



Medica Central Coverage Policy

Policy Name: Interferential Current Stimulation MP9710

Effective Date: 08/01/2024

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Coverage Policy

Note: This policy is no longer scheduled for routine review of the scientific literature.

Interferential current stimulation is investigative and unproven, and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Description

Interferential current stimulation or interferential therapy (IFT) is an adaptation of transcutaneous electrical nerve stimulation (TENS). Where TENS uses one source of stimulation, IFT uses two sources, each applied to the skin surface at two slightly different, medium-frequency alternating currents applied simultaneously. This purportedly results in two currents which superimpose to produce one, new frequency current that rises and falls at a slower frequency (called the "beat" frequency). According to the underlying theory of IFT, this low-frequency electrical current purportedly causes inhibition or habituation of the nervous system, which then results in muscle relaxation, prolonged suppression of pain, and accelerated healing of injured tissues. Interferential current stimulation has been studied for relief of pain associated with musculoskeletal disorders and/or limited range of motions, for acceleration of healing of soft tissue injuries and bone fractures, muscle stimulation, or indications other than pain relief.

The treatment is performed by a physical therapist in the office setting and/or self-administered by the patient in a home setting.



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FDA Approval

Interferential therapy systems are regulated by the FDA as Class II devices. Multiple devices have been cleared by the FDA via the 510(k) process. One model available is the Dynatron® STS™ Rx Sympathetic Current Therapy Device, manufactured by Dynatron (Salt Lake City, UT). This system received FDA approval on May 15, 2001, for the symptomatic relief of chronic intractable pain and/or management of post-traumatic or post-surgical pain. On July 15, 2003, FDA approved RS-4i™ Sequential Stimulator RS Medical (Vancouver WA). The Gemore True Sine stimulator received 510(k) clearance in December 2012.

Prior Authorization

Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Code(s):

- **S8130** - Interferential current stimulator, 2 channel
- **S8131** - Interferential current stimulator, 4 channel
- **E1399** – Durable medical equipment, miscellaneous

	Committee/Source	Date(s)
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