Medical Coverage Policy | Interferential Current Stimulation

EFFECTIVE DATE:03|03|2015
POLICY LAST UPDATED: 07|06|2022

OVERVIEW
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.

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 that has been investigated as a technique to reduce pain, improve function and range of motion, and treat gastrointestinal disorders. This stimulation uses paired electrodes of 2 independent circuits carrying high-frequency and medium-frequency alternating currents. The superficial electrodes are aligned on the skin around the affected area. It is believed that IFS permeates the tissues more effectively, and with less unwanted stimulation of cutaneous nerves, and is more comfortable than transcutaneous electrical nerve stimulation. There are no standardized protocols for the use of IFS; IFS may vary by the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique.

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). Interferential current stimulation 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

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

RELATED POLICIES

Not applicable.

PUBLISHED

Provider Update, September 2022
Provider Update, August 2021
Provider Update, August 2020
Provider Update, October 2019
Provider Update, September 2018

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