Medical Policy

Blue Care Network of Michigan

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BCN Policy Effective Date: 7/10/25
(See policy history boxes for previous effective dates)

Title: Wound Therapy

Description/Background

Wound care involves evaluation and treatment of a wound. Healing is dependent on many factors including vascular disease, infection, immunosuppression, unrelieved pressure, radiation injury, nutrition, diabetes or other metabolic disorders. Wounds are categorized as either acute or chronic. Acute wounds normally heal in an orderly and timely manner. Wounds become chronic when they fail to progress through the normal stages of healing.

Multiple wound therapies are available and vary in their modalities. The type of therapy used to treat a wound is based on the status of the wound at the time therapy is initiated. Acute wounds are managed differently than chronic wounds.

Evidence of wound improvement includes measurable changes (decreases) of one or more of the following:

- Drainage
- Inflammation
- Swelling
- Pain
- Wound dimensions (diameter, depth)

A wound that shows no improvement after 30 days may require a new approach. Reassessment of the condition of the wound includes evaluating underlying infection, metabolic, nutritional or vascular problems inhibiting wound healing.

Hydrotherapies:
Hydrotherapy is used to increase perfusion to local tissues, control infection by removing debris and can be helpful for pain relief. Types of hydrotherapy include high pressure water jet, pulsed

lavage and immersion whirlpool therapy. These therapies are frequently performed in conjunction with physical therapy for wound cleansing and enhancement of the healing process.

Skilled Nursing Visits:
Skilled nursing visits to the patient's home for complex dressing changes may be needed in order to closely assess the wound and teach the family or caregivers to manage the necessary treatment. Disposable dressings and supplies for wound care may be covered as long as skilled nursing visits to the patient's home are authorized.

Noncontact Normothermic Wound Therapy:
Noncontact normothermic wound therapy (Warm-Up® Active Wound Therapy) uses a non-contact radiant-heat bandage to treat chronic venous ulcers when conventional wound-healing therapy has failed. The device consists of a noncontact, domed wound cover into which a flexible infrared heating card is inserted. A battery pack powers the device and warms the wound to a pre-determined temperature. The inside of the wound cover contains a foam ring, which acts as a wick to drain exudate from the wound.

Ultrasound Therapy:
Ultrasound (US) 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 kilohertz range have been examined. It has been proposed that low frequency ultrasound in this range may improve wound healing via the production, vibration and movement of micron-sized bubbles in the coupling medium and tissue.

The Mist Therapy™ System has been developed to provide simultaneous cleansing and debridement of wounds. Treatment involves holding an ultrasonic handset 0.5cm to 1.5 cm away from the wound and delivering a saline mist that carries low levels of ultrasonic energy into the wound. According to the device manufacturer, this treatment promotes healing of acute, traumatic and chronic wounds by stimulating cellular activities that contribute to healing and by cleaning the wound surface. Generally, individuals undergo Mist Therapy in an outpatient setting three sessions per week, with 3 to 12 minutes of treatment per session, depending on wound size.

Ultraviolet Therapy:
Light therapy or phototherapy consists of exposure to daylight or to specific wavelengths of light using lasers, light-emitting diodes, fluorescent lamps, dichroic lamps or very bright, full-spectrum light, for a prescribed amount of time and, in some cases, at a specific time of day.

Electrical Stimulation:
Electrical stimulation (ES) uses electrical current applied in close proximity to the wound. The types of ES can be classified into four groups based on the type of current: low intensity direct current, high voltage pulsed current, alternating current and transcutaneous electrical nerve stimulation. During the Medicare Advisory Panel review of the various ES devices it was concluded that they are safe for use on chronic stage III and stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers when used appropriately.

Electromagnetic Therapy:
Electromagnetic therapy for wounds uses a device that creates an electromagnetic field. Treatments usually last 30 minutes and are given twice a day, 3 times a week, for 1 month. It has not been shown that this treatment is an improvement over standard therapy for wounds.

Hyperbaric Oxygen:
Hyperbaric oxygen (HBO_2) therapy is a technique of delivering higher than atmospheric pressures of oxygen to body tissues. There are two methods of administration available, systemic and topical.

Systemic hyperbaric oxygen therapy is delivered in either a multiplace or a monoplace hyperbaric chamber. In a monoplace chamber, a single patient is placed in a pressurized chamber and breathes compressed oxygen. The multiplace chamber is larger and accommodates several individuals, with the individuals breathing oxygen through a mask, hood, or endotracheal tube. Pressures usually range from 2 to 3 ATA (atmosphere absolute), and treatments may last from 1 to 2 hours, several times per day for 20 to 60 treatments.

Topical hyperbaric oxygen therapy uses a technique to deliver 100 percent oxygen directly to an open, moist wound, at a pressure slightly higher than atmospheric pressure.

Regulatory Status:

Reference the specific policy, listed in Related Policies section, for this information.

Medical Policy Statement

Various types of wound management therapies have been established. They may be considered useful therapeutic options when indicated.

Inclusionary and Exclusionary Guidelines

Inclusions:

- Hydrotherapies, usually performed in conjunction with physical therapy for wound cleansing
- Skilled nursing visits to the individual's home for:
  - Initial assessment for management of a wound
  - Initial dressing changes for complex wounds or dressings
  - Instruction of family or caregivers to manage wound care and dressing changes

  Note: The agency providing skilled nursing visits is responsible for supplying disposable dressings and supplies for wound care throughout the time that skilled nursing visits are authorized.

Exclusions:

- Noncontact normothermic radiant heat bandages
- Ultrasound therapy
- Ultraviolet therapy

Refer to specific policies listed below for guidelines related to these wound therapies:

- Hyperbaric Oxygen Therapy, Systemic and Topical
- Electrical Stimulation for the Treatment of Chronic Wounds (Unattended) (Retired)
- Electromagnetic Therapy for the Treatment of Chronic Wounds (Retired)
- Extracorporeal Shock Wave Treatment of Wounds
- NearInfrared Spectroscopy for Wound Examination
- Noncontact Ultrasound Treatment for Wounds
- Platelet Rich Plasma Autologous Platelet-Derived Growth Factors as a Treatment of Wound Healing and other Non-Orthopedic conditions
- Skin and Tissue Substitutes

  Note: Refer to Medicare guidelines for negative pressure wound therapy

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CPT/HCPCS Level II Codes *(Note: The inclusion of a code in this list is not a guarantee of coverage. Please refer to the medical policy statement to determine the status of a given procedure)*

Established codes:

Multiple

Other codes (investigational, not medically necessary, not a benefit, etc.):

N/A

Rationale

Current literature supports the use of skilled nursing visits for in-home wound management, hydrotherapies such as whirlpool treatments, use of platelet-derived growth factors, some uses of electrical stimulation, systemic hyperbaric oxygen and negative pressure wound therapies. These various modalities have been proven safe and effective in specified situations.

Government Regulations

National:

There is no national coverage determination (NCD) that addresses general wound care.

Local:

Wisconsin Physicians Service Insurance Corporation
Local Coverage Determination (LCD): Wound Care (L37228)
Original Effective Date: For services performed on or after 04/16/2018
Revision Effective Date: For services performed on or after 3/27/2025

Coverage Indications, Limitations, and/or Medical Necessity
This Local Coverage Determination (LCD) offers coverage indications and guidelines for wound care involving: debridement, electrical stimulation and electromagnetic therapy, negative pressure wound therapy, low frequency non-contact non-thermal ultrasound (MIST Therapy), and topical oxygen therapy (TOT).

For the purposes of this LCD, wound care is defined as care of wounds that are refractory to healing or have complicated healing cycles either because of the nature of the wound itself or because of complicating metabolic and/or physiological factors.

Active wound care procedures are performed to remove necrotic tissue and/or devitalized tissue to promote healing. Providers are responsible to determine medical necessity and use the appropriate current CPT/HCPCS code for service provided. Please consult the current AMA CPT book for the complete code description of the procedures being performed to submit claims.

This LCD supplements but does not replace, modify or supersede existing Medicare applicable National Coverage Determinations (NCDs) or payment policy rules and regulations for additional wound care. Federal statute and subsequent Medicare regulations regarding provision and payment for medical services are lengthy. They are not repeated in this LCD. Neither Medicare payment policy rules nor this LCD replace, modify or supersede applicable state statutes regarding medical practice or other health practice professions acts, definitions and/or scopes of practice. All providers who report services for Medicare payment must fully understand and follow all existing laws, regulations and rules for Medicare payment for additional wound care sessions and must properly submit only valid claims for them. Please review and understand them and apply the medical necessity provisions in the policy within the

context of the manual rules. Relevant CMS manual instructions and policies are provided in CMS National Coverage Policy section.

This policy **does not** address metabolically active human skin equivalent/substitute dressings, burns, skin cancer or hyperbaric oxygen therapy.

Debridement
Debridement is defined as the removal of foreign material and/or devitalized or contaminated tissue from or adjacent to a traumatic or infected wound until surrounding healthy tissue is exposed. This LCD applies to debridement of localized areas such as wounds and ulcers. The mere removal of secretions, cleansing of a wound, does not represent a debridement service.

At least ONE of the following conditions must be present and documented:

- Pressure ulcers, Stage II, III or IV,
- Venous insufficiency ulcers,
- Arterial insufficiency ulcers inclusion diabetic lower extremity ulcers,
- Dehiscenced wounds,
- Wounds with exposed hardware or bone,
- Neuropathic ulcers,
- Neuroischaemic ulcers,
- Diabetic foot ulcer(s),
- Complications of surgically created or traumatic wound where accelerated granulation therapy is necessary which cannot be achieved by other available topical wound treatment.

Should deep tissue pressure injury or Stage II injury progress to Unstageable, Stage III or Stage IV requiring debridement then documentation supporting this must be included in the medical record
[See the LCD for more detailed information regarding debridement.]

Biophysical Agents
Biophysical agents or modalities such as electrical stimulation; induced electrical stimulation; negative pressure wound therapy; hyperbaric oxygen; and non-contact, non-thermal ultrasound all add some form of energy to the wound bed to help drive the healing process forward, especially in the compromised tissues of individuals who tend to get pressure ulcers.

Electrical Stimulation and Electromagnetic Therapy
Please refer to: CMS Publication 100-03, *Medicare National Coverage Determination Manual,* Chapter 1-Part 4, § 270.1 Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds.

Negative Pressure Wound Therapy
Negative Pressure Wound Therapy (NPWT), utilizing either durable or disposable medical equipment, involves the application of controlled or intermittent negative pressure to a properly dressed wound cavity. Suction (negative pressure) is applied under airtight wound dressings to promote the healing of open wounds **resistant to prior treatments**. Coverage of traditional

NPWT (tNPWT) device/unit/type, or supplies is under DME and providers should consult their DME LCD for specific coverage, parameters, and guidelines.

Low Frequency, Non-contact, Non-thermal Ultrasound (MIST Therapy)
Low frequency, non-contact, non-thermal ultrasound is a system that uses continuous low frequency ultrasonic energy to atomize a liquid and deliver continuous low frequency ultrasound to the wound bed. This modality is often referred to as “MIST Therapy”.

There should be documented improvements in the wound(s) evident after six MIST treatments. Improvements include documented reduction in pain, necrotic tissue, or wound size or improved granulation tissue. Continuing MIST treatments for wounds demonstrating no improvement after six treatments is considered not reasonable and necessary. No more than 18 services of low frequency, non-contact, non-thermal ultrasound (MIST Therapy) within a six-week period will be considered reasonable and necessary. Also, Low Frequency, Non-Contact, Non-Thermal Ultrasound treatments would be separately billable if other active wound management and/or wound debridement is not performed.

Topical Oxygen Therapy
Refer to Change Request (CR) 10220, *Hyperbaric Oxygen (HBO) Therapy (Section C, Topical Application of Oxygen).*

Wisconsin Physicians Service Insurance Corporation
Local Coverage Article: Billing and Coding: Wound Care (A55909)
Original Effective Date 04/16/2018
Revision Effective Date 10/01/2024

Coverage Guidelines:
Negative Pressure Wound Therapy (NWPT)

Coverage of traditional Negative Pressure Wound Therapy (tNPWT) device/unit/type, or supplies is covered under the Durable Medical Equipment benefit (Social Security Act §1861(s)(6)), and providers should consult their DME LCD for specific coverage, parameters, and guidelines.

Billing and Coding Guidelines for Wound Care

Wound Care (CPT Codes 97597, 97598 and 11042-11047)

1. When hydrotherapy (whirlpool) is billed by a therapist with CPT codes 97597 or 97598, the documentation must reflect the clinical reasoning why hydrotherapy was a necessary component of the total wound care treatment for removing of devitalized and/or necrotic tissue. The documentation must also reflect that the skill set of a therapist was required to perform this service in the given situation.
2. Separate billing of whirlpool (97022) is not permitted with 97597-97598 unless it is provided for a different body part than the wound care treatment body part.
3. Local infiltration, such as a metatarsal/digital block or topical anesthesia, is included in the reimbursement for debridement services and is not separately payable. Anesthesia

administered by or incident to the provider performing the debridement procedure is not separately payable.

4. CPT Codes 97597 and 97598 are considered “sometimes” therapy codes. If billed by a therapist when the patient is under a home health benefit, it may be covered by the Home Health agency, if part of their plan of care. If it is a physician or non-physician practitioner that is billing these “sometimes” therapy codes, it is paid under Part B even if the beneficiary is under an active home health plan of care. CMS Publication 100-02, *Medicare Coverage Policy Manual*, Chapter 7 – Home Health Services, Section 10.11 – Consolidated Billing, C. Relationship Between Consolidated Billing Requirements and Part B Supplies and Part B Therapies Included in the Baseline Rates That Could Have Been Unbundled Prior to HH PPS That No Longer Can Be Unbundled.
5. For Part B, CPT code 97602 has been assigned a status indicator "B"(Bundled) in the Medicare Physician Fee Schedule Database (MPFSDB), meaning that it is not separately payable under Medicare Part B. For Part A, CPT code 97602 is designated as a “sometimes therapy” service.
6. Documentation must support the CPT/HCPCS Code(s) being billed.
7. CPT code 97026 Infrared is not covered per NCD 270.6 Infrared Therapy Devices.
8. Ultra-sound (97035) for Wound Care and phototherapy-ultraviolet (97028) modalities are not payable per the LCD.

(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)

Related Policies

- Hyperbaric Oxygen Therapy, Systemic and Topical
- Electrical Stimulation for the Treatment of Chronic Wounds (Unattended) (Retired)
- Electromagnetic Therapy for the Treatment of Chronic Wounds (Retired)
- Extracorporeal Shock Wave Treatment of Wounds
- Near-Infrared Spectroscopic Examination of Wounds
- Non-Contact Ultrasound Treatment for Wounds
- Platelet Rich Plasma Autologous Platelet-Derived Growth Factors as a Treatment of Wound Healing and Other Non-Orthopedic Conditions.
- Skin and Tissue Substitutes

References

1. Blue Cross Blue Shield Association. Noncontact Radiant Heat Bandage for the Treatment of Wounds. Medical Policy Reference Manual, # 2.01.41, Original Policy Date May 2001, Issue 7:2008, Last reviewed date, July 2008, Archived 7/9/09.
2. Chaby, G. “Dressings for acute and chronic wounds: A systematic review,” Archives of Dermatology, Vol. 143. No. 10, 2007, pp. 1297-1304.

3. Moore, Z., “A systematic review of wound cleansing for pressure ulcers,” Journal of Clinical Nursing, Vol. 17, No. 15, 2008, pp. 1963-1972.
4. Centers for Medicare & Medicaid Services, Wisconsin Physicians Service (WPS) Insurance Corporation, Local Coverage Determination (LCD) Wound Care (L37228) Original Effective Date 04/16/2018, Revision Effective Date 03/27/2025.
5. Centers for Medicare & Medicaid Services, Wisconsin Physicians Service (WPS) Insurance Corporation, Local Coverage Article Wound Care (A55909) Original Effective Date 04/16/2018, Revision Effective Date 10/01/2024.

The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through 03/31/2025, the date the research was completed.

BCN Medical Policy History

Date	Rationale
05/08/01	BCN policy established
01/16/04	Routine maintenance
09/16/05	Routine maintenance: code G0281 added
09/24/06	Routine maintenance
08/15/07	Routine maintenance
12/19/07	Routine maintenance
10/28/08	Routine maintenance
9/23/09	Routine maintenance
9/15/10	Routine maintenance, all references to Platelet Derived Growth Factors removed from this policy due to establishment of Jump policy “Platelet Derived Growth Factors used for Wound Healing” effective 7/1/10
11/14/11	Routine maintenance
10/17/12	Routine maintenance
10/16/13	Routine maintenance
11/19/14	Routine maintenance
11/18/15	Routine maintenance
11/16/16	Routine maintenance
11/15/17	Routine maintenance
11/14/18	Routine maintenance; Medicare LCD L34587 retired, replaced with L37228.
9/24/19	Routine maintenance
7/9/20	Routine maintenance; Article A55909 added
7/15/21	Routine maintenance
7/7/22	Routine maintenance
7/13/23	Routine maintenance (jf) Vendor Managed: NA
7/11/24	Routine maintenance (jf) Vendor Managed: NA
7/10/25	Routine maintenance (jf)

	Vendor Managed: NA

Next Review: 3rd Qtr, 2026

MEDICAL POLICY TITLE: WOUND THERAPY
BCN BENEFIT ADMINISTRATION

I. Coverage Determination

Commercial HMO (includes Self-Funded groups unless otherwise specified)	Covered, criteria apply
BCNA (Medicare Advantage)	See Government Regulations section.
BCN65 (Medicare Complementary)	Coinsurance covered if primary Medicare covers the service

II. Administrative Guidelines

- The member's contract must be active at the time the service is rendered.
- Coverage is based on each member's certificate and is not guaranteed. Please consult the member's certificate for details. Additional information regarding coverage or benefits may also be obtained through customer or provider inquiry services at BCN.
- The service must be authorized by the member's PCP except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Services must be performed by a BCN-contracted provider, if available, except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Payment is based on BCN payment rules, individual certificate and certificate riders.
- Appropriate copayments will apply. Refer to certificate and applicable riders for detailed information.
- CPT - HCPCS codes are used for descriptive purposes only and are not a guarantee of coverage.