Effective 08/01/2026

Lines Of Business: All Lines of Business

Transcutaneous Electrical Acupoint Stimulation (TEAS)

PURPOSE:

This policy addresses coverage guidelines regarding transcutaneous electrical acupoint stimulation (TEAS).

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

A. Be eligible for a defined Medicare or The Health Plan benefit category; and

B. Be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member; and

C. Meet all other applicable Medicare and/or The Health Plan statutory and regulatory requirements; and

D. The supplier must receive a written, signed, and dated order before a claim is submitted to The Health Plan; and

E. The treating practitioner must provide thorough documentation to substantiate the medical necessity and appropriate use of the device.

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.*

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

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. The device can be turned on and off according to symptoms.

COVERAGE GUIDELINES:

The Health Plan complies with all Medicare National Coverage Determinations (NCD's), applicable Local Coverage Determinations (LCD's), and WV Bureau for Medical Services guidelines for all therapies, items, services, and/or procedures that are covered benefits under Medicare or Medicaid. If the coverage criteria in this policy conflicts with any NCD's, relevant LCD, or WV BMS guidelines, the relevant document controls the application of services regardless of the version of the NCD, LCD, or WV BMS guideline listed in the reference section.

There are currently no Medicare National Coverage Determinations or Local Coverage Determinations pertaining to transcutaneous electrical acupoint stimulation (TEAS).

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.

NON-COVERAGE 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 or any other indication other than what is listed above, 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 durable medical equipment.

CODING GUIDELINES:

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

E0765	FDA APPROVED NERVE STIMULATOR, WITH REPLACEMENT BATTERIES, FOR TREATMENT OF NAUSEA AND VOMITING.

Pricing, Data Analysis, and Coding (PDAC) contractor currently lists the Reliefband Reletex and Reliefband Sport.

REFERENCES:

Optum360.2026 Current Procedural Coding Expert Professional Edition. Salt Lake City, UT: Optum360;2025

Optum360.2026 HCPCS Level II, HCPCS Level II Codes with Medicare Coverage Essentials. Salt Lake City, UT: Optum360;2025

Pricing, Data Analysis, and Coding (PDAC). (2026). PDAC FDA APPROVED NERVE STIMULATOR, FOR

TREATMENT OF NAUSEA AND VOMITING. Palmetto GBA. Retrieved April 27, 2026, from:https://www4.palmettogba.com/pdac_dmecs/hcpcsDetails.do?code=E0765 Last accessed: 04/29/2026

[1]Relief Band website. Retrieved from: http://www.reliefband.com/. Last accessed 05/21/2026

Smith, J. , Fox. K. , Clark.S. (2026, April) "Nausea and vomiting of pregnancy: Treatment and outcome." UptoDate. https://www.uptodate.com/contents/nausea-and-vomiting-of-pregnancy-treatment-and-outcome?search=Transcutaneous%20Electrical%20Acupoint%20Stimulation%20(TEAS)%20for%20hyperemesis&source=search_result&selectedTitle=10~150&usage_type=default&display_rank=10&searchCorrelationId=6fdc4c4f-4397-4ec2-b332-ff6ad3f6e1ec&searchCorrelationTerm=Transcutaneous%20Electrical%20Acupoint%20Stimulation%20(TEAS)%20for%20hyperemesis. (Registration required). Last accessed 05/21/2026.

West Virginia Department of Human Services/ Bureau for Medical Services. Durable Medical Equipment Fee Schedule. https://bms.wv.gov/page/west-virginia-medicaid-physicians-fee-schedules/page/durable-medicalequipment-dme-fee-schedule

West Virginia Department of Human Services/ Bureau for Medical Services. Medicaid Internet Provider Manual. Chapter 506. Covered Services, Limitations, and Exclusions for DME Medical Supplies. APPENDIX 506C – NON-COVERED DMEPOS SUPPLIES. https://bms.wv.gov/media/21896/download?inline. Accessed 29 Apr. 2026

RELATED POLICIES:

None

POLICY HISTORY:

New 8/1/2026

DISCLAIMER:

This policy is intended to serve as a guideline only and does not constitute medical advice, any guarantee of payment, plan pre-authorization, an explanation of benefits, or a contract. This policy is intended to address medical necessity guidelines that are suitable for most individuals. Each individual's unique clinical situation may warrant individual consideration based on medical records. Individual claims may be affected by other factors, including but not necessarily limited to state and federal laws and regulations, legislative mandates, provider contract terms, and THP's professional judgment. Reimbursement for any services shall be subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification, and utilization management guidelines. Unless otherwise noted within the policy, THP's policies apply to both participating and nonparticipating providers and facilities. THP reserves the right to review and revise these policies periodically as it deems necessary in its discretion, and it is subject to change or termination at any time by THP. THP has full and final discretionary authority for its interpretation and application. Accordingly, THP may use reasonable discretion in interpreting and applying this policy to health care services provided in any particular case.

The use of specific product names is not intended to be a recommendation of a particular product. It is not intended to be a comprehensive listing of all available products.

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.

NOTIFICATION REQUIREMENTS:

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 should submit this information upon request.

PRICING, DATA ANALYSIS, AND CODING (PDAC)

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

AMA CPT/ADA CDT COPYRIGHT STATEMENT: