

Medical Coverage Policy



**Blue Cross
Blue Shield**
of Rhode Island

Transcutaneous Electrical Modulation Pain Reprocessing

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	4/19/2011	Policy Last Updated:	4/3/2012
-----------------	-----------	----------------------	----------

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

Prospective review is not required.

Description:

Transcutaneous electrical modulation pain reprocessing (TEMPR) is thought to provide effective, non-invasive pain relief to pain without the use of addictive medication. TEMPOR treatment is thought to be effective for the most intense forms of chronic pain (oncologic/cancer, failed back surgery, sciatica, and other types of chronic neuropathic pain).

The therapy treats pain using a biophysical approach rather than the common biochemical process (e.g. pain blocking techniques using drugs). Multiple pain areas may be treated by applying surface electrodes to the skin. The device creates and sends a no-pain signal which becomes the dominant signal received by the brain, thus overriding the pain signal and providing relief for the patient. Pain relief is thought to be nearly totally removed during treatment, with subsequent treatments as necessary.

Although the TEMPOR device has been approved by the FDA, evidence to date is limited. Therefore, the TEMPOR device is **not medically necessary** as there is insufficient peer-reviewed scientific literature to demonstrate its efficacy.

Medical Criteria:

Not applicable.

Policy:

Transcutaneous electrical modulation pain reprocessing is considered **not medically necessary** as there is insufficient evidence in published, peer-reviewed literature to support its efficacy.

Coverage:

The following code is **not medically necessary**:

0278T

Coding:

At this time there is no specific code for transcutaneous electrical modulation pain reprocessing.

Also known as:

Calmare® Pain Relief Therapy
Scrambler Therapy

Related topics:

Not applicable

Published:

Provider Update, July 2011

Provider Update, June 2012

Reference:

Calmare Therapies Pain Relief Center, LLC. Retrieved on 3/17/11:

<http://www.calmarett.com/about/index.html>

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will 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.