


MEDICAL POLICY	Interferential Stimulation (IFS) or Interferential Current (IFC) Therapy (Medicare Only)
Effective Date: 3/1/2022	Medical Policy Number: 521
 3/1/2022	Medical Policy Committee Approved Date: 2/2022
Medical Officer	Date

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Medicare Only

MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Note: For other transcutaneous electrical nerve stimulators (TENS) or neuromuscular stimulator (NMES) services not related to IFC/IFS, see Related Policies below.

Service	Medicare Guidelines
<i>Assessing Patient's Suitability for TENS</i>	National Coverage Determination (NCD) for Assessing Patient's Suitability for Electrical Nerve Stimulation Therapy (160.7.1)
<i>IFS or IIFC therapy devices used on TENS setting (e.g., for treatment of pain)</i>	<ul style="list-style-type: none"> • National Coverage Determination (NCD) for Transcutaneous Electrical Nerve Stimulation (TENS) for Acute Post-Operative Pain (10.2) • National Coverage Determination (NCD) for Transcutaneous Electrical Nerve Stimulation (TENS) for Chronic Low Back Pain (CLBP) (160.27) • Local Coverage Determination (LCD): Transcutaneous Electrical Nerve Stimulators (TENS) (L33802) • Local Coverage Article: Transcutaneous Electrical Nerve Stimulators (TENS) - Policy Article (A52520)

MEDICAL POLICY	Interferential Stimulation (IFS) or Interferential Current (IFC) Therapy (Medicare Only)
-----------------------	---

<i>IFS/IFC therapy devices used on NMES setting (e.g., for treatment of disuse atrophy)</i>	Neuromuscular Electrical Stimulation (NMES) (160.12)
<i>Supplies Used in the Delivery of TENS and NMES</i>	National Coverage Determination (NCD) for Supplies Used in the Delivery of Transcutaneous Electrical Nerve Stimulation (TENS) and Neuromuscular Electrical Stimulation (NMES) (160.13)

POLICY GUIDELINES

Medicare considers interferential current (IFC) therapy devices to be forms of transcutaneous electrical nerve stimulation (TENS) or neuromuscular stimulation (NMES), depending on the setting the device is configured to and used. IFC devices can be configured to:

- provide pain relief like a TENS; or,
- treat disuse atrophy like NMES.

Therefore, Medicare coverage criteria for TENS or NMES is applied to IFC therapy devices.^{1,2}

BILLING GUIDELINES

The following is from the Noridian website for IFC devices^{1,2}:

Correct Coding - Interferential Current (IFC) Therapy Devices

“...For claims submitted to the DME MACs the following HCPCS codes must be used when billing for IFC devices:

When used as TENS:

E0730

TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION

When used as NMES:

E0745

NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT

MEDICAL POLICY	Interferential Stimulation (IFS) or Interferential Current (IFC) Therapy (Medicare Only)
-----------------------	---

“Supplies (leads, electrodes, batteries, etc.) used with IFC devices are billed using the existing TENS and NMES supply codes. A TENS supply allowance (A4595) includes electrodes (any type), conductive paste or gel (if needed, depending on the type of electrode), tape or other adhesive (if needed, depending on the type of electrode), adhesive remover, skin preparation materials, batteries (9 volt or AA, single use or rechargeable), and a battery charger (if rechargeable batteries are used).

“Not otherwise classified (NOC) or miscellaneous codes must not be used to bill Medicare for IFC devices or for supplies used with an IFC device.”

CPT/HCPCS CODES

Medicare Only	
No Prior Authorization Required	
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes
E0730	Transcutaneous electrical nerve stimulation (tens) device, four or more leads, for multiple nerve stimulation
E0745	Neuromuscular stimulator, electronic shock unit
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care
Not Covered	
S8130	Interferential current stimulator, 2 channel
S8131	Interferential current stimulator, 4 channel
Unlisted Codes	
All unlisted codes will be reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is billed related to services addressed in this policy then it will be denied as not covered .	
E1399	Durable medical equipment, miscellaneous

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

MEDICAL POLICY	Interferential Stimulation (IFS) or Interferential Current (IFC) Therapy (Medicare Only)
-----------------------	---

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

RELATED POLICIES

Transcutaneous Electrical Nerve Stimulators (TENS) and Related Supplies (Medicare Only), MP299

REFERENCES

1. Noridian web page for *Correct Coding - Interferential Current (IFC) Therapy Devices*; Last Updated: July 27, 2018; Available at: <https://med.noridianmedicare.com/web/jddme/search-result/-/view/2230703/correct-coding-interferential-current-ifc-therapy-devices>
2. Palmetto GBA Pricing, Data Analysis and Coding (PDAC) Contractor web page for *CORRECT CODING – INTERFERENTIAL CURRENT (IFC) THERAPY DEVICES*; Last Updated: April 5, 2017; Available at: <https://dmepdac.com/palmetto/PDACv2.nsf/DIDC/SXABGC79OK~Articles%20and%20Publications~Advisory%20Articles>