Medical Coverage Policy | Interferential Current Stimulation

EFFECTIVE DATE:03|03|2015
POLICY LAST UPDATED: 06|16|2021

OVERVIEW
Interferential current stimulation (IFS) is a type of electrical stimulation. It is believed that IFS permeates the tissues more effectively and thus is more comfortable than transcutaneous electrical nerve stimulation (TENS). IFS has primarily been investigated as a technique to reduce pain but has also been proposed to increase function of patients with osteoarthritis and to treat other conditions such as dyspepsia, irritable bowel syndrome, and constipation.

MEDICAL CRITERIA
Not applicable.

PRIOR AUTHORIZATION
Prior authorization review is not required.

POLICY STATEMENT
Medicare Advantage Plans
Interferential current stimulation is considered medically necessary.

Note: Blue Cross & Blue Shield of Rhode Island (BCBSRI) must follow Centers for Medicare and Medicaid Services (CMS) guidelines, such as national coverage determinations or local coverage determinations for all Medicare Advantage Plans policies. Therefore, Medicare Advantage Plans policies may differ from Commercial products. In some instances, benefits for Medicare Advantage Plans may be greater than what is allowed by the CMS.

Commercial
Interferential current stimulation is considered not medically necessary as the evidence is insufficient to determine the effects of the technology on health outcomes.

COVERAGE
Benefits may vary between groups/contracts. Please refer to the appropriate Member Certificate, Subscriber Agreement, or Evidence of Coverage for applicable not medically necessary coverage.

BACKGROUND
Commercial
Interferential current stimulation (IFS) is a type of electrical stimulation used to reduce pain. The technique has been proposed to decrease pain and increase function in patients with osteoarthritis and to treat other conditions such as constipation, irritable bowel syndrome, dyspepsia, and spasticity. For individuals who have musculoskeletal conditions who receive IFS, the evidence includes randomized controlled trials (RCTs) and meta-analyses. Relevant outcomes are symptoms, functional outcomes, quality of life, medication use, and treatment-related morbidity. Placebo-controlled randomized trial(s) have found that IFS, when used to treat musculoskeletal pain and impaired function(s), does not
significantly improve outcomes; additionally, a meta-analysis of placebo-controlled trials did not find a significant benefit of IFS for decreasing pain or improving function. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have gastrointestinal disorders who receive IFS, the evidence includes RCTs. Relevant outcomes are symptoms, functional outcomes, quality of life, medication use, and treatment-related morbidity. IFS has been tested for a variety of gastrointestinal conditions, with a small number of trials completed for each condition. The results of the trials are mixed, with some reporting benefit and others not. This body of evidence is inconclusive on whether IFS is an efficacious treatment for gastrointestinal conditions. The evidence is insufficient to determine the effects of the technology on health outcomes.

Regulatory Status
A number of IFS devices have been cleared for marketing by the U.S. Food and Drug Administration through the 510(k) process, including the Medstar™ 100 (MedNet Services) and the RS-4i® (RS Medical). IFS may be included in multimodal electrotherapy devices such as transcutaneous electrical nerve stimulation and functional electrostimulation.

Medicare Advantage Plans
Most non-wound care electrical stimulation treatment provided in therapy should be billed as G0283 as it is often provided in a supervised manner (after skilled application by the qualified professional/auxiliary personnel) without constant, direct contact required throughout the treatment.

Code G0283 is classified as a "supervised" modality, even though it is labeled as "unattended." A supervised modality does not require direct (one-on-one) patient contact by the provider. Most electrical stimulation conducted via the application of electrodes is considered unattended electrical stimulation. Examples of unattended electrical stimulation modalities include interferential current), TENS, cyclical muscle stimulation (Russian stimulation).

These modalities should be utilized with appropriate therapeutic procedures to facilitate continued improvement. **Note:** Coverage for this indication is limited to those patients where the nerve supply to the muscle is intact, including brain, spinal cord, and peripheral nerves, and other non-neurological reasons where disuse is causing the atrophy (e.g., post-casting or splinting of a limb, and contracture due to soft tissue scarring).

If unattended electrical stimulation is used for control of pain and swelling, there should be documented objective and/or subjective improvement in swelling and/or pain within 6 visits. If no improvement is noted, a change in treatment plan (alternative strategies) should be implemented or documentation should support the need for continued use of this modality.

Documentation must clearly support the need for electrical stimulation for more than 12 visits. Some patients can be trained in the use of a home TENS unit for pain control. Only 1-2 visits should be necessary to complete the training (which may be billed as 97032). Once training is completed, code G0283 should not be billed as a treatment modality in the clinic.

CODING

Medicare Advantage Plans
The following code(s) are considered medically necessary:
S8130 Interferential current stimulator, 2 channel
S8131 Interferential current stimulator, 4 channel
E0745 Neuromuscular stimulator, electronic shock unit
G0283 Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care

Commercial
The following code(s) are not medically necessary:
S8130 Interferential current stimulator, 2 channel
S8131 Interferential current stimulator, 4 channel

RELATED POLICIES
None

PUBLISHED
Provider Update, August 2021
Provider Update, August 2020
Provider Update, October 2019
Provider Update, September 2018
Provider Update, June 2017

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