

Biomagnetic Therapy

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Medical Guideline Disclaimer

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Definitions

Biomagnetic therapy (aka magnetic therapy, magnotherapy, magnotherapy, static magnetic field therapy or therapeutic magnets) consists of placing a magnet on or near the skin using a variety of devices (e.g., bracelets, necklaces, insoles, sleeves, head bands, mattress pads, etc.) to create an electromagnetic field to areas of musculoskeletal damage or perceived discomfort. Proposed uses include degenerative joint conditions such as osteoarthritis, joint and tendon injury.

Related Medical Guidelines

[Dorsal Column Stimulator for Pain Management](#)

[Pain Management](#)

[Radiofrequency Ablation for Spinal Pain](#)

Note: This guideline does not address transcranial magnetic stimulation (TMS). For TMS clinical criteria see [Transcranial Magnetic Stimulation \(beacon health options\)](#).

Guideline

Biomagnetic therapy is considered investigational and not medically necessary.

Limitations/Exclusions

Biomagnetic therapy, in any capacity, is not considered medically necessary for pain management (or any disease/condition) due to insufficient evidence of therapeutic value.

Applicable Procedure Code

97799 — Unlisted physical medicine/rehabilitation service or procedure

References

1. Carpenter JS, Wells N, Lambert B, et al. A pilot study of magnet therapy for hot flashes after breast cancer. *Cancer Nursing*. 2002; 25(2):104-109.
2. Cepeda MS, Carr DB, Sarquis T, et al. Static magnetic therapy does not decrease pain or opioid requirements: a randomized double-blind trial. *Anesth Analg*. 2007; 104(2):290-294.
3. Cheong YC, Smotra G, Williams AC. Non-surgical interventions for the management of chronic pelvic pain. *Cochrane Database Syst Rev*. 2014; (3):CD008797.
4. Colbert AP, Markov MS, Carlson N, et al. Static magnetic field therapy for carpal tunnel syndrome: a feasibility study. *Arch Phys Med Rehabil*. 2010; 91(7):1098-1104.
5. Crawford F, Thomson C. Interventions for treating plantar heel pain. *Cochrane Database of Syst Rev*. 2003; (3):CD000416.
6. National Center for Complimentary and Integrative Health. Magnets for pain relief. Updated December 2017. Available at: <https://nccih.nih.gov/health/magnet/magnetsforpain.htm>. Accessed June 17, 2020.
7. Pittler MH, Brown, EM, Ernst E. Static magnets for reducing pain: systematic review and meta-analysis of randomized trials. *CMAJ*. 2007; 177(7):736-742.
8. Richmond SJ, Brown SR, Campion PD, et al. Therapeutic effects of magnetic and copper bracelets in osteoarthritis: a randomised placebo-controlled crossover trial. *Complement Ther Med*. 2009; 17(5-6):249-256.
9. Richmond SJ, Gunadasa S, Bland M, Macpherson H. Copper bracelets and magnetic wrist straps for rheumatoid arthritis-analgesic and anti-inflammatory effects: a randomised double-blind placebo-controlled crossover trial. *PLoS One*. 2013; 8(9):e71529.
10. Specialty matched clinical peer review.
11. Stones W, Cheong YC, Howard FM. Interventions for treating chronic pelvic pain in women. *Cochrane Database of Syst Rev*. 2005; (2):CD000387.
12. Winemiller MH, Billow RG, Laskowski ER, et al. Effect of magnetic vs. sham-magnetic insoles on plantar heel pain. *JAMA*. 2003; 290(11):1474-1478.
13. Wolsko PM, Eisenberg DM, Simon LS, et al. Double-blind placebo-controlled trial of static magnets for the treatment of osteoarthritis of the knee: results of a pilot study. *Alternative Therapies*. 2004; 10(2):36-43.