

**Percutaneous Electrical Nerve Field
Stimulation for Functional Abdominal
Pain (IB-Stim)- #077**

Last reviewed: 12/11/24

Benefit Coverage

Covered Benefit for lines of business including:
All Lines of Business
Excluded from Coverage:
Extended Family Planning

Medicare Distinction

For INTEGRITY members: Neighborhood Health Plan of Rhode Island (Neighborhood) uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations, including medical necessity. Coverage determinations are based on applicable payment policies, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and other available CMS published guidance.

In the absence of an applicable or incomplete NCD, LCD, or other CMS published guidance OR if available Medicare coverage guidance is not met, then Neighborhood will apply coverage guidance from the Rhode Island Executive Office of Health & Human Services (EOHHS), or other peer-reviewed scientific evidence, such as InterQual® and/or internal Clinical Medical Policies as a means of secondary coverage through the members' Medicaid benefit.

Description

Percutaneous electrical nerve field stimulation (PENFS) has been utilized to treat pain and found effective in treating pediatric patients with difficult to manage functional abdominal pain. Neuro-Stim (Innovative Health Solutions, Versailles, IN, USA) is an FDA-cleared auricular device that uses alternating frequencies of stimulation to target central pathways through branches of four cranial nerves (V, VII, IX, and X) that innervate the external ear. PENFS likely modulates the response characteristics of amygdala and spinal neurons and significantly alters the development of visceral hypersensitivity. This pain modulating effect has been used to treat pediatric patients with abdominal pain associated with Irritable Bowel Syndrome (IBS).

Coverage Determination

Percutaneous electrical nerve field stimulator system (IB-STIM) may be considered medically necessary when the following medical criteria are met:

- The member is 11-18 years of age AND
- The member has a diagnosis of ROME IV defined-functional gastrointestinal disorder which includes functional abdominal pain, functional abdominal pain syndrome, irritable bowel syndrome, functional dyspepsia, and abdominal migraine AND
- Organic disease has been excluded and this documentation has been submitted AND
- The member's symptoms have been present for at least 9 months AND
- The member has trialed and failed diet modification AND
- There has been trial and failure of at least one medication in all 3 of the following categories

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- Acid suppression (H2 blockers or PPIs) AND
- Antispasmodics or motility medications (hyoscyamine, dicyclomine, erythromycin/linacotide, prucalopride AND
- Neuromodulators (amitriptyline/nortriptyline/gabapentin/periactin/aprepitant)

Covered Codes

0720T

Exclusions

IB-STIM will not be covered for member with history of cardiac pacemaker, hemophilia, or psoriasis vulgaris.

Authorization Request Forms

Access prior authorization request forms by visiting Neighborhood's website at www.nhpri.org.

1. Click on [Providers](#)
2. Click on [Provider Resources](#)
3. Click on [Forms](#)
4. Click on "[Click here for a list of prior authorization request forms](#)" – forms are listed alphabetically.

A phone messaging system is in place for requests/inquiries both during and outside of business hours. Providers can call 1-800-963-1001 for assistance.

Covered Codes: For information on coding, please reference the [Authorization Quick Reference Guide](#).

CMP Number: 077
CMP Cross Reference:
Created: 12/24
Annual Review Month: December
Review Dates: 12/11/24
Revision Dates
CMC Review Date: 12/11/24
Medical Director Approval Dates: 12/11/24
Effective Dates: 12/11/24

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Neighborhood reviews clinical medical policies on an annual base.

Disclaimer:

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.

References:

Chogle A, El-Chammas K, Santucci N, et al. (2024). A multicenter registry study on percutaneous electrical nerve field stimulation for pediatric disorders of gut-brain interaction. *Journal of Pediatric Gastroenterology and Nutrition*, 78(4), 817-826.

Kovacic, K., Hainsworth, K., Sood, M., Chelimsky, G., Unteutsch, R., Simpson, P., & Adrian Miranda. (2017). Neurostimulation for abdominal pain-related functional gastrointestinal disorders in adolescents: a randomised, double-blind, sham-controlled trial. *The Lancet Gastroenterology & Hepatology*, 2(10), 727–737.

Krasaelap A., Sood M., B U K Li et al. Efficacy of Auricular Neurostimulation in Adolescents with Irritable Bowel Syndrome in a Randomized, Double-Blind Trial. *Clin Gastroenterol Hepatol*. 2020 Aug;18(9):1987-1994.e2.