

Medical Coverage Policy | Interferential Current Stimulation



EFFECTIVE DATE: 06|07|2011
POLICY LAST UPDATED: 10|01|2015

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

BlueCHiP for Medicare

Interferential current stimulation is considered medically necessary.

NOTE: Medicare policy is developed separately from BCBSRI policy. Medicare policy incorporates consideration of governmental regulations from the Centers for Medicare and Medicaid Services (CMS), such as national coverage determinations or local coverage determinations. In addition to benefit differences, CMS may reach different conclusions regarding the scientific evidence than BCBSRI. Medicare and BCBSRI policies may differ. However, BlueCHiP for Medicare members must be offered, at least, the same services that Medicare offers.

Commercial

Interferential current stimulation is considered not medically necessary as there is insufficient peer-reviewed scientific literature that demonstrates that the procedure/service is effective.

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 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 with less unwanted stimulation of cutaneous nerves, and is more comfortable than transcutaneous electrical nerve stimulation (TENS). Interferential stimulation has been investigated as a technique to reduce pain, improve range of motion, and treat a variety of gastrointestinal disorders. 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).

There is insufficient evidence from well-designed trials that IFS improves health outcomes (e.g., pain, range of motion) for patients diagnosed with painful musculoskeletal conditions. The limited amount of evidence from a few small trials comparing IFS alone to a placebo or sham intervention for treating does not consistently show benefit. There is also insufficient evidence that IFS improves health outcomes for patients with other conditions, such as dyspepsia, irritable bowel syndrome, and constipation. Therefore, IFS is considered not medically necessary.

BlueCHiP for Medicare

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

Blue CHiP for Medicare

The following codes are considered medically necessary:

S8130 Interferential current stimulator, 2 channel

S8131 Interferential current stimulator, 4 channel

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 codes are not medically necessary:

S8130 Interferential current stimulator, 2 channel

S8131 Interferential current stimulator, 4 channel

RELATED POLICIES

None

PUBLISHED

Provider Update May 2015

Provider Update, Aug 2013

Provider Update, Jul 2012

Provider Update, Jan 2012

Provider Update, Mar 2011

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