Interferential Stimulation

Interferential current stimulation (IFS) is a type of electrical stimulation that uses paired electrodes of two independent circuits carrying high-frequency (4,000 Hz) and medium-frequency (150 Hz) alternating currents. The superficial electrodes are aligned on the skin around the affected area. It is believed that IFS permeates the tissues more effectively and, with less unwanted stimulation of cutaneous nerves, is more comfortable than transcutaneous electrical stimulation (TENS). Interferential stimulation has been investigated as a technique to reduce pain, improve range of motion (ROM), and treat a variety of gastrointestinal disorders. There are no standardized protocols for the use of interferential therapy; the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique.

Regulatory Status:
A number of interferential stimulator devices have received 510(k) marketing clearance from the U.S. Food and Drug Administration (FDA), including the Medstar™ 100 (MedNet Services) and the RS-4i® (RS Medical). IFS may be included in multimodal electrotherapy devices such as transcutaneous electrical nerve stimulation and functional electrostimulation.

Related Policies
Transcutaneous Electrical Stimulation (TENS)
Percutaneous Electrical Nerve Stimulation (PENS) or Percutaneous Neuromodulation Therapy (PNT)

***Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.

Policy
Interferential Stimulation is considered investigational for all applications. BCBSNC does not cover investigational services or procedures.

Benefits Application
This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.
Interferential Stimulation

When Interferential Stimulation is covered

Not applicable

When Interferential Stimulation is not covered

Interferential current stimulation is considered investigational.

Policy Guidelines

For individuals who have musculoskeletal conditions who receive IFS, the evidence includes randomized controlled trials (RCTs) and meta-analyses. Relevant outcomes are symptoms, functional outcomes, quality of life, medication use, and treatment-related morbidity. Placebo-controlled RCTs of IFS for treating musculoskeletal pain and impaired function have mostly found that it does not significantly improve outcomes and a meta-analysis of placebo-controlled trials did not find a significant benefit of IFS for decreasing pain or improving function. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have gastrointestinal disorders who receive IFS, the evidence includes RCTs. Relevant outcomes are symptoms, functional outcomes, quality of life, medication use and treatment-related morbidity. IFS has been tested for a variety of gastrointestinal conditions, with a small number of trials completed for each condition. Trials results are mixed, with some reporting benefit and others not. This body of evidence is inconclusive on whether IFS is an efficacious treatment for gastrointestinal conditions. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have poststroke spasticity who receive IFS, the evidence includes one RCT. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. The RCT has a small sample size and very short follow-up (immediately posttreatment). The evidence is insufficient to determine the effects of the technology on health outcomes.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable service codes: S8130, S8131.

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources

BCBSA Medical Policy Reference Manual, 1.01.24, 7/17/03

Interferential Stimulation


BCBSA Medical Policy Reference Manual [Electronic Version], 1.01.24, 9/14/2017

BCBSA Medical Policy Reference Manual [Electronic Version], 1.01.24, 6/14/2018
Specialty Matched Consultant Advisory Panel – 10/2018


Policy Implementation/Update Information

11/03 New policy.

4/8/04 Added, "Sequential stimulators that combine interferential current and muscle stimulation such as the RS-4i Sequential Stimulator are considered investigational."
Interferential Stimulation

BCBSNC does not cover investigational services." to the noncovered section of the policy. Statement removed from Policy Guidelines.


12/3/07 "Next Review Date" corrected. Policy number added to "Key Word" section.

6/30/08 Specialty Matched Consultant Advisory Panel review 5/29/08. No changes to policy statement. Policy status changed to Active policy, no longer scheduled for routine literature review. (btw)

6/22/10 Policy Number(s) removed (amw)


4/17/12 Reference added. (btw)

11/13/12 Specialty Matched Consultant Advisory Panel review 10/17/2012. Policy Guidelines updated. No change to policy intent. (btw)

2/12/13 Description and Policy Guidelines sections updated. No change to policy intent. Reference added. (btw)

11/12/13 Specialty Matched Consultant Advisory Panel review 10/16/2013. No change to policy. (btw)

2/25/14 Reference added. (btw)


2/24/15 Reference added. (sk)


7/26/16 Reference added. Policy Guidelines updated. (sk)

11/22/16 Specialty Matched Consultant Advisory Panel review 10/26/2016. (sk)

Interferential Stimulation

8/24/18   Reference added. (sk)


8/27/19   Reference added. (sk)

11/26/19  Specialty Matched Consultant Advisory Panel review 10/16/2019. (sk)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.