



**TRANSCUTANEOUS ELECTRICAL JOINT
STIMULATION FOR THE TREATMENT OF ARTHRITIS
HS-098**



Harmony Behavioral Health, Inc.

Harmony Behavioral Health of Florida, Inc.

Harmony Health Plan of Illinois, Inc.

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WellCare Prescription Insurance, Inc.

**Transcutaneous Electrical
Joint Stimulation for the
Treatment of Arthritis**

Policy Number: HS-098

Original Effective Date: 4/16/2009

**Revised Date(s): 4/30/2010; 7/18/2011;
4/5/2012**

DISCLAIMER

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

BACKGROUND

Osteoarthritis (OA), also known as degenerative joint disease, is the most common form of arthritis. According to the Arthritis Foundation, OA affects > 20 million individuals in the United States, generally aged > 45 years; approximately 25% of whom have knee OA. OA is one of the five leading causes of physical disability, morbidity, and social isolation in non-institutionalized older men and women. Deterioration of the joint structure and function not only reduces the quality of life and mobility but also significantly impacts the economy in terms of healthcare costs and lost productivity. Standard treatments for knee OA include medications, physical therapy, and, if severe, total knee arthroplasty (TKA) to replace the affected joint.

The use of pulsed electrical stimulation (PES) has been proposed as a non-invasive treatment modality to decrease pain and joint damage and improve function in patients with osteoarthritis (OA) or rheumatoid arthritis (RA). The proponents of PES theorize that PES devices can facilitate bone formation and cartilage repair and alter inflammatory cell function. There is currently insufficient evidence in the peer-reviewed literature to conclude that PES provides any significant health benefit to patients with OA and RA.

Examples of devices used for PES include the BioniCare® Bio System™ (BioniCare Medical Technologies, Inc., Sparks, MD) and the J-Stim 1000™ (Pain Management Technologies, Inc., Akron, OH).

These systems have three major components: a signal generator (a nine-volt, battery-powered unit that provides the therapeutic electrical signal), a signal applicator, designed to fit the treatment site and the individual, that wraps the joint and holds the contact elements, and snap-in, replaceable contact elements. The contact elements are placed over the affected area and held in place with the applicator. Small electrical currents are then delivered. The device is usually worn 6–10 hours a day, most often done while the patient is sleeping.

Hayes (2011) issued a rating of C for this procedure. In addition, the American College of Rheumatology decided that existing data are insufficient or inadequate to make definitive recommendations about the use of devices, such as pulsed electromagnetic fields and lasers for treating OA.

POSITION STATEMENT

Transcutaneous electrical joint stimulation for the treatment of osteoarthritis and rheumatoid arthritis **is considered experimental and investigational and NOT a covered benefit.**

CODING

CPT* Codes - No applicable codes

ICD-9-CM Procedure Code - No applicable codes

Non-Covered HCPCS Codes

E0762 Transcutaneous electrical joint stimulation device system, includes all accessories

Non-Covered ICD-9-CM Diagnosis Codes – This list may not be all inclusive.

714.0 - 714.9 Rheumatoid arthritis and other inflammatory polyarthropathies

715.0 - 715.9 Osteoarthrosis and allied disorders;
arthritis, polyarthritides, degenerative, hypertrophic, degenerative joint disease and osteoarthritis

*Current Procedural Terminology (CPT) 2012 American Medical Association: Chicago, IL.®©

REFERENCES

Peer Reviewed

1. Hayes Directory. (2011, October 17). BioniCare knee system (VQ OrthoCare) for treatment of osteoarthritis of the knee. Retrieved from <http://www.hayesinc.com>
2. Hayes Directory. (2008, October 30). BioniCare® knee device (ArthroWave Medical Technologies LLC; formerly the BIO-1000 System; BioniCare Medical Technologies Inc.) for osteoarthritis of the knee. Retrieved from <http://www.hayesinc.com>

Government Agencies, Professional and Medical Organizations

1. Centers for Medicare and Medicaid Services. (2008, September 18). Local coverage determination for transcutaneous electrical joint stimulation devices (DL28551). Retrieved from <http://www.cms.hhs.gov/mcd/search.asp>

HISTORY AND REVISIONS

Date	Action
4/5/2012	<ul style="list-style-type: none">• Approved by MPC. Added Hayes (2011) rating of C; statement by the American College of Rheumatology citing lack of evidence that procedure is effective.
12/1/2011	<ul style="list-style-type: none">• New template design approved by MPC.
7/18/2011	<ul style="list-style-type: none">• Approved by MPC.