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SHP Electric Cell-Signaling Energy Waves (EcST and ESI)

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MCG Health
Ambulatory Care
26th Edition

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Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Application to Products

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Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required.

Description of Item or Service

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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.

Exceptions and Limitations

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There is insufficient scientific evidence to support the medical necessity of this service as it is not shown to improve health outcomes upon technology review.

Clinical Indications for Procedure

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- NA

Document History

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- Revised Dates:
- Reviewed Dates:
- Effective Date: October 2022

Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
 - None
- CPT/HCPCS codes considered not medically necessary per this Policy:
 - HCPCS G0283 - Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care

References

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References used include but are not limited to the following:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; Uptodate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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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

Codes

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HCPCS: g0283

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