



Coverage of any medical intervention discussed in a Medica medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and applicable state and/or federal laws.

**Electric Cell-Signaling Treatment
(e.g., neoGEN® System, Sanexas Intl.)**

MP9701

Covered Service: No

**Prior Authorization
Required:** No

**Additional
Information:** See [Interferential Current Stimulation and Percutaneous Neuromodulation Therapy \(PNT\) for the Treatment of Pain MP9710](#) for additional information.

Medica Medical Policy:

1.0 Percutaneous neuromodulation therapy for the treatment of pain is considered experimental and investigational, and therefore not medically necessary.

	Committee/Source	Date(s)
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