

# UPMC Health Plan POLICY AND PROCEDURE MANUAL

**POLICY NUMBER: PAY.036**  
**REVISION DATE: 03/10**  
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**PAGE NUMBER: 1 of 5**

**SUBJECT:** Iontophoresis for Musculoskeletal Conditions  
**INDEX TITLE:** Medical Management  
**ORIGINAL DATE:** March 2009

**This policy applies to the following lines of business: (Check those that apply.)**

<b>Commercial:</b>				
HMO ( )	POS ( )	PPO ( )	OOA/DOC ( )	
Fully Insured ( )	Self-funded/ASO ( )	HSA ( )	All (X)	
Medicare Select ( )	Medicare Supplement ( )			
<b>DPW-MA:</b>				
Health Choices ( )		Voluntary ( )		All (X)
<b>CMS-MA:</b>				
OH ( )	WV ( )	PA ( )	All (X)	Other ( )
HMO (X)	PPO (X)	Specialty Needs Plan (X)	Part D ( )	PFFS (X)
<b>PID-CHIP:</b>				
Free ( )	Sub ( )	Full ( )	All (X)	
<b>APPLICABLE TO:</b>				
Community Care ( )		Work Partners ( )		

## I. POLICY

It is the policy of UPMC Health Plan to cover the use of the Iontophoresis as appropriate and consistent with good medical practice and considered medically necessary as described in this policy and covered under the member's benefit plan.

## II. DEFINITIONS

N/A

## III. PURPOSE

The purpose of this policy is to describe the medically necessary indications for the coverage of Iontophoresis.

## IV. SCOPE

This policy applies to various UPMC Health Plan departments as indicated by the Benefit and Reimbursement Committee. These include but are not limited to Medical Management, Benefit Configuration and Claims Departments.

## V. PROCEDURE

### A. Medical Description

Iontophoresis is a clinical technique that uses electric current to deliver a drug through the skin or mucosa. Iontophoresis is used in preparation for invasive procedures (arterial line placement, venipuncture for renal dialysis, injections, hair transplants, etc) as well as for cauterizing spider veins, hair transplants, and removal of skin growths. Oral surgeries, and surgeries of the eyelid and eardrum, excessive sweating, localized joint pain testing for cystic fibrosis and pain resulting from herpes zoster (shingles) are for which conditions Iontophoresis is used. However scientific studies to support this widespread use of Iontophoresis are limited.

The mechanism by which iontophoresis is used to apply drugs to get through the skin is not known. Several mechanisms have been proposed: Shunting of drug molecules through sweat and sebaceous glands in the skin, as well as drug molecules passing between skin cells (the intercellular path) and/or through cell membranes and cytoplasm (the transcellular path). Some researchers support a model in which the electric field alters the permeability of the skin.

### B. Indications

Iontophoresis is covered for the treatment of pain and edema caused by an inflammatory process for **any** of the following musculo-skeletal conditions such as:

- Patellofemoral syndrome
- Plantar fasciitis
- Lateral epicondylitis
- Knee and lower leg:
  - Prepatellar bursitis
  - Upper fibular bursitis
- Shoulder and upper arm:
  - Sub deltoid bursitis
  - Rotator cuff syndrome
- Bicipital tendonitis (long lead) elbow:
  - Epicondylitis
  - Epitrochilitis
- Other forms of tendonitis and bursitis (Except Achilles Tendonitis)

### C. Limitations

1. Iontophoresis is not covered for the following:
  - As a local anesthesia
  - For hypnosis
  - To perform axillary liposuction
  - For biofeedback

- As a form of psychotherapy
  - To conduct percutaneous thoracic phenol sympathicolysis
  - For intractable, disabling primary hyperhidrosis
  - For acute low back pain
  - Carpal tunnel syndrome
  - Ankle and foot including achilles tendonitis
  - Temporomandibular Joint Syndrome (TMJ)
  - For use in preparation for invasive procedures (e.g. arterial line placement)
  - Venipuncture for renal dialysis
  - Injections
  - Hair transplants
  - Cauterization of spider veins
  - Removal of skin growths
  - Oral surgeries
  - Surgeries of the eyelid or eardrum
  - Localized joint pain testing for cystic fibrosis
  - Pain resulting from herpes zoster (shingles)
2. Iontophoresis should not be performed on members with the following:
- Pacemakers or other electrically sensitive implanted devices,
  - Known sensitivity to electric currents, or allergies to the drug being administered or to electrode adhesives.
3. Iontophoresis electrodes should not be applied to damaged, blemished or recently scarred tissue.

**D. Variations**

N/A

**E. Quality Audit**

Quality Audit may monitor policy compliance or billing accuracy at the request of the UPMC Health Plan's Technology Assessment Committee or the Benefits Reimbursement Committee.

**F. Records Retention**

Records Retention for UPMC Health Plan documents, regardless of medium are provided within the UPMC Health System Policy and as indicated in the UPMC Insurance Services Division Policy and Procedure.

**G. References**

1. Highmark Medicare Services; LCD #L27513: Physical Medicine and Rehabilitation Services, PT and OT; Electric current therapy, effective 2-12-09
2. <http://www.highmarkmedicare.com/policy/mac-ab/l27513-r6.html>
3. ECRI Institute: Iontophoresis for Drug Delivery in Physical Medicine and Rehabilitation Settings
4. Billing Guidelines for Therapy Providers; First Health Services Corporation Provider Type 34 for Physical, Occupational, Speech and Respiratory Therapy
5. ECRI Institute: Emerging Technology (TARGET) Evidence Report: Iontophoresis for Local Anesthesia.
6. Aetna Clinical Policy Bulletin: Iontophoresis, CB 0229
7. Splinting vs. Surgery in the Treatment of Carpal Tunnel Syndrome; A Randomized Controlled Trial; Gerritsen, AA, DeVet, W., et al. JAMA: 288, 10: 9/11/02
8. Carpal Tunnel Syndrome. Symptoms, Treatment of Median Nerve Damage; Published by Bupa's Health Information Team, September, 2008.  
[http://hcd2.bupa.co.uk/fact\\_sheets/html/carpal\\_tunnel.html](http://hcd2.bupa.co.uk/fact_sheets/html/carpal_tunnel.html)
9. Iontophoresis for Musculo-Skeletal Inflammation. Genesis Medical Health.  
<http://www.genmedhealth.com/main/prion.html>.

**Disclaimer:**

UPMC Health Plan medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of UPMC Health Plan and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

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