ulceration of other part of lower leg
I70.241	Atherosclerosis of native arteries of left leg with ulceration of thigh
I70.242	Atherosclerosis of native arteries of left leg with ulceration of calf
I70.243	Atherosclerosis of native arteries of left leg with ulceration of ankle
I70.244	Atherosclerosis of native arteries of left leg with ulceration of heel and midfoot
I70.245	Atherosclerosis of native arteries of left leg with ulceration of other part of foot
I70.248	Atherosclerosis of native arteries of left leg with ulceration of other part of lower leg
I70.25	Atherosclerosis of native arteries of other extremities with ulceration
I70.331	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of thigh
I70.332	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of calf

MEDICAL POLICY

POLICY TITLE	WOUND & BURN MANAGEMENT & SPECIALIZED TREATMENT CENTERS
POLICY NUMBER	MP 4.028

ICD-10-CM Diagnosis Codes	Description
I70.333	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of ankle
I70.334	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.335	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of foot
I70.338	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.341	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of thigh
I70.342	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of calf
I70.343	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of ankle
I70.344	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.345	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of foot
I70.348	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.35	Atherosclerosis of unspecified type of bypass graft(s) of other extremity with ulceration
I70.431	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of thigh
I70.432	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of calf
I70.433	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of ankle
I70.434	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.435	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of foot
I70.438	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.441	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of thigh
I70.442	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of calf
I70.443	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of ankle

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POLICY TITLE	WOUND & BURN MANAGEMENT & SPECIALIZED TREATMENT CENTERS
POLICY NUMBER	MP 4.028

ICD-10-CM Diagnosis Codes	Description
I70.444	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.445	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of
I70.448	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.45	Atherosclerosis of autologous vein bypass graft(s) of other extremity with ulceration
I70.531	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of thigh
I70.532	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of calf
I70.533	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of ankle
I70.534	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.535	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of foot
I70.538	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.541	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of thigh
I70.542	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of calf
I70.543	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of ankle
I70.544	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.545	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of foot
I70.548	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.55	Atherosclerosis of nonautologous biological bypass graft(s) of other extremity with ulceration
I70.631	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of thigh
I70.632	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of calf
I70.633	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of ankle
I70.634	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of heel and midfoot

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POLICY TITLE	WOUND & BURN MANAGEMENT & SPECIALIZED TREATMENT CENTERS
POLICY NUMBER	MP 4.028

ICD-10-CM Diagnosis Codes	Description
I70.635	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of foot
I70.638	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.641	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of thigh
I70.642	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of calf
I70.643	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of ankle
I70.644	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.645	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of foot
I70.648	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.65	Atherosclerosis of nonbiological bypass graft(s) of other extremity with ulceration
I70.731	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of thigh
I70.732	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of calf
I70.733	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of ankle
I70.734	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.735	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of foot
I70.738	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.741	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of thigh
I70.742	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of calf
I70.743	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of ankle
I70.744	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.745	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of foot
I70.748	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of lower leg

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POLICY TITLE	WOUND & BURN MANAGEMENT & SPECIALIZED TREATMENT CENTERS
POLICY NUMBER	MP 4.028

ICD-10-CM Diagnosis Codes	Description
I70.75	Atherosclerosis of other type of bypass graft(s) of other extremity with ulceration
I83.011	Varicose veins of right lower extremity with ulcer of thigh
I83.012	Varicose veins of right lower extremity with ulcer of calf
I83.013	Varicose veins of right lower extremity with ulcer of ankle
I83.014	Varicose veins of right lower extremity with ulcer of heel and midfoot
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
I83.021	Varicose veins of left lower extremity with ulcer of thigh
I83.022	Varicose veins of left lower extremity with ulcer of calf
I83.023	Varicose veins of left lower extremity with ulcer of ankle
I83.024	Varicose veins of left lower extremity with ulcer of heel and midfoot
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
I83.211	Varicose veins of right lower extremity with both ulcer of thigh and inflammation
I83.212	Varicose veins of right lower extremity with both ulcer of calf and inflammation
I83.213	Varicose veins of right lower extremity with both ulcer of ankle and inflammation
I83.214	Varicose veins of right lower extremity with both ulcer of heel and midfoot and inflammation
I83.215	Varicose veins of right lower extremity with both ulcer other part of foot and inflammation
I83.218	Varicose veins of right 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
I83.222	Varicose veins of left lower extremity with both ulcer of calf and inflammation
I83.223	Varicose veins of left lower extremity with both ulcer of ankle and inflammation
I83.224	Varicose veins of left lower extremity with both ulcer of heel and midfoot and inflammation
I83.225	Varicose veins of left lower extremity with both ulcer other part of foot and inflammation
I83.228	Varicose veins of left lower extremity with both ulcer of other part of lower extremity and inflammation
I87.311	Chronic venous hypertension (idiopathic) with ulcer of right lower extremity
I87.312	Chronic venous hypertension (idiopathic) with ulcer of left lower extremity
I87.313	Chronic venous hypertension (idiopathic) with ulcer of bilateral lower extremity
I87.331	Chronic venous hypertension (idiopathic) with ulcer and inflammation of right lower
I87.332	Chronic venous hypertension (idiopathic) with ulcer and inflammation of left lower extremity

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POLICY TITLE	WOUND & BURN MANAGEMENT & SPECIALIZED TREATMENT CENTERS
POLICY NUMBER	MP 4.028

ICD-10-CM Diagnosis Codes	Description
I87.333	Chronic venous hypertension (idiopathic) with ulcer and inflammation of bilateral lower extremity
L89.013	Pressure ulcer of right elbow, stage 3
L89.014	Pressure ulcer of right elbow, stage 4
L89.023	Pressure ulcer of left elbow, stage 3
L89.024	Pressure ulcer of left elbow, stage 4
L89.113	Pressure ulcer of right upper back, stage 3
L89.114	Pressure ulcer of right upper back, stage 4
L89.123	Pressure ulcer of left upper back, stage 3
L89.124	Pressure ulcer of left upper back, stage 4
L89.133	Pressure ulcer of right lower back, stage 3
L89.134	Pressure ulcer of right lower back, stage 4
L89.143	Pressure ulcer of left lower back, stage 3
L89.144	Pressure ulcer of left lower back, stage 4
L89.153	Pressure ulcer of sacral region, stage 3
L89.154	Pressure ulcer of sacral region, stage 4
L89.213	Pressure ulcer of right hip, stage 3
L89.214	Pressure ulcer of right hip, stage 4
L89.223	Pressure ulcer of left hip, stage 3
L89.224	Pressure ulcer of left hip, stage 4
L89.313	Pressure ulcer of right buttock, stage 3
L89.314	Pressure ulcer of right buttock, stage 4
L89.323	Pressure ulcer of left buttock, stage 3
L89.324	Pressure ulcer of left buttock, stage 4
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
L89.513	Pressure ulcer of right ankle, stage 3
L89.514	Pressure ulcer of right ankle, stage 4
L89.523	Pressure ulcer of left ankle, stage 3
L89.524	Pressure ulcer of left ankle, stage 4
L89.613	Pressure ulcer of right heel, stage 3
L89.614	Pressure ulcer of right heel, stage 4
L89.623	Pressure ulcer of left heel, stage 3
L89.624	Pressure ulcer of left heel, stage 4
L89.813	Pressure ulcer of head, stage 3
L89.814	Pressure ulcer of head, stage 4
L89.893	Pressure ulcer of other site, stage 3
L89.894	Pressure ulcer of other site, stage 4

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POLICY NUMBER	MP 4.028

ICD-10-CM Diagnosis Codes	Description
L97.112	Non-pressure chronic ulcer of right thigh with fat layer exposed
L97.113	Non-pressure chronic ulcer of right thigh with necrosis of muscle
L97.114	Non-pressure chronic ulcer of right thigh with necrosis of bone
L97.115	Non-pressure chronic ulcer of right thigh with muscle involvement without evidence of necrosis
L97.116	Non-pressure chronic ulcer of right thigh with bone involvement without evidence of necrosis
L97.118	Non-pressure chronic ulcer of right thigh with other specified severity
L97.122	Non-pressure chronic ulcer of left thigh with fat layer exposed
L97.123	Non-pressure chronic ulcer of left thigh with necrosis of muscle
L97.124	Non-pressure chronic ulcer of left thigh with necrosis of bone
L97.125	Non-pressure chronic ulcer of left thigh with muscle involvement without evidence of necrosis
L97.126	Non-pressure chronic ulcer of left thigh with bone involvement without evidence of necrosis
L97.128	Non-pressure chronic ulcer of left thigh with other specified severity
L97.212	Non-pressure chronic ulcer of right calf with fat layer exposed
L97.213	Non-pressure chronic ulcer of right calf with necrosis of muscle
L97.214	Non-pressure chronic ulcer of right calf with necrosis of bone
L97.215	Non-pressure chronic ulcer of right calf with muscle involvement without evidence of necrosis
L97.216	Non-pressure chronic ulcer of right calf with bone involvement without evidence of necrosis
L97.218	Non-pressure chronic ulcer of right calf with other specified severity
L97.222	Non-pressure chronic ulcer of left calf with fat layer exposed
L97.223	Non-pressure chronic ulcer of left calf with necrosis of muscle
L97.224	Non-pressure chronic ulcer of left calf with necrosis of bone
L97.225	Non-pressure chronic ulcer of left calf with muscle involvement without evidence of necrosis
L97.226	Non-pressure chronic ulcer of left calf with bone involvement without evidence of necrosis
L97.228	Non-pressure chronic ulcer of left calf with other specified severity
L97.312	Non-pressure chronic ulcer of right ankle with fat layer exposed
L97.313	Non-pressure chronic ulcer of right ankle with necrosis of muscle
L97.314	Non-pressure chronic ulcer of right ankle with necrosis of bone
L97.315	Non-pressure chronic ulcer of right ankle with muscle involvement without evidence of necrosis
L97.316	Non-pressure chronic ulcer of right ankle with bone involvement without evidence of necrosis

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POLICY TITLE	WOUND & BURN MANAGEMENT & SPECIALIZED TREATMENT CENTERS
POLICY NUMBER	MP 4.028

ICD-10-CM Diagnosis Codes	Description
L97.318	Non-pressure chronic ulcer of right ankle with other specified severity
L97.322	Non-pressure chronic ulcer of left ankle with fat layer exposed
L97.323	Non-pressure chronic ulcer of left ankle with necrosis of muscle
L97.324	Non-pressure chronic ulcer of left ankle with necrosis of bone
L97.325	Non-pressure chronic ulcer of left ankle with muscle involvement without evidence of necrosis
L97.326	Non-pressure chronic ulcer of left ankle with bone involvement without evidence of necrosis
L97.328	Non-pressure chronic ulcer of left ankle with other specified severity
L97.412	Non-pressure chronic ulcer of right heel and midfoot with fat layer exposed
L97.413	Non-pressure chronic ulcer of right heel and midfoot with necrosis of muscle
L97.414	Non-pressure chronic ulcer of right heel and midfoot with necrosis of bone
L97.415	Non-pressure chronic ulcer of right heel and midfoot with muscle involvement without evidence of necrosis
L97.416	Non-pressure chronic ulcer of right heel and midfoot with bone involvement without evidence of necrosis
L97.418	Non-pressure chronic ulcer of right heel and midfoot with other specified severity
L97.422	Non-pressure chronic ulcer of left heel and midfoot with fat layer exposed
L97.423	Non-pressure chronic ulcer of left heel and midfoot with necrosis of muscle
L97.424	Non-pressure chronic ulcer of left heel and midfoot with necrosis of bone
L97.425	Non-pressure chronic ulcer of left heel and midfoot with muscle involvement without evidence of necrosis
L97.426	Non-pressure chronic ulcer of left heel and midfoot with bone involvement without evidence of necrosis
L97.428	Non-pressure chronic ulcer of left heel and midfoot with other specified severity
L97.512	Non-pressure chronic ulcer of other part of right foot with fat layer exposed
L97.513	Non-pressure chronic ulcer of other part of right foot with necrosis of muscle
L97.514	Non-pressure chronic ulcer of other part of right foot with necrosis of bone
L97.515	Non-pressure chronic ulcer of other part of right foot with muscle involvement without evidence of necrosis
L97.516	Non-pressure chronic ulcer of other part of right foot with bone involvement without evidence of necrosis
L97.518	Non-pressure chronic ulcer of other part of right foot with other specified severity
L97.522	Non-pressure chronic ulcer of other part of left foot with fat layer exposed
L97.523	Non-pressure chronic ulcer of other part of left foot with necrosis of muscle
L97.524	Non-pressure chronic ulcer of other part of left foot with necrosis of bone
L97.525	Non-pressure chronic ulcer of other part of left foot with muscle involvement without evidence of necrosis

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POLICY TITLE	WOUND & BURN MANAGEMENT & SPECIALIZED TREATMENT CENTERS
POLICY NUMBER	MP 4.028

ICD-10-CM Diagnosis Codes	Description
L97.526	Non-pressure chronic ulcer of other part of left foot with bone involvement without evidence of necrosis
L97.528	Non-pressure chronic ulcer of other part of left foot with other specified severity
L97.812	Non-pressure chronic ulcer of other part of right lower leg with fat layer exposed
L97.813	Non-pressure chronic ulcer of other part of right lower leg with necrosis of muscle
L97.814	Non-pressure chronic ulcer of other part of right lower leg with necrosis of bone
L97.815	Non-pressure chronic ulcer of other part of right lower leg with muscle involvement without evidence of necrosis
L97.816	Non-pressure chronic ulcer of other part of right lower leg with bone involvement without evidence of necrosis
L97.818	Non-pressure chronic ulcer of other part of right lower leg with other specified severity
L97.822	Non-pressure chronic ulcer of other part of left lower leg with fat layer exposed
L97.823	Non-pressure chronic ulcer of other part of left lower leg with necrosis of muscle
L97.824	Non-pressure chronic ulcer of other part of left lower leg with necrosis of bone
L97.825	Non-pressure chronic ulcer of other part of left lower leg with muscle involvement without evidence of necrosis
L97.826	Non-pressure chronic ulcer of other part of left lower leg with bone involvement without evidence of necrosis
L97.828	Non-pressure chronic ulcer of other part of left lower leg with other specified severity
L98.412	Non-pressure chronic ulcer of buttock with fat layer exposed
L98.413	Non-pressure chronic ulcer of buttock with necrosis of muscle
L98.414	Non-pressure chronic ulcer of buttock with necrosis of bone
L98.415	Non-pressure chronic ulcer of buttock with muscle involvement without evidence of necrosis
L98.416	Non-pressure chronic ulcer of buttock with bone involvement without evidence of necrosis
L98.418	Non-pressure chronic ulcer of buttock with other specified severity
L98.422	Non-pressure chronic ulcer of back with fat layer exposed
L98.423	Non-pressure chronic ulcer of back with necrosis of muscle
L98.424	Non-pressure chronic ulcer of back with necrosis of bone
L98.425	Non-pressure chronic ulcer of back with muscle involvement without evidence of necrosis
L98.426	Non-pressure chronic ulcer of back with bone involvement without evidence of necrosis
L98.428	Non-pressure chronic ulcer of back with other specified severity
L98.492	Non-pressure chronic ulcer of skin of other sites with fat layer exposed
L98.493	Non-pressure chronic ulcer of skin of other sites with necrosis of muscle
L98.494	Non-pressure chronic ulcer of skin of other sites with necrosis

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POLICY NUMBER	MP 4.028

ICD-10-CM Diagnosis Codes	Description
L98.495	Non-pressure chronic ulcer of skin of other sites with muscle involvement without evidence of necrosis
L98.496	Non-pressure chronic ulcer of skin of other sites with bone involvement without evidence of necrosis
L98.498	Non-pressure chronic ulcer of skin of other sites with other specified severity

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X. POLICY HISTORY

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MP 4.028	06/26/2020 Consensus Review. Policy statement unchanged. References updated.
	06/14/2021 Administrative Update. Added new codes 0640T, 0641T, and 0642T codes to coding section of policy.
	06/17/2021 Minor Review. Addition of criteria statement for Noncontact near-infrared spectroscopy and transcutaneous visible light hyperspectral. Background, rationale, references, and coding updated.
	09/30/2022 Minor Review. Clarified statement on electrostimulation by removing TENS language. Removed “noncontact” from NIRS heading. Updated FEP, background, rationale, coding, and references.
	12/01/2022 Administrative Update. Deleted code 0491T, 0492T & 0493T; effective 1/1/2023.
	05/25/2023 Administrative Update. Added codes 17999, 0479T, and 0480T for ablative laser treatment. Effective 7/1/2023
	10/05/2023 Administrative Update. Removed codes 0479T and 0480T and placed in MP 1.004.
	12/12/2023 Administrative Update. Added 0859T-0860T. Deleted 0641T-0642T
	01/31/2024 Minor Review. Electrostimulation is now MN with criteria. Created policy guidelines. Updated references. Code G0281 moved to MN coding table. Dx table now only relevant to Electrical Stimulation MN indication.
	12/11/2024 Administrative Update. Added 0906T, 0907T. Effective 1/1/2025.

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