



Medical Policies

 **Print**

Policy Number:	E-33		
Policy Name:	H-wave Electrical Stimulation		
Policy Type:	Medical	Policy Subtype:	Durable Medical Equipment (DME)
Effective Date:	09-15-2025	End Date:	11-02-2025

Description

H-wave stimulation is a form of electrical stimulation that differs from other forms of electrical stimulation, such as transcutaneous electrical nerve stimulation (TENS), in terms of its wave form. H-wave stimulation has been used for the treatment of pain related to a variety of etiologies, such as diabetic neuropathy, muscle sprains, temporomandibular joint dysfunctions or reflex sympathetic dystrophy. H-wave stimulation has also been used to accelerate healing of wounds, such as diabetic ulcers.

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Criteria

Coverage is subject to the specific terms of the member's benefit plan.

H-wave stimulation is considered experimental/investigational and therefore, non-covered. Review of available literature reveals a lack of controlled clinical trials that prove the effectiveness of the device. As such, the H-wave device used in the home and H-wave stimulation performed in the provider's office are non-covered.

Procedure Code

E1399

Professional Statements and Societal Positions Guidelines

Not Applicable

Diagnosis Codes

Not Applicable

CURRENT CODING

HCPCS:

E1399	Durable medical equipment mi	Commercial
E1399	Durable medical equipment mi	Medicaid Expansion

References

1. Hayes, Inc. Health Technology Report. H-Wave (Electrical Waveform Lab Inc.) for the Treatment of Low Back Pain. Lansdale, Pa: Hayes, Inc. Published: June 21, 2018. Accessed May 20, 2019.

2. Hayes, Inc. Health Technology Report. H-wave (Electrical Waveform Lab Inc.) for the Treatment of Lower Extremity Pain. Lansdale, Pa: Hayes, Inc. Published: June 27, 2018. Accessed May 20, 2019

3. Burke D. Clinical uses of H reflexes of upper and lower limb muscles. *Sci Dir.* 2020;1:9-17.

ND Committee Review

- Internal Medical Policy Committee 9-26-2019 New policy for ND
- Internal Medical Policy Committee 9-21-2020 Annual Review
- Internal Medical Policy Committee 9-21-2021 Annual Review
- Internal Medical Policy Committee 9-28-2022 Annual Review-no change in criteria
- Internal Medical Policy Committee 9-12-2023 Annual Review
- Internal Medical Policy Committee 9-17-2024 Annual Review-no changes in criteria.
- **Added** Policy Application

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.