Medical Policy
H-wave Electrical Stimulation

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Policy Number: 311
BCBSA Reference Number: 1.01.13

Related Policies
- Transcutaneous Electrical Stimulation (TENS) #003
- Interferential Stimulation for Treatment of Pain #509
- Electrostimulation and Electromagnetic Therapy for the Treatment of Chronic Wounds #655
- Percutaneous Electrical Nerve Stimulation (PENS) or Percutaneous Neuromodulation Therapy (PNT) #172

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

H-wave stimulation is INVESTIGATIONAL, for all indications, including but not limited to:
- treatment of pain,
- wound healing, or
- post-operative treatment to improve function and/or range of motion,

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>
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<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>This is not a covered service.</td>
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<tr>
<td>Commercial PPO and Indemnity</td>
<td>This is not a covered service.</td>
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<td>Medicare HMO BlueSM</td>
<td>This is not a covered service.</td>
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<td>Medicare PPO BlueSM</td>
<td>This is not a covered service.</td>
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CPT Codes / HCPCS Codes / ICD-9 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.

ICD-9 Diagnosis Codes
Investigational for all diagnoses.

Description
H-wave stimulation is a distinct form of electrical stimulation for medical purposes that involves repeated muscle contractions. The H-wave device is available for both physician office-based and home use. H-wave stimulation is used to treat the following:

- Pain related to a variety of etiologies, such as diabetic neuropathy, muscle sprains, temporomandibular joint dysfunctions, or reflex sympathetic dystrophy, and
- To accelerate healing of wounds, such as diabetic ulcers, and to improve range of motion and function after orthopedic surgery.

An example of a device for H-wave stimulation is the H-Wave® muscle stimulator from Electronic Waveform Lab. All devices for H-wave stimulation are considered investigational regardless of the commercial name, the manufacturer, or FDA approval status.

This policy does not address other forms of electrical stimulation, such as transcutaneous electrical Stimulation (TENS), interferential stimulation for treatment of pain, electrostimulation and electromagnetic therapy for the treatment of chronic wounds, percutaneous electrical nerve stimulation (PENS) or percutaneous neuromodulation therapy (PNT).

Summary
Two small controlled trials are insufficient to permit conclusions about the effectiveness of H-wave electrical stimulation as a pain treatment. Additional sham-controlled studies are needed from other investigators, preferably studies that are clearly blinded, specify the handling of any withdrawals, and provide long-term, comparative follow-up data.

One small RCT represents insufficient evidence on the effectiveness of H-wave simulation for improving strength and function after rotator cuff surgery.

No comparative studies have been published evaluating H-wave stimulation to accelerate wound healing.

In addition, no studies were identified that evaluated H-wave stimulation for any clinical application other than those described above. Thus, H-wave electrical stimulation is considered investigational.

Policy History

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<th>Date</th>
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<tr>
<td>6/2011</td>
<td>Medical Policy Group – Orthopedics, Rehabilitation and Rheumatology No changes to policy statements.</td>
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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