Transcutaneous Electrical Joint Stimulation Devices

Adopted from National Government Services website

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.

<table>
<thead>
<tr>
<th>CMS National Coverage Policy</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>DME Region LCD Covers</td>
<td>Jurisdiction B</td>
</tr>
<tr>
<td>Revision/Review Effective Date</td>
<td>For services performed on or after 01/01/15 Review/revised; 07/01/17, 09/01/16, 10/31/13</td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>EY</td>
<td>NO PHYSICIAN OR OTHER LICENSED HEALTH CARE PROVIDER ORDER FOR THIS ITEM OR SERVICE</td>
</tr>
<tr>
<td>GA</td>
<td>WAIVER OF LIABILITY STATEMENT ISSUED AS REQUIRED BY PAYOR POLICY</td>
</tr>
<tr>
<td>GZ</td>
<td>ITEM OR SERVICE EXPECTED TO BE DENIED AS NOT REASONABLE AND NECESSARY</td>
</tr>
</tbody>
</table>

**HCPCS CODES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>A9999</td>
<td>MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED</td>
</tr>
<tr>
<td>E0762</td>
<td>TRANSCUTANEOUS ELECTRICAL JOINT STIMULATION DEVICE SYSTEM, INCLUDES ALL ACCESSORIES</td>
</tr>
<tr>
<td>E1399</td>
<td>DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS</td>
</tr>
</tbody>
</table>

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 and 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.

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INTERNET LINKS AND SOURCES


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

