Medical Policy

Electrical Stimulation for the Treatment of Arthritis

Table of Contents
- Policy: Commercial
- Coding Information
- Policy: Medicare
- Description
- Authorization Information
- Policy History
- Information Pertaining to All Policies
- References

Policy Number: 302
BCBSA Reference Number: 1.01.27
NCD/LCD: NA

Related Policies
- Transcutaneous Electrical Nerve Stimulation (TENS) #003
- Electrical Bone Growth Stimulation of the Appendicular Skeleton #499

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Medicare HMO BlueSM and Medicare PPO BlueSM Members

Electrical stimulation for the treatment of osteoarthritis or rheumatoid arthritis is INVESTIGATIONAL.

Prior Authorization Information

Pre-service approval is required for all inpatient services for all products. See below for situations where prior authorization may be required or may not be required for outpatient services.

Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.
N/A indicates that this service is primarily performed in an inpatient setting.

<table>
<thead>
<tr>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
</tr>
<tr>
<td>Commercial PPO and Indemnity</td>
</tr>
<tr>
<td>Medicare HMO BlueSM</td>
</tr>
<tr>
<td>Medicare PPO BlueSM</td>
</tr>
</tbody>
</table>

CPT Codes / HCPCS Codes / ICD Codes

The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.
Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

**CPT Codes**
There is no specific CPT code for this service.

**HCPCS Codes**

<table>
<thead>
<tr>
<th>HCPCS codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E0762</td>
<td>Transcutaneous electrical joint stimulation device system, includes all accessories</td>
</tr>
</tbody>
</table>

**ICD-9 Diagnosis Codes**
Investigational for all diagnoses.

**Description**
Osteoarthritis is the most common form of joint disease. It is characterized by a progressive loss of articular cartilage, osteophyte formation (bone spurs), thickening of subchondral bone (located just below joint cartilage), and subchondral cyst formation. It is a disease of inflammation and cartilage degradation causing pain and limited mobility.

Rheumatoid arthritis is a chronic, systemic inflammatory disorder that may affect many tissues and organs, but principally attacks flexible joints. The process produces an inflammatory response of the capsule around the joints secondary to swelling of synovial cells, excess synovial fluid, and the development of fibrous tissue in the synovium. The pathology of the disease process often leads to the destruction of articular cartilage and ankylosis of the joints.

Electrical stimulation has been used to improve functional status and relieve pain related to osteoarthritis and rheumatoid arthritis unresponsive to other standard therapies. Animal research studies demonstrated altered chondrocyte (cartilage cell) gene expression and enhanced cartilage regeneration after injury, and postulated that the effect is similar to bone stimulator therapy for fracture nonunion. Electrical stimulation therapy uses an electronic device that noninvasively delivers a low-voltage, monophasic electrical field to the target site of pain.

Electrical leads, placed over the affected arthritic area, deliver small pulsed electrical currents up to 12.0 volts, adjustable to patient preferences. The battery-powered device is recommended to be worn for at least 6 hours per day.

Examples of electrical stimulation therapy for the treatment of arthritis include the BioniCare Bio-100™. All electrical stimulation therapies for the treatment of arthritis are considered investigational regardless of the commercial name, the manufacturer or FDA approval status.

**Summary**
A review of the literature has not found adequate evidence to indicate the use of pulsed electrical stimulation for the treatment of arthritis will result in improvements in health outcomes. For osteoarthritis of the knee, only 2 small published randomized controlled trials using the BioniCare device and 1 randomized trial with a customized device has been identified. In the trial with the customized device, 26 weeks of pulsed electrical stimulation was no more effective than placebo. No published studies of pulsed electrical stimulation for rheumatoid arthritis were identified.

**Policy History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/2017</td>
<td>New references added from BCBSA National medical policy.</td>
</tr>
<tr>
<td>7/2016</td>
<td>New references added from BCBSA National medical policy.</td>
</tr>
</tbody>
</table>
Information Pertaining to All Blue Cross Blue Shield Medical Policies
Click on any of the following terms to access the relevant information:
Medical Policy Terms of Use
Managed Care Guidelines
Indemnity/PPO Guidelines
Clinical Exception Process
Medical Technology Assessment Guidelines

References