Transcutaneous Electrical Joint Stimulation Devices

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.

Requires a face-to-face with physician.

National Coverage Determination Policy	None
Local Coverage Determination	J- B/C
Effective Date	For services performed on or after 01/01/15
Revision/Review Date	01/01/19, 11/18, 06/07/18, 07/01/17, 09/01/16, 10/31/13
The Health Plan	**Medicare and Commercial Plans:** Will follow The Health Plan policy based on available information including Medicare **Medicaid Plans:** Follows WV Medicaid

DESCRIPTION

Transcutaneous electrical joint stimulation is the application of a signal specific electrical current at a low amplitude and a low frequency to the joint tissue to relieve the signs and symptoms of osteoarthritis and rheumatoid arthritis. Examples include: The BioniCare® Knee device, the J-Stim 1000™, and OrthoCor™ Active Knee System.

NONCOVERAGE STATEMENT

In accordance with Medicare and WV Medicaid, and review of the available literature, The Health Plan considers transcutaneous electrical joint stimulation for home use experimental and investigational for all indications, as there is insufficient published literature to indicate that these devices are medically necessary.

Any accessories billed with a TEJSD device are also not covered. This includes binders, lead wires and or electrodes.

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

HCPCS CODES

A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED
E0762	TRANSCUTANEOUS ELECTRICAL JOINT STIMULATION DEVICE SYSTEM, INCLUDES ALL ACCESSORIES
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS

There are no CPT or ICD-10 codes that support medical necessity.

DOCUMENTATION REQUIREMENTS

Not applicable – noncovered item.

DEVICE PROVIDED TO A MEMBER WHILE IN A PART A COVERED STAY

There will be no separate billing for this service under DME benefit by a DME supplier while in a Part A inpatient covered stay.

BILLING GUIDELINES

Use code E1399 (DME, Misc.) for devices that have not been categorized in code E0762.

Use A9999 for accessories and supplies used with these devices.

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 with the Medicare Advantage/Med Select population, member's where Medicare is primary, and a The Health Plan Commercial plan is secondary.

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 Advanced Beneficiary Notification (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. Please refer to PDAC website for the appropriate product classification list. dmepdac.com/

Suppliers should contact the PDAC contractor for guidance on the correct coding of these items.

AMA CPT/ADA CDT COPYRIGHT STATEMENT

INTERNET LINKS AND SOURCES

Noridian HealthCare Solutions. Durable Medical Equipment Electrical Joint Stimulation Devices - E0762 – Coding Guidelines website. Last accessed 11/5/18. Retrieved from noridianmedicare.com/dme/news/docs/2007/07_jul/e0762.html

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National Government Services website. Draft Policy. Transcutaneous Joint Stimulation Devices. L28524. Last accessed 11/5/18. Retrieved from https://ngsmedicare.com

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Hayes, BioniCare Knee System (VQ OrthoCare) for Treatment of Osteoarthritis of the Knee, Health Technology Brief: Hayes Online, October 2011

Hayes, Pulsed Electrical Stimulation for Osteoarthritis of the Knee, Technology Assessment Brief, Hayes Online, Volume VIII, Number 2 - February 2005

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