JOHNS HOPKINS HEALTHCARE

Medical Policy: Interferential Therapy
Department: Health Services
Lines of Business: EHP, USFHP, PPMCO, ADVANTAGE MD

JOHNS HOPKINS HEALTHCARE

ACTION:
☐ New Policy
☐ Revising Policy Number
☐ Superseding Policy Number
☒ Archiving Policy Number: CMS09.03
☐ Retiring Policy Number

Effective Date: 08/23/2005
Review Dates: 10/19/06, 03/03/08, 03/02/09, 06/04/10, 05/24/11, 05/29/12, 09/05/14, 03/03/17

Johns Hopkins HealthCare LLC (JHHC) provides a full spectrum of health care products and services for Employer Health Programs, Priority Partners, Advantage MD, and US Family Health Plan. Each line of business possesses its own unique contract and guidelines which, for benefit and payment purposes, should be consulted to know what benefits are available for reimbursement. Specific contract benefits, guidelines or policies supersede the information outlined in this policy.

ACTIVE AND ARCHIVED

This document has been archived as of 09/05/2014 and is no longer scheduled for review for either one or more of the following reasons:
1. This document is either primarily administrative in nature AND/OR
2. It addresses operational issues only AND/OR
3. It is mandated by statute or regulation AND/OR
4. It is unlikely that further published literature would change the determination.

ARCHIVED POLICIES REMAIN ACTIVE FOR THE PURPOSE OF MEDICAL NECESSITY DETERMINATION

POLICY:

For Advantage MD:
Local Coverage Determinations (LCDs) do not exist at this time. (Accessed December 5, 2016)
Medicare does not have a National Coverage Determination (NCD) for Interferential Therapy.

Unless specific benefits are provided under the member’s contract, JHHC considers interferential stimulation experimental and investigational for all other indications, as it does not meet Technology Evaluation Criteria (TEC) #2-5.

BACKGROUND:

Interferential therapy involves a portable, battery-powered pulse generator and skin electrodes placed over the affected tissue to deliver small, electrical currents to relieve pain associated with musculoskeletal disorders and acceleration of healing of soft tissue injuries, surgical wounds, and
bone fractures. It is suggested that interferential stimulation allows a deeper penetration of the tissue and more comfort and increased circulation thus differing from transcutaneous electrical nerve stimulation or TENS.

CODING INFORMATION:

CPT Copyright 2017 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Note: The following CPT/HCPCS codes are included below for informational purposes. Inclusion or exclusion of a CPT/HCPCS code(s) below does not signify or imply member coverage or provider reimbursement. The member's specific benefit plan determines coverage and referral requirements. All inpatient admissions require pre-authorization.

**NOT COVERED FOR THIS INDICATION**

Compliance with the provision in this policy may be monitored and addressed through post payment data analysis and/or medical review audits

<table>
<thead>
<tr>
<th>Employer Health Programs (EHP)</th>
<th>Priority Partners (PPMCO) refer to COMAR guidelines and PPMCO SPD then apply policy criteria</th>
<th>US Family Health Plan (USFHP), TRICARE Medical Policy supersedes JHHC Medical Policy. If there is no Policy in TRICARE, apply the Medical Policy Criteria</th>
<th>Advantage MD, LCD and NCD Medical Policy supersedes JHHC Medical Policy. If there is no LCD or NCD, apply the Medical Policy Criteria</th>
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<tr>
<th>HCPCS CODES</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>S8130</td>
<td>Interferential current stimulator, 2 channels</td>
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<tr>
<td>S8131</td>
<td>Interferential current stimulator, 4 channels</td>
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<tr>
<th>ICD10 CODES</th>
<th>DESCRIPTION</th>
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<tr>
<td>H81</td>
<td>Disorders of vestibular function</td>
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<tr>
<td>Revenue Codes</td>
<td>Description</td>
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<tr>
<td>0940</td>
<td>Hospital; Outpatient; Other Therapeutic Services -General</td>
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REFERENCE STATEMENT:

Analyses of the scientific and clinical references cited below were conducted and utilized by the Johns Hopkins HealthCare LLC (JHHC) Medical Policy Team during the development and implementation of this medical policy. Per NCQA standards, the Medical Policy Team will continue to monitor and review any newly published clinical evidence and adjust the references below accordingly if deemed necessary.

REFERENCES:


