Subject: Pulsed Electrical Stimulation for Arthritis (BioniCare® System)*

Effective Date: October 23, 2012

Department(s): Utilization Management

Policy: Pulsed electrical stimulation for arthritic conditions (no specific HCPCS code), including but not limited to knee osteoarthritis and rheumatoid arthritis of the hand, is not reimbursable under Plans administered by QualCare, Inc.

Objective: To provide proper and consistent reimbursement and to define the indications for a specific type of therapy.

Procedure: Requests for pulsed electrical stimulation (BioniCare® System) will be denied. There is insufficient documentation in the peer reviewed literature of safety and efficacy. It is therefore deemed experimental, investigational, or unproven.

References


Puett DW, Griffin MR. Published trials of nonmedicinal and noninvasive therapies for hip and knee osteoarthritis.1994. Ann Int Med;121(2):133-40(Jul)

*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.