

Electric Cell-Signaling Treatment

Also known as	<div><div>1. neoGEN ® System</div><div>2. Sanexas Intl.</div></div>						
Description	<p>Electric cell-signaling treatment is the use of electronic signal energy waves produced by an ultra-high digital frequency generator. These pulsed energy waves are noninvasively delivered directly to the desired anatomical region of the body. The neoGEN-Series system is similar to a TENS unit, but it is larger in size and penetrates deeper into the tissue to purportedly more effectively reduce pain.</p> <p>Prior to applying the electronic signal energy, the individual may first consider the option to receive a series of injections of a proprietary blend of vitamins. The treatment has been suggested for circulatory issues, acute or chronic pain, and various neuromuscular indications. A series of neoGEN treatments are performed (such as 6 to 15) depending on the condition being treated.</p>						
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none">CommercialGovernment ProgramsIndividual and Family Business (IFB)						
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>1.18.24</td><td>Updated to new template.</td></tr><tr><td>1.27.23</td><td>New A-Z sheet.</td></tr></table>	Date	Description	1.18.24	Updated to new template.	1.27.23	New A-Z sheet.
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Commercial

Introduction	<p>This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).</p>						
Dean (DHP, Prevea360)	<p>A Medical Policy, <i>Electric Cell-Signaling Treatment (e.g., neoGen© System, Sanexax Intl.) (MP9701)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.						
Mayo Medical Plan (MMP)	<p>A Coverage Policy, <i>Electric Cell-Signaling Treatment (e.g., neoGEN® System, Sanexas Intl.)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p>						
Medica (including MHPS)	<p>A Coverage Policy, <i>Electric Cell-Signaling Treatment (e.g., neoGEN® System, Sanexas Intl.)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.						
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.								
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">Refer to Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">Considered investigative, not covered.<ul style="list-style-type: none">Note: If the member says this is medically necessary, offer an Organization Determination. Refer to Member-Initiated PA (Organization Determination) Request.Follows Medicare guidelines.Medicare is the primary payer.If no Medicare eligibility, Medicaid applies. Refer to Medicaid below.								
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>A Coverage Policy, <i>Electric Cell-Signaling Treatment (e.g., neoGEN® System, Sanexas Intl.)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">Considered investigative, not covered.<ul style="list-style-type: none">Note: If the member says this is medically necessary, offer an Organization Determination. Refer to Member-Initiated PA (Organization Determination) Request.Medica is the only payer.								
Cost (Prime)	<p>Check for an LCD or NCD. If one does not exist, Medica’s Coverage Policy, <i>Electric Cell-Signaling Treatment (e.g., neoGEN® System, Sanexas Intl.)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">Considered investigative, not covered.<ul style="list-style-type: none">Note: If the member says this is medically necessary, offer an Organization Determination. Refer to Member-Initiated PA (Organization Determination) Request.Follows Medicare guidelines.								
Med Advantage	<p>A Coverage Policy, <i>Electric Cell-Signaling Treatment (e.g., neoGEN® System, Sanexas Intl.)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">Considered investigative, not covered.<ul style="list-style-type: none">Note: If the member says this is medically necessary, offer an Organization Determination. Refer to Member-Initiated PA (Organization Determination) Request.Follows Medicare guidelines.Medica is the only payer.								
Med Supp (Select, Signature)	<p>Considered investigative, not covered.</p> <ul style="list-style-type: none">Follows Medicare guidelines.Medicare supplement.Medicare is the primary payer.								
Medicaid	<p>A Coverage Policy, <i>Electric Cell-Signaling Treatment (e.g., neoGEN® System, Sanexas Intl.)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">Considered investigative, not covered.								
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Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p>						
Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>A Medical Policy, <i>Electric Cell-Signaling Treatment (e.g., neoGen© System, Sanexax Intl.) (MP9701)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.						
Medica	<p>A Coverage Policy, <i>Electric Cell-Signaling Treatment (e.g., neoGEN® System, Sanexas Intl.)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.						
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