



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.

Scrambler Pain Therapy

MP9728

Covered Service: No

Prior Authorization Required: No

Additional Information: See [Interferential Current Stimulation MP9710](#), [Intradiscal Electrothermal Therapy \(IDET\) MP9711](#), Percutaneous Neuromodulation Therapy (PNT) for the Treatment of Pain MP9724, and Transcutaneous Electrical Joint Stimulation Devices MP9740 for additional information.

Medica Medical Policy:

1.0 Scrambler pain therapy is considered experimental and investigational, and therefore not medically necessary.

	Committee/Source	Date(s)
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