



Corporate Medical Policy

Interferential Stimulation

File Name: interferential_stimulation
Policy Number: DME0155
Origination: 11/2003
Last Review: 5/2008

Active policy, no longer scheduled for routine literature review.

Description of Procedure or Service

Interferential stimulation is a type of electrical stimulation that uses paired electrodes of two independent circuits carrying medium-frequency alternating currents. The electrodes are aligned on the skin so that the current flowing between each pair intersects at the underlying target, thus maximizing the current permeating the tissues while reducing to a minimum unwanted stimulation of cutaneous nerves. Interferential stimulation 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; the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique.

Policy

BCBSNC will not provide coverage for Interferential 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 Interferential Stimulation is covered

Not applicable

When Interferential Stimulation is not covered

BCBSNC will not provide coverage for Interferential Stimulation because it is considered investigational. BCBSNC does not cover investigational services.

Sequential stimulators that combine interferential current and muscle stimulation such as the RS-4i Sequential Stimulator are considered investigational. BCBSNC does not cover investigational services.

Policy: Interferential Stimulation

Policy Guidelines

A recent literature search only found 2 randomized trials and 2 randomized controlled trials. The placebo controlled trials have reported no significant beneficial effect of interferential stimulation in the control of pain. Without well-designed controlled trials it is unknown whether any positive outcomes are a result of Interferential stimulation or due to the natural history of the disease or any other intervention.

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: There are no specific codes for this device.

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.

Policy Key Words

Key Words: Interferential Stimulation, electrical stimulation, DME0155

Medical Term Definitions

Not applicable.

Scientific Background and Reference Sources

BCBSA Medical Policy Reference Manual, 1.01.24, 7/17/03

Specialty Matched Consultant Advisory Panel - 6/2004

BCBSA Medical Policy Reference Manual [Electronic Version], 1.01.24, 12/14/2005

Specialty Matched Consultant Advisory Panel - 5/2006

BCBSA Medical Policy Reference Manual [Electronic Version], 1.01.24, 12/12/2006

Specialty Matched Consultant Advisory Panel - 5/2008

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Policy Implementation/Update Information

- 11/03 New policy.
- 4/8/04 Added, "Sequential stimulators that combine interferential current and muscle stimulation such as the RS-4i Sequential Stimulator are considered investigational. BCBSNC does not cover investigational services." to the noncovered section of the policy. Statement removed from Policy Guidelines.
- 7/29/04 Specialty Matched Consultant Advisory Panel review 6/22/04. No changes to criteria. Format changes for consistency. References added.
- 6/5/06 Specialty Matched Consultant Advisory Panel review 5/3/2006. No changes to policy statement. Rationale added to "Policy Guidelines" section. References added.
- 12/3/07 "Next Review Date" corrected. Policy number added to "Key Word" section.
- 6/30/08 Specialty Matched Consultant Advisory Panel review 5/29/08. No changes to policy statement. Policy status changed to Active policy, no longer scheduled for routine literature review.

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.