



An Independent Licensee of the Blue Cross Blue Shield Association

EVIDENCE-BASED CRITERIA

SECTION: DURABLE MEDICAL EQUIPMENT (DME)

ORIGINAL EFFECTIVE DATE:

06/09/06

LAST REVIEW DATE:

07/07/22

CURRENT EFFECTIVE DATE:

07/07/22

LAST CRITERIA REVISION DATE:

04/06/11

ARCHIVE DATE:

NEXT ANNUAL REVIEW DATE: 3RD QTR 2023

THRESHOLD ELECTRICAL STIMULATION

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Evidence-Based Criteria must be read in its entirety to determine coverage eligibility, if any.

This Evidence-Based Criteria provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Evidence-Based Criteria are subject to change as new information becomes available.

For purposes of this Evidence-Based Criteria, the terms "experimental" and "investigational" are considered to be interchangeable.

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THRESHOLD ELECTRICAL STIMULATION (cont.)

Description:

Threshold electrical stimulation (TES) is different from all other forms of electrical stimulation in that it is a low-level electrical stimulation used for long periods of time. TES is used for 8-12 hour periods of time during sleep. TES uses surface electrodes to treat motor fields, but no muscle contraction is produced. TES is thought to improve muscle growth and strength and decrease spasticity.

TES is intended to be used as an adjunct to current treatment or therapy. It has been investigated as a treatment for disuse muscle atrophy secondary to motor disorders including, *but not limited to*, cerebral palsy, spina bifida, brachial plexus and post-polio syndrome.

Criteria:

- Threshold electrical stimulation as a treatment of motor disorders is considered ***not medically necessary*** based upon:
 1. Insufficient evidence to support improvement of the net health outcome, and
 2. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

<u>History:</u>	<u>Date:</u>	<u>Activity:</u>
Medical Policy Panel	07/07/22	Review with no revisions
Pediatric Subspecialty Advisory Sub-Committee	05/19/22	Review with no revisions
Medical Policy Panel	07/06/21	Review with no changes
Pediatric Subspecialty Advisory Sub-Committee	05/18/21	Review with no changes
Medical Policy Panel	07/21/20	Review with no changes
Medical Policy Panel	08/20/19	Review with no changes
Medical Policy Panel	12/18/18	Review with no changes
Medical Policy Panel	12/19/17	Review with no changes
Medical Policy Panel	12/06/16	Review with no changes
Medical Policy Panel	12/22/15	Review with no changes
Medical Director Meeting	12/04/14	Review with no changes
Medical Director Meeting	12/04/13	Review with no changes
Medical Policy Panel	01/22/13	Review with no changes
Medical Policy Panel	01/10/12	Review with no changes
Medical Director Meeting	08/03/11	Review with no changes
Medical Policy Panel review	04/06/11	Revisions (ad hoc)
Medical Policy Panel review	03/22/11	Reviewed MPRM 1.01.19 with revisions
Medical Director Meeting	10/20/10	Biennial review with no changes by consent
Medical Policy Dept review	10/11/10	Updated disclosure; removed Note section
Medical Policy Dept review	10/22/09	Updated MPRM 1.01.19 review date



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THRESHOLD ELECTRICAL STIMULATION (cont.)

History: (cont.)

Date:

Activity:

Medical Director review	07/11/08	Biennial review with revisions
Medical Policy Dept review	01/22/07	Updated MPRM 1.01.19 review date
Medical Director review	06/09/06	Biennial review; new format

Criteria Revisions:

04/06/11	Added:	Not medically necessary rationale statements
03/22/11	Revised:	Threshold electrical stimulation as a treatment of motor disorders revised from experimental/investigational to not medically necessary
07/11/08	Revised:	Verbiage from "investigational" to "experimental or investigational"

Resources:

Literature reviewed 07/06/21. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.

Resources prior to 07/06/21 may be requested from the BCBSAZ Medical Policy and Technology Research Department

1. 1.01.19 BCBS Association Medical Policy Reference Manual. Threshold Electrical Stimulation as a Treatment of Motor Disorders. Re-issue date 11/14/2013, issue date 04/30/2000. Archived 11/14/2013.
2. Iwahashi K, Hayashi T, Watanabe R, et al. Effects of orthotic therapeutic electrical stimulation in the treatment of patients with paresis associated with acute cervical spinal cord injury: a randomized control trial. *Spinal cord*. Jun 27 2017.

Coding:

HCPCS: E0745, E1399

Coding Updates:

12/04/14	Added:	HCPCS code E1399
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THRESHOLD ELECTRICAL STIMULATION (cont.)

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nílínígíí Blue Cross Blue Shield of Arizona haada yit'éego bína'idíílkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yína'idíílkidgo beehaz'áanii hólo díí t'áá hazaadk'ehjí háká a'doowołgo bee haz'ą doo baqah ílínígóó. Ata' halne'ígíí kójj' bich'í'í' hodíílnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.



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Multi-Language Interpreter Services: (cont.)

Tagalog: Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799 로 전화하십시오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizona についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799 までお電話ください。

Farsi:

اگر شما، یا کسی که شما به او کمک میکنید، سوال در مورد Blue Cross Blue Shield of Arizona، داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید 877-475-4799

Assyrian:

Blue Cross Blue Shield of Arizona
 877-475-4799

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคน หรือคนทดณกลางช่วยเหลอมคาถามเกยวกับ Blue Cross Blue Shield of Arizona

คุณสมภพจะได้รับความช่วยเหลือและขอมลในภาษา ของคุณได้โดยไม่ค่าใช้จ่าย พดคุยกับลาม โทร 877-475-4799