

Transcutaneous Electrical Acupoint Stimulation (TEAS)

For any item to be covered by The Health Plan, it must:

1. Be eligible for a defined Medicare or The Health Plan benefit category
2. Be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member
3. Meet all other applicable Medicare and/or The Health Plan statutory and regulatory requirements

For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity. *Please refer to individual product lines certificates of coverage for possible exclusions of benefit.*

For an item to be covered by The Health Plan, the supplier must receive a written, signed, and dated order before a claim is submitted to The Health Plan. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not reasonable and necessary.

Suppliers are to follow The Health Plan requirements for precertification, as applicable.

TEAS requires precertification. Requires a face-to-face with physician.

National Coverage Determination Policy	Medicare FFS Compliance Programs/Face-to-Face Requirement
Local Coverage Determination Policy	None
Effective Date	For service performed on or after 01/01/14
Revision/Review Date	01/19, 11/18, 06/07/18, 07/01/17, 09/01/16
The Health Plan	<p>Medicare and Commercial: Will follow The Health Plan policy with Medicare’s Face-to-Face requirement unless otherwise indicated in a contractual agreement or benefit plan document.</p> <p>Medicaid: Follows WV Medicaid and remains not covered for this line of business</p>

DESCRIPTION

It is believed that stimulation of the P6 acupoint minimizes nausea and vomiting, and has been used to prevent and treat nausea, and vomiting in various situations. The manufacturer of relief band refers to it as transdermal neuromodulation (1). The relief band is a watch like device worn on the ventral side of the wrist. The device emits a low-level electrical current across two small electrodes on its underside, stimulating the median nerve. The PrimaBella also emits gentle pulses which are transmitted through the median nerve on the underside of the wrist and travel to the emetic center in the brain. These gentle pulses regulate the nausea signaling process between the brain and stomach, restoring normal

stomach rhythm, providing relief of nausea, and vomiting (2). The device can be turned on and off according to symptoms.

COVERAGE GUIDELINES

TEAS device such as the prescription versions of the relief band and PrimaBella™ are covered for the treatment of hyperemesis gravidarum that is unresponsive to conservative medical treatment such as a change in diet, ginger capsules, or vitamin B6.

Prescription version TEAS devices are also covered for treatment of post-operative nausea and chemotherapy induced nausea that is unresponsive to antiemetic’s or other therapies.

A face-to-face with the ordering physician is required.

NONCOVERAGE STATEMENT

Transcutaneous electrical acupoint stimulation is not covered for West Virginia Medicaid members.

Over the counter and/or disposable versions of these devices are not covered.

TEAS devices are not covered for treatment of motion sickness as efficacy has not been established in the peer reviewed literature. Also, most of the items used for this indication are disposable and can be obtained over-the-counter; therefore, they do not meet the Medicare or The Health Plan definition of DME.

REPAIR, REPLACEMENT, AND REASONABLE USEFUL LIFETIME

Replacements and repairs require precertification. See **Replacement and Repair** policy.

A replacement is not covered during the warranty period.

The Health Plan requires documentation of continued medical need and an updated face to face for replacements.

Replacements are not covered due to neglect or misuse.

CODING INFORMATION

CPT/HCPCS codes: The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS

EY	NO PHYSICIAN OR OTHER LICENSED HEALTH CARE PROVIDER ORDER FOR THIS ITEM OR SERVICE
GA	WAIVER OF LIABILITY STATEMENT ISSUED AS REQUIRED BY PAYOR POLICY
GZ	ITEM OR SERVICE EXPECTED TO BE DENIED AS NOT REASONABLE AND NECESSARY
KX	REQUIREMENTS SPECIFIED IN THE MEDICAL POLICY HAVE BEEN MET

HCPCS CODES COVERED IF COVERAGE GUIDELINES ARE MET

E0765	FDA APPROVED NERVE STIMULATOR, WITH REPLACEMENT BATTERIES, FOR TREATMENT OF NAUSEA AND VOMITING
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The presence of an ICD-10 code in this section is not sufficient by itself to assure coverage. Refer to coverage and billing guidelines and documentation requirements for information.

K91.0	VOMITING FOLLOWING GASTROINTESTINAL SURGERY
O21.0-O21.9	EXCESSIVE VOMITING IN PREGNANCY
R11.2-R11.12	NAUSEA AND VOMITING
T45.1X5,T45.1XA, T45.1X5D,T45.1X55	ADVERSE EFFECT OF ANTINEOPLASTIC AND IMMUNOSUPPRESSIVE DRUGS
Z51.11-Z51.12	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY AND IMMUNOTHERAPY

ICD-10 CODES NOT COVERED AS MEETING COVERAGE GUIDELINES

T75.3XXA	MOTION SICKNESS
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The diagnoses and ICD-10 codes may or may not indicate medical necessity are listed above.

DOCUMENTATION REQUIREMENTS

For the purposes of this policy, it is expected that the medical record will support the need for the care provided. It is generally understood that the medical record includes the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports.

This documentation must be available upon request.

Medicare has made changes to its requirements for dispensing orders, detailed written orders, and proof of delivery. The Health Plan will require the following:

1. Physician detailed written order. Order must include the following:
 - a. Member’s name
 - b. Date
 - c. Order must include any specific feature of the base code and every addition requested. The medical record must contain the information that supports the request for each item, and must be submitted with the precertification, if the item requires precertification, or with the claim if no precertification was required
 - d. Order must include diagnosis code
 - e. Physician signature with date. Date stamps are not appropriate
2. There must be documentation in the supplier’s records to support the medical necessity for the device. Current symptoms: frequency, severity alleviating and aggravating factors, etc. Therapies tried and failed. This information must be available upon request per The Health Plan policy.
3. Proof of delivery to be kept on file by the provider of the item.

Note: If templates or forms are submitted, (i.e., A Medicare Certificate of Medical Necessity, and/or a provider created form), and all of the required information is not included, The Health Plan reserves the right to request the medical record, that may include, but not limited to, the physician office notes, hospital and nursing facility records, home health records.

Note: Template provider forms, prescriptions, and attestation letters are not considered part of the medical record, even if signed by the ordering physician.

TEAS SYSTEM PROVIDED WHILE MEMBER IN A PART A COVERED STAY

Reimbursement for TEAS provided to a member while the member is covered in a Part A facility is based on specific contract information with the individual facility, and whether or not the device is intended for use while the member is in the facility.

BILLING GUIDELINES

The Health Plan will reimburse as a purchase item, if all the coverage criteria are met, based on review of the submitted documentation.

KX, GA, and GZ MODIFIERS

Suppliers may submit a claim with a KX modifier only if all the criteria for that item are met.

If coverage criteria are not met, the GA or GZ modifier must be used. When there is an expectation of a medical denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier if they have not obtained a valid ABN.

ADVANCED BENEFICIARY NOTICE

The Health Plan expects providers to follow the Medicare policy on ABN across all Medicare, Medicaid, and Commercial plans.

NOTE: Providers may be held financially responsible if they furnish the above items without notifying the member, verbally and in writing, that the specific service being provided is not covered. This must be done prior to the dispensing of the device. The provider must submit the waiver or ABN to The Health Plan with the claim showing the member agreed to pay for the device. Generalized statements on waivers or ABN are not acceptable.

PRICING, DATA ANALYSIS, AND CODING (PDAC)

The Health Plan has implemented use of Medicare's PDAC contractor for review of authorizations. Suppliers should contact the PDAC contractor for guidance on the correct coding of these items. dmepdac.com/

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INTERNET LINKS AND SOURCES

Neurowave Medical Technologies website. Last accessed 11/5/18. Retrieved from: www.neurowavesystems.com

Relief Band website. Last accessed 11/5/18. Retrieved from: <http://www.reliefband.com/>

West Virginia Medicaid Internet Provider Manual. Chapter 506. Covered Services, Limitations, and Exclusions for DME Medical Supplies. Last accessed 11/5/18. Retrieved from <http://www.dhhr.wv.gov/bms/Pages/default.aspx> to <http://www.dhhr.wv.gov/bms/Pages/Chapter-506-Durable-Medical-Equipment%2c-Prosthetics%2c-Orthotics-and-Supplies-%28DMEPOS%29.aspx>

Face-to-Face Examination and Prescription Requirements Prior to the Delivery of Certain DME Items Specified in the Affordable Care Act DME MAC Joint Publication. Posted February 20, 2014. Updated 10/01/15. Revised 04/28/16. Last accessed 11/5/18. Retrieved from <http://cgsmedicare.com/ic/pubs/news/2016/0416/cope32697.htm>

CMS.gov Medicare and Medicaid Services website. Face-to-Face Requirements. Last accessed 11/5/18. Retrieved from [cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/FacetoFaceEncounterRequirementforCertainDurableMedicalEquipment.html](https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/FacetoFaceEncounterRequirementforCertainDurableMedicalEquipment.html) and [cms.gov/Center/Provider-Type/Durable-Medical-Equipment-DME-Center.html](https://www.cms.gov/Center/Provider-Type/Durable-Medical-Equipment-DME-Center.html)

Wang XQ, Yu JL, Du ZY, et al. Electroacupoint Stimulation for Postoperative Nausea and Vomiting in Patients Undergoing Supratentorial Craniotomy. J Neurosurg Anesthesiol. 2010

Silva MB, de Melo PR, de Oliveira NM, et al. Analgesic Effect of Transcutaneous Electrical Nerve Stimulation after Laparoscopic Cholecystectomy. Am J Phys Med Rehabil. 2012; 91(8): 652-657

Xu M, Zhou SJ, Jiang CC, et al. The Effects of P6 Electrical Acustimulation on Postoperative Nausea and Vomiting in Patients after Infratentorial Craniotomy. J Neurosurg Anesthesiol. 2012; 24(4): 312-316

Lv JQ, Feng RZ, Li N. P6 Acupoint Stimulation for Prevention of Postoperative Nausea and Vomiting in Patients Undergoing Craniotomy: Study Protocol for a Randomized Controlled Trial. Trials. 2013; 14:153