OVERVIEW
Subsensory pulsed electrical stimulation is one form of electrical stimulation. Pulsed electrical stimulation using surface electrodes is being evaluated for the treatment of arthritis.

PRIOR AUTHORIZATION
Prior Authorization review is not required.

POLICY STATEMENT
BlueCHiP for Medicare and Commercial
Electrical stimulation for the treatment of arthritis is considered not medically necessary as there is insufficient peer-reviewed scientific literature that demonstrates that the procedure/service is effective.

MEDICAL CRITERIA
Not applicable.

BACKGROUND
Electrical stimulation has been used to improve functional status and relieve pain related to osteoarthritis and rheumatoid arthritis unresponsive to other standard therapies. Noninvasive electrical stimulators generate a weak electrical current within the target site using pulsed electromagnetic fields, capacitive coupling, or combined magnetic fields. In capacitive coupling, small skin pads/electrodes are placed on either side of the knee or wrist.

Electrical stimulation is provided by an electronic device that non-invasively delivers a subsensory low voltage, monophasic electrical field to the target site of pain. Pulsed electromagnetic fields are delivered via treatment coils that are placed over the skin. Combined magnetic fields deliver a time-varying magnetic field by superimposing the time-varying magnetic field onto an additional static magnetic field.

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 (TENS) devices. The BioniCare system consists of an electronic stimulator device with electrical leads that are placed over the affected area and held in place with a lightweight, flexible wrap and Velcro fasteners. The battery-powered device delivers small pulsed electrical currents of 0.0 to 12.0 volt output. It is recommended that the device be worn for at least 6 hours per day, and patients are reported to often wear the device while sleeping. It is proposed that the device treats the underlying cause of the disease by stimulating the joint tissue and improving the overall health of the joint and that it provides a slow-acting, but longer-lasting improvement in symptoms.

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.

The OrthoCor™ Active Knee System (OrthoCor Medical) uses pulsed electromagnetic field energy at a radio frequency of 27.12 MHz to treat pain. The OrthoCor Knee System received marketing clearance from the FDA in 2009 and is classified as a shortwave diathermy device for use other than applying therapeutic deep heat. It is indicated for adjunctive use in the palliative treatment of postoperative pain and edema in superficial soft tissue and for the treatment of muscle and joint aches and pain associated with overexertion, strains, sprains, and arthritis. The system includes single-use packs (pods) that deliver hot or cold and are supplied in packets of 15. The predicate devices are the OrthoCor (K091640) and Ivivi Torino II™.

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. Therefore electrical stimulation for the treatment of arthritis is considered not medically necessary as there is no proven efficacy.

**COVERAGE**

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for limitations of benefits/coverage when services are not medically necessary.

**CODING**

BlueCHiP for Medicare and Commercial

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

**RELATED POLICIES**

Not applicable.

**PUBLISHED**

<table>
<thead>
<tr>
<th>Provider Update</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jun 2014</td>
<td></td>
</tr>
<tr>
<td>Aug 2013</td>
<td></td>
</tr>
<tr>
<td>Sep 2012</td>
<td></td>
</tr>
<tr>
<td>Aug 2011</td>
<td></td>
</tr>
<tr>
<td>Aug 2010</td>
<td></td>
</tr>
<tr>
<td>Sep 2009</td>
<td></td>
</tr>
<tr>
<td>Oct 2008</td>
<td></td>
</tr>
</tbody>
</table>

**REFERENCES**


6. Caldwell J, Zizie T. Pulsed electrical stimulation (PES) treatment of hand rheumatoid arthritis (RA) improves patient pain, physician global evaluation of disease and patient functional assessment but causes a large placebo effect in tender and swollen joint counts. Presentation at American College of Rheumatology Annual Scientific Meeting, November, 2005. Presentation No. 1463; Poster Board No. 239 San Diego, California.


