Medical Coverage Policy

Interferential Current Stimulation

☒ Device/Equipment ☐ Drug ☐ Medical ☐ Surgery ☐ Test ☐ Other

Effective Date:	10/16/2007	Policy Last Updated:	5/21/2013

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

☒ **Prospective review is not required.**

Description:

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). Interferential current stimulation has been investigated primarily 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.

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 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, 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 interferential current stimulation (IFS), a type of electrical stimulation, 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, interferential stimulation is considered not medically necessary.

Medical Criteria:

None

Policy:

All Products:

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

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:

All Products:

The following codes are considered not medically necessary:

S8130 Interferential current stimulator, 2 channel
S8131 Interferential current stimulator, 4 channel

Also Known As:
None

Published:
Provider Update, Aug 2013
Provider Update, Jul 2012
Provider Update, Jan 2012
Provider Update, Mar 2011

References:

1. Fuentes JP, Armijo Olivo S, Magee DJ et al. Effectiveness of interferential current therapy in the management of musculoskeletal pain: a systematic review and meta-analysis. Phys Ther 2010; 90(9):1219-38.
2. Defrin R, Ariel E, Peretz C. Segmental noxious versus innocuous electrical stimulation for chronic pain relief and the effect of fading sensation during treatment. Pain 2005; 115(1-2):152-60.
3. Taylor K, Newton RA, Personius WJ et al. Effects of interferential current stimulation for treatment of subjects with recurrent jaw pain. Phys Ther 1987; 67(3):346-50.
4. Atamaz FC, Durmaz B, Baydar M et al. Comparison of the efficacy of transcutaneous electrical nerve stimulation, interferential currents, and shortwave diathermy in knee osteoarthritis: a double-blind, randomized, controlled, multicenter study. Arch Phys Med Rehabil 2012; 93(5):748-56.
5. Facci LM, Nowotny JP, Tormem F et al. Effects of transcutaneous electrical nerve stimulation (TENS) and interferential currents (IFC) in patients with nonspecific chronic low back pain: randomized clinical trial. Sao Paulo Med J 2011; 129(4):206-16.

History:

Annual Review - April 2013

supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.