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## **Interferential Therapy**

**Policy Number: HS-118**

**Original Effective Date: 7/20/2009**

**Revised Date(s): 7/28/2010; 8/2/2011**

### **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**

Interferential therapy (IFT) is a specific type of transcutaneous electrotherapy in which two slightly different, medium-frequency alternating currents are applied simultaneously through electrodes placed on the skin overlying the affected area of the body. Superposition or interference between the two currents causes the combined electrical current to rise and fall at a slower frequency, often referred to as the “beat” frequency. The medium frequency currents typically range from 3850 cycles/second, or hertz (Hz), to 4250 Hz, while the resultant beat frequency ranges from 1 to 250 Hz. The underlying theory of IFT is that the low-frequency electrical current causes inhibition or habituation of the nervous system, which then results in muscle relaxation, prolonged suppression of pain, and accelerated healing.

Most therapists select interferential currents in the range of 5 to 150 Hz with intensities ranging from 1 to 30 milliamp (mA). This intensity is often adjusted repeatedly during therapy. Initially, the current is turned up to the point at which the patient experiences a “buzzing” or “tingling” sensation that is comfortable and not too strong. This sensation fades within a few minutes, and the interferential current intensity is increased until the sensation returns to a comfortable level. There are also variations in the continuity of the interferential current. Many therapists apply it in 125-microsecond (ms) pulses, while others use a 2- second constant application with an intervening 1-second fall and 1-second rise. Regardless of the pulse sequence used, most treatment sessions last for 15 to 30 minutes, with a total of 3 to 12 sessions in a few days or a few weeks. However, home-based IFT of patients who have undergone knee surgery has involved up to 189 treatments over the course of 9 weeks.

In many respects, IFT resembles transcutaneous electrical nerve stimulation (TENS) therapy, another noninvasive treatment for pain that involves application of electrical current at the affected site. The theoretical basis of an analgesic effect for TENS has been more thoroughly developed than for IFT. With TENS, electrical pulses in the range of 0.5 to 250 Hz are thought to suppress pain signals by hyperpolarizing sensory nerves, stimulating endorphin release in spinal fluid, or stimulating large-diameter afferent fibers to release a neurotransmitter that causes presynaptic inhibition of adjacent pain fibers.

There is limited evidence from the available studies to conclude that interferential therapy reduces the pain or promotes healing of bone fractures or nonsurgical soft tissue injuries (Hayes, 2008).

**POSITION STATEMENT**

Interferential therapies and devices **are considered experimental and investigational** for all indications including, but not limited to, providing relief of pain associated with soft tissue injury, musculoskeletal disorders, or to enhance wound or fracture healing.

**CODING****Non Covered CPT®\* Codes**

**64550** Application of surface (transcutaneous) neurostimulator

**64999** Unlisted procedures of the nervous system

**ICD-9-CM Procedure Codes** - No applicable codes

**Non Covered HCPCS Codes**

**E1399** Durable medical equipment, Misc.

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**Non Covered ICD-9-CM Diagnosis Codes** - All diagnoses are not covered.

\*Current Procedural Terminology (CPT®) ©2010 American Medical Association: Chicago, IL.

## **REFERENCES**

### **Peer Reviewed**

1. Hayes Directory. Interferential Therapy for Pain and Bone Fractures. April 28, 2008.
2. Nonpharmacologic Therapies for Acute and Chronic Low Back Pain: A Review of the Evidence for an American Pain Society/American College of Physicians Clinical Practice Guideline. Chou et al, Annals of Internal Medicine, 147, 2007.

### **Government Agencies, Professional and Medical Organizations**

N/A

## **HISTORY AND REVISIONS**

<b>Date</b>	<b>Action</b>
12/1/2011	<ul style="list-style-type: none"><li>• New template design approved by MPC.</li></ul>
8/2/2011	<ul style="list-style-type: none"><li>• Approved by MPC. No changes.</li></ul>