Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Medical Necessity Guidelines:

Percutaneous Electrical Nerve Field Stimulation for Functional Abdominal Pain Disorders-IB-STIM (Tufts Health Together)

Effective: November 1, 2026

Prior Authorization Required If REQUIRED, submit supporting clinical documentation (electronically recommended or by fax)	Yes ☐ No ☒
Notification Required	Yes ☐ No ☒

Applies to:

- **Tufts Health Together**

We recommend submitting prior authorization electronically. If you opt to submit prior authorization requests via fax please refer to this reference chart for the appropriate fax number (varies by product).

For details on all our products, please visit the Our Plans page on our provider website. For additional Prior Authorization and Notification details on other lines of business not listed on our Medical Necessity Guidelines page, please also reference our Prior Authorization Resources page.

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

Overview

IB-STIM is a percutaneous electrical nerve field stimulator (PENFS) system intended to be used in children and adolescents, with functional abdominal pain associated with irritable bowel syndrome (IBS). The IB-STIM is applied to the branches of Cranial Nerves V, VII, IX and X, and the occipital nerves identified by transillumination, as an aid in the reduction of pain when combined with other therapies. IB-Stim is intended to be used for 120 hours per week, using one device per week for 4 consecutive weeks.

This nonsurgical device works by sending electrical impulses into the cranial nerve bundles located in the ear. The stimulation targets the brain areas that are involved with processing pain, and aids in the reduction of functional abdominal pain, that is associated with inflammatory bowel syndrome (IBS).

Clinical Guideline Coverage Criteria

Coverage of IB-Stim is considered medically necessary when all of the following are met:

1. The Member is 11-18 years of age; and
2. Other organic gastrointestinal disease has been ruled out; and
3. Documentation includes length of symptoms and evidence that other therapies have been tried and failed; and
4. Documentation must include a diagnosis with a ROME IV defined-functional gastrointestinal disorder; and
5. There are no contraindications to the use of IB-STIM [2], including but not limited to:
    a. Cardiac pacemaker
    b. Hemophilia
    c. Psoriasis; and
6. Frequency and duration of IB-Stim is consistent FDA Labeling and Manufacturer guidance

Limitations:

All other uses of IB-STIM® is considered investigational and will not be covered

Codes:

The following code(s) are associated with this service:

Table 1: CPT/HCPCS Codes

Code	Description
64999	Unlisted procedure, nervous system

References:

1. Drossman DA, Chang L, Rome Foundation. *Rome IV Diagnostic Criteria for Child Functional Abdominal Pain.* Rome Foundation; 2016. Available from: https://www.mdcalc.com/calc/10330/rome-iv-diagnostic-criteria-child-functional-abdominal-pain
2. IB-Stim. Home. IB-Stim. Accessed July 11, 2025. https://ibstim.com/**how-ib-stim-works/**
3. Krasaelap A, Sood MR, Li BUK, et al. Efficacy of auricular neurostimulation in adolescents with irritable bowel syndrome in a randomized, double-blind trial. *Clin Gastroenterol Hepatol.* 2020;18(9):1987-1994.e2. doi:10.1016/j.cgh.2019.10.012
4. MassHealth. *Physician Manual: Updates to Subchapter 6 (2025 CPT/HCPCS).* Transmittal Letter PHY-172. Executive Office of Health and Human Services, Commonwealth of Massachusetts. March 2025. Available from: https://www.mass.gov/doc/phy-172-physician-manual-updates-to-subchapter-6-2025-cpthcpcs-0/download

Approval And Revision History

August 20, 2025: Reviewed by the Medical Policy Approval Committee (MPAC), effective October 1, 2025

Subsequent endorsement date(s) and changes made:

- September 16, 2026, Reviewed by MPAC, renewed without changes effective November 1, 2026

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.