



Medica Central Coverage Policy

Policy Name: Transcutaneous Electrical Joint Stimulation Devices MP9740

Effective Date: May 1, 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.

Transcutaneous electrical joint stimulation devices are 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

Transcutaneous electrical joint stimulation, also known as pulsed electrical stimulation (PES), is the application of a signal-specific electrical current (at a low amplitude and low frequency) to joint tissue. This treatment is purported to relieve the signs and symptom of arthritis. Unlike traditional transcutaneous electrical nerve stimulation (TENS), which is intended to stimulate nerves in order to mask the sensation of pain, PES is purported to affect the bone and connective tissue to stimulate repair of joint damage.

Several devices have been designed to deliver transcutaneous electrical joint stimulation. Two commercially available devices are the BioniCare® Knee System, formerly the Bio-1000 System™ and the Joint Stim 1000™ (also known as J-Stim 1000). These systems are classified as durable medical equipment, are intended for use within the home setting, and are recommended to be worn from six to 10 hours per day.

FDA Approval

Transcutaneous electrical joint stimulation devices are subject to approval through the FDA 501(k) Premarket Notification approval process.



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The BioniCare® Knee System, formerly the Bio-1000 System™, BioniCare Medical Technologies Inc., and Joint Stim 1000™, Pain Management Technology Inc., have received FDA approval for use as adjunctive therapy associated with osteoarthritis of the knee and for rheumatoid arthritis of the hand.

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.

HCPC Codes:

- **E0762** - Transcutaneous electrical joint stimulation device system includes all accessories.

	Committee/Source	Date(s)
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