Medical Policy
Interferential Stimulation for Treatment of Pain

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Policy Number: 509
BCBSA Reference Number: 1.01.24
NCD/LCD: NA

Related Policies
- Transcutaneous Electrical Nerve Stimulation, #003
- Percutaneous Electrical Nerve Stimulation (PENS) or Percutaneous Neuromodulation Therapy (PNT), #172
- Biofeedback as a Treatment of Fecal Incontinence or Constipation, #308

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

Interferential current stimulation for treatment of pain 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.

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

Description
Interferential stimulation (IFS) is a type of electrical stimulation that uses paired electrodes of 2 independent circuits carrying high-frequency (4,000 Hz) and medium-frequency (150 Hz) alternating currents. The superficial electrodes are aligned on the skin around the affected area. It is believed that IFS permeates the tissues more effectively, and without unwanted stimulation of the cutaneous nerves.

IFS has been investigated as a technique to reduce pain, improve range of motion or promote local healing following various tissue injuries. There are no standardized protocols for the use of interferential therapy.

Summary
There is insufficient evidence from well-designed trials that interferential stimulation improves health outcomes for patients diagnosed with painful musculoskeletal conditions. The limited amount of evidence from trials comparing IFC alone to a placebo intervention does not suggest benefit. Other trials do not control for potential placebo effects and/or do not adequately evaluate the incremental effects of IFC beyond that of a co-intervention. Therefore, interferential stimulation is considered investigational

Examples of interferential stimulator devices for the treatment of pain include Medstar™ 100 from MedNet Services and the RS-4i® from RS Medical. All interferential stimulator devices for the treatment of pain are considered investigational regardless of the commercial name, the manufacturer or FDA approval status.

Policy History

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<thead>
<tr>
<th>Date</th>
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<tr>
<td>10/2017</td>
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<td>2/2015</td>
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<td>2/2/2011</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


