Sentara Health Plans

Medicaid

Electric Cell-Signaling Energy Waves (EcST and ESI)

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Effective Date	10/2022
Next Review Date	10/2024
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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Purpose:

This policy addresses the medical necessity of Electric Cell-Signaling Energy Waves (EcST and ESI).

Description & Definitions:

Electric cell-Signaling energy waves (EcST and ESI) is a non-surgical, non-invasive electromagnetic neuromuscular stimulation produced by an ultra-high digital frequency generator (UHdfg) that delivers signals directly into the body's cells for treatment of acute and chronic pain, long-term (intractable) pain, and drug-resistant pain.

Criteria:

Electric Cell-Signaling Energy Waves (EcST and ESI) is considered not medically necessary for any indication.

Coding:

Medically necessary with criteria:

Coding	Description
	None

Considered Not Medically Necessary:

Coding	Description

G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care.

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

Reviewed Dates:

- 2023: October

Effective Date:

- October 2022

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2022). Retrieved Sep 20, 2022, from UpToDate: https://www.uptodate.com/contents/search?search=pain%20management&sp=0&searchType=PLAIN_TEXT&source=USER_INPUT&searchControl=TOP_PULLDOWN&searchOffset=1&autoComplete=true&language=en&max=10&index=0~10&autoCompleteTerm=pain%20man

(2022). Retrieved Sep 20, 2022, from National Comprehensive Cancer Network: https://www.nccn.org/search-result?indexCatalogue=nccn-search-index&searchQuery=Electric%20cell-Signaling%20treatment&wordsMode=AllWords

(2022, May 18). Retrieved Sep 21, 2022, from MCG: https://careweb.careguidelines.com/ed26/index.html

(2022). Retrieved Sep 21, 2022, from DynaMed: https://www.dynamedex.com/results?q=electroanalgesia&lang=en

(2022). Retrieved Sep 21, 2022, from Google, Inc: https://www.google.com/search?q=Clinical+guidelines+for+RST+Treatment+%28sanexcis%29+neoGEN%C2%AE&safe=strict&rlz=1C1GCEA_enUS982US982&sxsrf=ALiCzsajWFXpdUqXJz77MMQn0q6jbIKKlQ%3A1663764427654&ei=ywcrY-qjJ8erqtsPzdS4oA8&ved=0ahUKEwiqtcy99aX6AhXHlWoFHU0qDvQ

LCA: Billing and Coding: Nerve Blocks and Electrostimulation for Peripheral Neuropathy. (2022, Oct 01). Retrieved Sep 20, 2022, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=56731&ver=10

LCD: Nerve Blocks and Electrostimulation for Peripheral Neuropathy (L37642). (2021, Jul 29). Retrieved Sep 20, 2022, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=iontophoresis&keywordType=starts&areaId=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all

Musculoskeletal Program - Appropriate Use Criteria: Interventional Pain Management. (2022, Mar 13). Retrieved Sep 20, 2022, from AIM Specialty Health: https://aimspecialtyhealth.com/wp-content/uploads/2021/12/Interventional-Pain-Management-03-13-22.pdf

neoGEN® system. (2022). Retrieved Sep 20, 2022, from RST SANEXAS: https://www.rstsanexas.com/neogen/

NEOGENESYS 2K. (2003, Jan 24). Retrieved Sep 20, 2022, from Food and Drug Administration: https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm?ID=K022433

neoGEN-Series System (RST-Sanexas, Inc.) for Treatment of Neuropathic Pain. (2021, Mar 24). Retrieved Sep 20, 2022, from Hayes, Inc: https://evidence.hayesinc.com/report/earb.neogenpain4906

Rehabilitation Manual - Chapter 4: Covered Services and Limitations (Rehab). (2022, Aug 15). Retrieved Sep 21, 2022, from Department of Medical Assistance Services: https://vamedicaid.dmas.virginia.gov/manual-chapters/covered-services-and-limitations-rehab?manual_id=18101

Special Notes: *

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

Keywords:

SHP Electric Cell-Signaling Energy Waves, EcST, ESI, SHP Medical 179, NeoGen, circulatory issues, acute pain, chronic pain, long-term (intractable) pain, drug-resistant pain. Electric cell-Signaling treatment, EcST, electronic signal energy waves, ultra-high digital frequency generator, UHdfg, SANEXAS neoGEN, interferential current therapy (IFT), Electroanalgesia