ELECTRICAL STIMULATION

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Description:

Form-Fitting Conductive Garment:
Customized body-contoured garment for electrical stimulation. All electrodes and lead wires are sewn into the garment to simplify lead placement and minimize setup time.

High Voltage Galvanic Stimulation (HVGS):
An interrupted, pulsed direct current that causes electrochemical changes at the cellular level. The cellular changes cause reflex vasodilation that may be effective in controlling localized pain. HVGS is also known as High Voltage Pulsed Current (HVPC), Electro-galvanic Stimulation, or Hi-Volt.

Micro Current Therapy™:
Micro current therapy, also known as microcurrent electrical neuromuscular stimulation (MENS), is a small, ‘band-aid’ sized device attached directly to the skin over the intended treatment area. Once activated, produces a low amperage, pulsating electrical current that radiates into the affected area, attracting blood and oxygen to the injured part and stimulating the body’s healing process.
ELECTRICAL STIMULATION (cont.)

Description: (cont.)

Rebuilder® System:
A transcutaneous nerve and muscle stimulator that has been investigated for pain relief by opening nerve pathways, causing muscles to contract and relax and stimulating the brain to release endorphins. Consists of controller and electrode pads that are placed directly on affected area.

Sympathetic Therapy:
Delivers electrical current via four electrodes placed strategically on the lower legs and feet, or on the arms and hands. The electrodes access the autonomic nervous system through the peripheral nerves with the intent of altering or masking the perception of chronic systemic pain. Known as Dynatron STS® and Dynatron STS® Rx Therapy System.

Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR):
TEMPR, also known as Scrambler Therapy®, is a multi-channel electrical stimulation device that allows simultaneous treatment of a number of pain sites. Stimulation impulses are generated and controlled according to a stored program to provide pain relief by interrupting transmission of pain signals by delivering electrical stimulation that is interpreted by the nervous system as ‘no pain.’

Treatment involves the initial physician consultation to discern the most effective electrode placement points followed by interactive physician-supervised treatment sessions that typically last one hour. Treatment is administered in the physician office setting under direct supervision to treat neuropathic pain, including pain associated with chemotherapy-induced peripheral neuropathy. Devices include, but are not limited to, CALMARE® device.
ELECTRICAL STIMULATION (cont.)

Criteria:

For treatment of arthritis, see BCBSAZ Medical Coverage Guideline, “Electrical Stimulation for Treatment of Arthritis”.

For H-wave electrical stimulation, see BCBSAZ Medical Coverage Guideline, “H-Wave Electrical Stimulation”.

For interferential current stimulation, see BCBSAZ Medical Coverage Guideline, “Interferential Current Stimulation”.

For neuromuscular electrical stimulation (NMES), see BCBSAZ Medical Coverage Guideline, “Neuromuscular Electrical Stimulation”.

For transcutaneous electrical nerve stimulation (TENS) for treatment of wounds, see BCBSAZ Medical Coverage Guideline, “Electrostimulation and Electromagnetic Therapy for the Treatment of Wounds”.

HVGS:

For HVGS for treatment of wounds, see BCBSAZ Medical Coverage Guideline, “Electrostimulation and Electromagnetic Therapy for the Treatment of Wounds”.

- HVGS is considered medically necessary for ANY of the following:
  1. Symptomatic relief of chronic (3 months or greater), intractable, localized pain
  2. Management of post-surgical localized pain when oral or intravenous medications have failed to control pain or are contraindicated

- HVGS for all other indications not previously listed is considered experimental or investigational based upon:
  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
  4. Insufficient evidence to support improvement outside the investigational setting.

These indications include, but are not limited to:

- Labor and vaginal delivery pain relief
- Treatment of dementia
- Treatment of edema
- Treatment of swelling
ELECTRICAL STIMULATION (cont.)

Criteria: (cont.)

Form-Fitting Conductive Garment:

- Form-fitting conductive garment is considered comfort and convenience and, therefore, a benefit plan exclusion and not eligible for coverage.

Micro Current Therapy (MCT Patch):

- Micro Current Therapy is available as an over-the-counter device and is, therefore, considered a benefit plan exclusion and not eligible for coverage.

Rebuilder System:

- Rebuilder System for home use that is obtainable without a prescription is considered a benefit plan exclusion and not eligible for coverage as durable medical equipment under the medical benefit.

- Rebuilder System is considered experimental or investigational based upon:
  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

Sympathetic Therapy:

- Sympathetic Therapy is considered experimental or investigational based upon insufficient scientific evidence to permit conclusions concerning the effect on health outcomes.

Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR):

- TEMPR for all indications are considered experimental or investigational based upon:
  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
  4. Insufficient evidence to support improvement outside the investigational setting.
ELECTRICAL STIMULATION (cont.)

Resources:


CALMARE is a registered trademark of Competitive Technologies, Inc., an independent corporation that is not affiliated with BCBSAZ.

Dynatron STS is a registered trademark of Dynatronics Corp., an independent corporation that is not affiliated with BCBSAZ.

Micro current therapy is a trademark of Bio-Therapeutic, an independent corporation that is not affiliated with BCBSAZ.

ReBuilder is a registered trademark of ReBuilder Medical, Inc., an independent corporation that is not affiliated with BCBSAZ.

Scrambler Therapy is a registered trademark of Giuseppe Marineo, an individual who is not affiliated with BCBSAZ.