

The Department of Vermont Health Access
Supplement to InterQual® Criteria

Note: DVHA utilizes InterQual® criteria as a resource for coverage determination. In order to ensure compliance with other relevant [Health Care Rules](#) and requirements, DVHA may base coverage determinations on information supplemental to InterQual® criteria. See services listed below.

To access InterQual® criteria, please log into your account at the [Vermont Medicaid Portal](#), go to secure options and click on InterQual® Solution from the dropdown menu.

Subject: Conductive Garments for Electrical Stimulation Devices

Last Review: August 30, 2024*

Past Revisions: n/a

***Please note: Most current content changes will be highlighted in yellow.**

Description of Service or Procedure

A conductive garment is a garment that acts as an electrode to provide electrical stimulation to the entire skin surface that it covers. Conductive garments most often take the form of a glove or sock.

Criteria Supplemental to InterQual®

In addition to the guidance provided by InterQual®, the following information will be considered by DVHA reviewers:

InterQual® criteria address TENS devices but does not address electrodes or conductive garments.

A conductive garment may be covered for use with a Transcutaneous Nerve Stimulator (TENS unit) or a Neuromuscular Electrical Stimulation Unit (NMES) if all of the following conditions are met:

- The device is prescribed by a physician or advanced practice provider knowledgeable in the area of pain control, neurology or psychiatry **AND**
- When the member has met all of the coverage guidelines for the base TENS/NMES device (TENS – see IQ; NMES see DVHA criteria at <https://dvha.vermont.gov/forms-manuals/forms/prior-authorizations-tools-and-criteria/durable-medical-equipment>)

AND one of the following



- When the treatment area is so large that coverage of the area is not feasible with standard electrodes **OR**
- When the treatment area is so complex that coverage of the area is not feasible with standard electrodes (for example, a hand) **OR**
- When the stimulation must be delivered with high frequency such that use of conventional electrodes is not feasible **OR**
- When there are comorbidities that prevent the use of conventional electrodes/ tape, (for example, a skin condition or allergic reaction) **OR**
- When there are multiple stimulation sites such that coverage of the area is not feasible with standard electrodes **OR**
- When the treatment area is not accessible with standard electrodes **OR**
- When the treatment area is beneath a cast.

Type of service or procedure not covered (this list may not be all inclusive)

When the above conditions are not met.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule or Health Care Administrative Rules that pertain to the member’s aid category. Prior Authorization (PA) is only valid if the member is eligible for the applicable item or service on the date of service.

Medicaid Rule

Medicaid and Health Care Administrative Rules can be found at <https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules>

- 7102.2 Prior Authorization Determination
- 4.101 Medical Necessity for Covered Services
- 4.104 Medicaid Non-Covered Services
- 4.106 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services
- 4.209 Durable Medical Equipment

Coverage Position

Conductive garments may be covered for members:

- When the device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described on the Vermont Office of Professional Regulation’s website*, Statute, or rule who is knowledgeable regarding the use of electrical stimulation including conductive garments, and who provides medical care to the member **AND**
- When the clinical criteria above are met.

* Vermont’s Office of Professional Regulation’s website: <https://sos.vermont.gov/opr/>

Medicare has chosen not to cover 1) TENS devices for certain conditions, and 2) Transcutaneous Electrical Joint Stimulation devices. The VT Medicaid Clinical Utilization Review Board (CURB) has recommended DVHA's continued coverage of TENS devices.

Clinical criteria for repeat service or procedure

Repeat services are covered when the device requires replacement prior to DVHA DME limitation guideline list (<https://dvha.vermont.gov/forms-manuals/forms/prior-authorizations-tools-and-criteria/durable-medical-equipment>), for one of the following reasons:

- The item has been outgrown OR
- The item no longer meets the medical needs of the member OR
- The item is no longer functional through normal wear and tear OR
- The cost of repairing the item is greater than 50% of the replacement cost.

Type of service or procedure covered

Conductive garments when InterQual® as well as the criteria above are met.

Coding guidelines

Please see the Medicaid Portal at <http://vtmedicaid.com/#!/feeSchedule> for fee schedules, code coverage, and applicable requirements.

References

- Centers for Medicare & Medicaid Services. (2020, January 1). *LCD - Transcutaneous Electrical Joint Stimulation Devices (TEJSD) (L34821)*. Medicare Coverage Database. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=34821>
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- Stavrakis, A. K., Simić, M., & Stojanovic, G. (2022). A study of the performance degradation of conductive threads based on the effects of tensile forces and repeated washing. *Polymers*, 14(21), 4581–4581. <https://doi.org/10.3390/polym14214581>
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