

Medical Coverage Policy



Interferential Stimulation for Treatment of Pain

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	10/16/2007	Policy Last Updated:	5/15/2012
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

Interferential 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). Interferential stimulation has been investigated as a technique to reduce pain, improve range of motion, or promote local healing following various tissue injuries.

Interferential stimulation (IFS) is a type of electrical stimulation that uses paired electrodes of 2 independent circuits carrying high-frequency (4,000 Hz) and medium-frequency (150 Hz) 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, is more comfortable than transcutaneous electrical stimulation (TENS). Interferential stimulation has been investigated as a technique to reduce pain, improve range of motion, or promote local healing following various tissue injuries. There are no standardized protocols for the use of interferential therapy; the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique.

A number of interferential stimulator devices have received 510(k) marketing clearance from the U.S. Food and Drug Administration (FDA), including the Medstar™ 100 (MedNet Services) and the RS-4i® (RS Medical).

Clinical practice guidelines from the American College of Physicians and the American Pain Society concluded that there was insufficient evidence to recommend interferential stimulation for the treatment of low back pain.

Medical Criteria:

Not applicable.

Policy:

Interferential current stimulation is considered not medically necessary for treatment of pain as the available scientific evidence is insufficient to permit conclusions concerning the effect of the technology on net health outcomes.

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate member certificate/subscriber agreement/evidence of coverage for applicable not medically necessary coverage.

Coding:

There are no specific CPT codes describing interferential current stimulation. The following CPT codes might be used: 64550, 97014

The following HCPCS code might also be used:

G0283: Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care.

Also Known As:

Not applicable

Published:

Provider Update, Mar 2011

Provider Update, Jan 2012

Provider Update, Jul 2012

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