



**ELECTRO-ACUSCOPE
MYOPULSE THERAPY SYSTEM
HS-194**



Harmony Behavioral Health, Inc.

Harmony Behavioral Health of Florida, Inc.

Harmony Health Plan of Illinois, Inc.

HealthEase of Florida, Inc.

*'Ohana Health Plan, a plan offered by
WellCare Health Insurance of Arizona, Inc.*

WellCare Health Insurance of Illinois, Inc.

WellCare Health Insurance of New York, Inc.

WellCare Health Plans of New Jersey, Inc.

WellCare of Florida, Inc.

WellCare of Connecticut, Inc.

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WellCare of Ohio, Inc.

WellCare of Texas, Inc.

WellCare Prescription Insurance, Inc.

**Electro-Acuscope
Myopulse Therapy**

Policy Number: HS-194

Original Effective Date: 3/20/2011

Revised Date(s): 3/1/2012

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

The Electro-Acuscope Myopulse Therapy System is an electronic device that has been used for a wide range of neuromuscular conditions. The Acuscope uses electricity to treat pain by stimulating the nervous system without puncturing the skin. The Myopulse, a companion instrument to the Acuscope, stimulates muscles, tendons and ligaments, reducing spasm, inflammation and strengthening tissue damaged by traumatic injury. This form of therapy purportedly helps the body heal itself by stimulating the supply of blood and oxygen to the involved area. The Electro-Acuscope Myopulse Therapy System has been used in the treatment of pain and many types of tissue damage including swelling, inflammation, and soreness. However there is insufficient scientific evidence to support its effectiveness.

POSITION STATEMENT

The Electro-Acuscope Myopulse Therapy System for the treatment of pain, tissue damage and all other indications **is considered experimental and investigational** and NOT a covered benefit.

CODING

Non-Covered CPT® Code when billed for therapy using the Electro-Acuscope Myopulse Therapy System

97032 Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes

ICD-9-CM Procedure Code - No applicable codes

Non-Covered HCPCS Level II® Codes when billed for the Electro-Acuscope Myopulse Therapy System

A4595 Electrical stimulator supplies, 2 lead, per month (e.g., Tens)

E0720 Transcutaneous electrical nerve stimulation (TENS) device 2 lead, localized stimulation

E0730 Transcutaneous electrical nerve stimulation (TENS) device 4 or more leads for multiple nerve stimulation.

Non-Covered ICD-9-CM Diagnosis Codes - Not a covered benefit for all diagnoses

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

REFERENCES

Peer Reviewed

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Government Agencies, Professional and Medical Organizations - N/A

HISTORY AND REVISIONS

Date	Action
3/1/2012	<ul style="list-style-type: none">• Approved by MPC. No changes.
12/1/2011	<ul style="list-style-type: none">• New template design approved by MPC.
3/20/2011	<ul style="list-style-type: none">• Approved by MPC. New guideline.