

MEDICAL POLICY		Microcurrent Electrical Nerve Stimulation (MENS)	
Effective Date: 04/01/2020		Section: DME	Policy No: 280
 <div style="text-align: right;">4/1/2020</div>		Technology Assessment Committee Approved Date: 4/11; 5/13; 5/14; 5/15; 5/16	
		Medical Policy Committee Approved Date: 7/17; 6/18; 8/19; 03/2020	
Medical Officer	Date		

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

All lines of business

BENEFIT APPLICATION

Medicaid Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

POLICY CRITERIA

Microcurrent electrical nerve stimulation (MENS), including frequency-specific microcurrent (FSM), is considered to be **investigational and not covered** as a treatment of any condition.

Link to [Policy Summary](#)

CPT/HCPCS CODES

All Lines of Business	
No Prior Authorization Required	
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes

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Unlisted Codes	
All unlisted codes will be reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is billed related to services addressed in this policy then it will be denied as not covered .	
E1399	Durable medical equipment, miscellaneous

DESCRIPTION

Microcurrent electrical nerve stimulation (MENS), also referred to as microelectrical therapy (MET) or microelectrical neurostimulation, involves applying a very low-voltage microamperage current to affected cells or tissue trigger points in order to stimulate the tissues’ response to healing and repair.

MENS differs from TENS in that it uses a significantly reduced level of electrical stimulation. TENS therapy delivers stimulation in the milliamp range, causing muscle contractions, pulsing and tingling, thereby blocking pain. Conversely, MENS delivers stimulation in the micro amp range, which is undetectable to patients and is thought to act on the body’s naturally occurring electrical impulses to decrease pain by stimulating the healing process.

During MENS therapy, the physical therapist or physician administers the microamperage current to various parts of the patient’s body by using vinyl graphite gloves or electrodes. The amount of current, length of individual sessions, as well as frequency and length of overall treatment has not been optimized for any given condition, and therefore may vary significantly. MENS has been proposed as both an adjunctive and a stand-alone therapy for a wide variety of indications that require either pain reduction or stimulation of the healing process. Due to variability in published MENS treatment protocols and the fact that MENS is often used in combination with a variety of other interventions, evaluating the efficacy of MENS for any condition is difficult.

REVIEW OF EVIDENCE

The use of randomized controlled trials (RCTs) is critical in evaluating any intervention in which clinically relevant outcomes consist of subjective, self-reported improvements in pain, function and disability, since these outcomes may be influenced by nonspecific effects like placebo response and the natural history of the disease. As a result, when randomization is used, differences in reported outcomes between treatment groups may be attributed to the treatment in question. In addition, comparative, randomized studies must be sufficiently powered in order to eliminate any spurious results due to chance, and to allow generalizability of results. Ideally, long-term, randomized studies are recommended to determine potential sustained benefits. Therefore, the evidence review below has focused on RCTs comparing MENS to other interventions.

A review of the ECRI, Hayes, Cochrane, and PubMed databases was conducted regarding the use of microcurrent electrical nerve simulation (MENS) as a treatment for any condition. Below is a summary of the available RCTs and systematic reviews identified through February of 2020.

Small RCTs have evaluated MENS as a potential therapy for a variety of indications, including:

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- Achilles tendinopathy¹
- age related muscle deterioration and damage²
- bruxism-induced masticatory muscle pain³
- cerebral palsy⁴⁻⁶
- chronic nonspecific low back pain⁷
- chronic rhinosinusitus⁸
- chronic tennis elbow⁹
- congenital muscular torticollis^{10,11}
- delayed onset muscle soreness¹²
- function after total knee arthroplasty¹³
- healing time of primary burns and autologous donor sites¹⁴
- pain associated with temporomandibular joint (TMJ) disease^{15,16}
- post-operative pain for total hip arthroplasty¹⁷
- rotator cuff tears¹⁸
- subacromial impingement¹⁹
- symptoms of advanced diabetes, including neuropathic pain, hypertension, and wound healing^{20,21}
- venous ulcers²²

All of the above RCTs listed above are limited by small study populations, which limit the ability to rule out spurious results and do not allow for generalizability. In addition, the studies above all reported short follow-up periods and suffered from other methodological limitations. For indications where more than one RCT had been published, results were conflicting and in some cases reported outcomes were no better than placebo.

CLINICAL PRACTICE GUIDELINES

American Physical Therapy Association (APTA)

The 2013 APTA guidelines on physical therapy management of congenital muscular torticollis stated that microcurrent may be considered as one of several possible supplemental interventions, but should only be applied by clinicians skilled in that modality.²³ This weak recommendation was based on one small comparative study of 15 patients.¹⁰

CENTERS FOR MEDICARE & MEDICAID

As 02/20/2020, no Centers for Medicare & Medicaid (CMS) coverage guidance was identified which addresses microcurrent electrical nerve stimulation (MENS) for any indication.

POLICY SUMMARY

There is insufficient evidence that the use of microcurrent electrical nerve stimulation (MENS) as a stand-alone or adjunctive therapy is effective for any indication, compared to other treatment modalities. The body of evidence includes randomized controlled trials for a wide variety of indications

that require either pain reduction or stimulation of the body's healing process. The RCTs all suffer from the same limitations, regardless of the indication evaluated, including small sample sizes, heterogeneous patient populations and MENS procedure protocol, and little to no post-treatment follow-up. Therefore, based on the lack of larger well-designed randomized trials with long-term follow-up, conclusions cannot be reached about the effectiveness of MENS therapy on pain reduction or healing for any condition. In addition, no clinical practice guidelines based on a systematic review of evidence were identified which recommend the use of MENS for any indication.

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

U.S. Food & Drug Administration (FDA) Device Approval

Most microcurrent stimulators are categorized as transcutaneous electrical nerve stimulation (TENS) devices and are approved as 510(k) Class II devices equivalent to predicate TENS devices.²⁴ FDA Product code: GXY. Examples of FDA-approved devices include, but are not limited to:

- Inspirstar IS02 Microcurrent Stimulator (Inspirstar Inc.)
- Promax-MC, Microcurrent Device, Model MC-4440 (Rehabicare, Inc.)

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case.

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