MedStar Family Choice		
ADMINISTRATIVE POLICY AND PROCEDURE		
Policy #:	**1428**	
Subject:	**External Upper Limb Stimulator of the Peripheral Nerves of the Wrist**	
Section:	**Medical Non-Pharmacy Protocols**	
Initial Effective Date:	**05/01/2023**	
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Historical Review Date(s):		
Responsible Parties:	**Lisa Speight, MD**	
Responsible Department(s):	**Clinical Operations**	
Regulatory References:		
Approved:	**Carol Attia, MBA, BSN, RN** **VP Clinical Care & Quality**	**Karyn Wills, MD** **Chief Medical Officer**

Purpose: **It is the purpose of this policy to define the conditions under which nerve stimulating devices of the upper limb will be authorized.**

Scope: **MedStar Family Choice, Maryland**

Policy: **It is the policy of MedStar Family Choice to provide nerve stimulating devices of the peripheral nerves of the wrist when it is medically necessary as outlined in the criteria below.**

Background:

MedStar Family Choice will require prior authorization for nerve stimulating devices of the peripheral nerves of the wrist

1. Requests for nerve stimulating devices of the peripheral nerves of the wrist should be forwarded along with the supporting clinical information in accordance with the MedStar Family Choice Prior Authorization Policy.

A. Medical Description/Background:
This policy describes the criteria upon which a peripherally worn device that stimulates the nerves of the wrist will be approved. (Code K1018)

This noninvasive stimulation device is proposed to be worn on the wrist and deliver electrical impulses to the nerves of the wrist to treat essential tremor.

Essential tremor is the most common cause of action tremor in adults. It typically involves the hands and is seen with arm movement and sustained antigravity postures. It can affect common daily activities such as writing, drinking from a glass, etc. It is slowly progressive and can involve the head, voice and rarely, the lower extremities. Essential tremor often runs in families and in these cases can be called "familial tremor."

B. Indications for external upper limb stimulator of the peripheral nerves of the wrist:

1. The use of an external upper limb stimulator of the peripheral nerves of the wrist (coded K1018) may be considered medically necessary when all the following are met:

    a. A documented diagnosis of essential tremor by a <u>neurologist</u>
        i. All medical records from the neurologist must be submitted for review
        ii. Notes must clearly demonstrate that other causes of tremor have been ruled-out
        iii. This device must be prescribed by a neurologist

    b. The diagnosis of essential tremor must meet the diagnostic criteria from the International Parkinson and Movement Disorder Society task force. They define essential tremor as having the following four features:
        i. Isolated tremor consisting of bilateral upper limb action (kinetic and postural) tremor, without other motor abnormalities
        ii. At least three years in duration
        iii. With or without tremor in other locations (i.e., head, voice, or lower limbs)
        iv. Absence of other neurologic signs, such as dystonia, ataxia, or parkinsonism

    c. The use of this device will be considered not medically necessary for all diagnoses except essential tremor.

    d. Medications (beta agonists, glucocorticoids, cyclosporine, tacrolimus, theophylline, SNRIs, SSRIs, tricyclic antidepressants, antiseizure medications, etc.) and other substances (e.g., caffeine, nicotine, cocaine) that could exacerbate the tremor must have been discontinued or there must be a medical reason why they cannot be discontinued before this device will be considered.

    e. Pharmacotherapy -standard first- and second-line pharmacotherapy must have been tried and failed or there must be a medical reason why they cannot be used

before this device will be considered. (First- and second-line pharmacotherapy treatments as defined by The American Academy of Neurology)

f. The member must have tried and failed to improve with Occupational Therapy

g. The member must be age 21 or older

h. There must be documentation of why this device is medically necessary for this member. This must meet the COMAR definition of medical necessity (COMAR 10.67.01.01(B))

C. This device will not be approved for anyone with the following because its use in these cases in contraindicated:

a. Patients with an implanted electrical medical device such as a pacemaker, defibrillator or deep brain stimulator
b. Patients that have suspected or diagnosed epilepsy or other seizure disorder
c. Patients that are pregnant
d. Patients that have swollen, infected, inflamed areas or skin eruptions, open wounds, or cancerous lesions on the wrist/forearm
e. Diagnosed with peripheral neuropathy affecting the tested upper extremity
f. Presence of any other neurodegenerative disease other than essential tremor

D. K1019 -replacement supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist (i.e., the associated monthly supplies for K1018) are not a covered benefit as this code is not listed on the most recent Maryland Medicaid DMS/DME Program of Approved items.
   a. Since replacement supplies and accessories for this device are not a covered benefit, the prescribing practitioner must attest that they are aware and have discussed this with the member.

Summary of Changes:	**07/23:** • New policy.