**Medical Coverage Policy**

**Electrical Stimulation for Treatment of Arthritis**

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**Effective Date:** 10/19/2006  
**Policy Last Updated:** 7/5/2011

- **Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

- **Prospective review is not required.**

**Description:**

Electrical stimulation has been used to improve functional status and relieve pain related to osteoarthritis and rheumatoid arthritis unresponsive to other standard therapies. Electrical stimulation is provided by an electronic device that non-invasively delivers a low voltage, monophasic electrical field to the target site of pain.

The BioniCare Bio-1000™ stimulator is a device that has received U.S. Food and Drug Administration (FDA) 510(k) marketing clearances to deliver pulsed electrical stimulation for the treatment of osteoarthritis of the knee and rheumatoid arthritis of the hand. The FDA gave the BioniCare Bio-1000™ clearance after finding it to be substantially equivalent to transcutaneous electrical nerve stimulation devices.*

The FDA’s 510(k) summaries specify the BioniCare Stimulator, Model Bio-1000™ is indicated for use as an adjunctive therapy in reducing the level of pain and:

- symptoms associated with osteoarthritis of the knee and for overall improvement of the knee as assessed by the physician’s global evaluation (clinical studies);
  - and
- stiffness associated with pain from rheumatoid arthritis of the hand.

The BioniCare system is contraindicated in patients with demand-type pacemakers and may interfere with other electronic devices.

A review of the literature has not found adequate evidence to indicate the use of electrical/electromagnetic stimulation for the treatment of arthritis will result in improvements in health outcomes. Only one published study on the use of electrical/electromagnetic stimulation which used the BioniCare device for osteoarthritis of the knee has been identified. No published studies of BioniCare for rheumatoid arthritis were identified.

**Medical Criteria:**

Not applicable.
Policy:
Electrical stimulation for the treatment of arthritis is considered not medically necessary as its clinical efficacy has not been established.

Coverage:
Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, or Benefit Booklet for the definition of not medically necessary services.

Coding:
Although there is no code specific to electrical stimulation for the treatment of arthritis, E0762 is often used. E0762 is not medically necessary.

E0762 Transcutaneous electrical joint stimulation device system, includes all accessories

Also Known As:
BioniCare system™

Related Topics:
Transcutaneous electrical nerve stimulator

Published:
Policy Update, Dec 2006
Policy Update, Feb 2007
Policy Update, Dec 2007
Provider Update, Oct 2008
Provider Update, Sep 2009
Provider Update, Aug 2010
Provider Update, Aug 2011

References:


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