



Corporate Medical Policy

H-Wave Electrical Stimulation

File Name: h_wave_electrical_stimulation
Policy Number: DME0141
Origination: 6/2009
Last Review: 5/2009
Next Review: 5/2010

Description of Procedure or Service

H-wave stimulation is a form of electrical stimulation that differs from other forms of electrical stimulation, such as transcutaneous electrical nerve stimulation (TENS), in terms of its wave form. While H-wave stimulation may be performed by physicians, physiatrists, chiropractors, or podiatrists, H-wave devices are also available for home use. H-wave stimulation has been used for the treatment of pain related to a variety of etiologies, such as diabetic neuropathy, muscle sprains, temporomandibular joint dysfunctions, or reflex sympathetic dystrophy. H-wave stimulation has also been used to accelerate healing of wounds such as diabetic ulcers.

H-wave electrical stimulation must be distinguished from the H-waves that are a component of electromyography.

A variety of devices may be used for H-wave stimulation. In general, the U.S. Food and Drug Administration (FDA) has classified them as "powered muscle stimulators." As a class, the FDA describes these devices as "an electronically powered device intended for medical purposes that repeatedly contracts muscles by passing electrical currents through electrodes contacting the affected body area."

*****Note: The Medical Policy on H-Wave Electrical Stimulation is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.**

Policy

BCBSNC will **not** provide coverage for H-Wave Electrical Stimulation because it is considered investigational. BCBSNC does not cover investigational services.

Benefits Application

Please refer to Certificate for availability of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy.

When H-Wave Electrical Stimulation is covered

Not applicable.

Policy: H-Wave Electrical Stimulation

When H-Wave Electrical Stimulation is not covered

H-wave electrical stimulation is considered investigational for all indications, including but not limited to:

1. Pain related to a variety of etiologies, such as diabetic neuropathy, muscle sprains, temporomandibular joint dysfunctions, or reflex sympathetic dystrophy.
2. H-wave stimulation used to accelerate healing of wounds such as diabetic ulcers.

Policy Guidelines

A literature search found only 2 observational studies on the H-wave and both were published by the same group of authors. Prospective controlled studies are needed to determine net health outcomes. Use of this device is considered investigational because the data are not sufficient to determine if it improves health outcomes.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes: 97014, E0745

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources

BCBSA Medical Policy Reference Manual [Electronic Version]. 1.01.13, 1/10/08.

Senior Medical Director - 3/2009

Policy Implementation/Update Information

6/8/09 New medical policy adopted from the BCBS Association. Reviewed with Senior Medical Director 5/7/09. "BCBSNC will not provide coverage for H-Wave Electrical Stimulation because it is considered investigational. BCBSNC does not cover investigational services." Notice given 6/8/09. Policy effective 9/14/09. (btw)

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Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.