



MASSACHUSETTS

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## Medical Policy

# Percutaneous Electrical Nerve Stimulation and Percutaneous Neuromodulation Therapy

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### Policy Number: 172

BCBSA Reference Number: 7.01.29

NCD/LCD: National Coverage Determination (NCD) for Assessing Patient's Suitability for Electrical Nerve Stimulation Therapy (160.7.1)

### Related Policies

- Transcutaneous Electrical Nerve Stimulation, #[003](#)
- Interferential Stimulation for Treatment of Pain, #[509](#)
- Temporomandibular Joint Dysfunction, #[035](#)
- Peripheral Subcutaneous Field Stimulation, #[513](#)
- Cranial Electrotherapy Stimulation and Auricular Electrostimulation, #[362](#)

### Policy

#### Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Percutaneous electrical neurostimulation or percutaneous neuromodulation therapy is considered [INVESTIGATIONAL](#).

#### Medicare HMO Blue<sup>SM</sup> and Medicare PPO Blue<sup>SM</sup> Members

BCBSMA covers PENS/PNT for the following indication(s) for Medicare HMO Blue and Medicare PPO Blue members in accordance with CMS NCD:

- For assessing a patient's suitability for ongoing treatment with a transcutaneous or an implanted nerve stimulator, and
- When performed by a physician or incident to physician's service. If pain is effectively controlled by percutaneous stimulation, implantation of electrodes is warranted.

**Note:** Electrical nerve stimulators do not prevent pain but only alleviate pain as it occurs. A patient can be taught how to employ the stimulator, and once this is done, can use it safely and effectively without direct physician supervision. Consequently, it is inappropriate for a patient to visit his/her physician, physical therapist, or an outpatient clinic on a continuing basis for treatment of pain with electrical nerve stimulation. Once it is determined that electrical nerve stimulation should be continued as therapy and the

patient has been trained to use the stimulator, it is expected that a stimulator will be implanted or the patient will employ the TENS on a continual basis in his/her home. Electrical nerve stimulation treatments furnished by a physician in his/her office, by a physical therapist or outpatient clinic are excluded from coverage by §1862(a) (1) of the Act.

**National Coverage Determination (NCD) for Assessing Patient's Suitability for Electrical Nerve Stimulation Therapy (160.7.1)**

<https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=63&ncdver=2&bc=AgAAgAAAAAA&>

**Prior Authorization Information**

Pre-service approval is required for all inpatient services for all products.

See below for situations where prior authorization may be required or may not be required.

Yes indicates that prior authorization is required.

No indicates that prior authorization is not required.

N/A indicates that this service is primarily performed in an inpatient setting.

	<b>Outpatient</b>
<b>Commercial Managed Care (HMO and POS)</b>	This is not a covered service.
<b>Commercial PPO and Indemnity</b>	This is not a covered service.
<b>Medicare HMO Blue<sup>SM</sup></b>	No
<b>Medicare PPO Blue<sup>SM</sup></b>	No

**CPT Codes / HCPCS Codes / ICD Codes**

*The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.*

*Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.*

**Note:** Percutaneous Electronic Nerve Stimulator (PENS), when covered, are a DME benefit and are subject to any applicable DME co-insurance and benefit maximum

**CPT Codes**

There is no specific CPT code for this service.

**Description**

Percutaneous electrical nerve stimulation (PENS) and percutaneous neuromodulation therapy (PNT) been evaluated for the treatment of a variety of chronic musculoskeletal or neuropathic pain conditions including low back pain, neck pain, diabetic neuropathy, chronic headache, and surface hyperalgesia. Chronic pain presents a substantial burden to patients, adversely affecting function and quality of life. These chronic pain conditions have typically failed other treatments, and the goal of treatment with PENS and PNT is to relieve unremitting pain.

PENS is similar in concept to transcutaneous electrical nerve stimulation (TENS; see policy #003), but differs in that needles are inserted either around or immediately adjacent to the nerves serving the painful area and are then stimulated. PENS is generally reserved for patients who fail to get pain relief from TENS. PENS is also distinguished from acupuncture with electrical stimulation. In electrical acupuncture, needles are also inserted just below the skin, but the placement of needles is based on specific theories regarding energy flow throughout the human body. In PENS, the location of stimulation is determined by proximity to the pain.

PNT is a variant of PENS in which fine filament electrode arrays are placed near the area causing pain. Some use the terms PENS and PNT interchangeably. It is proposed that PNT inhibits pain transmission

by creating an electrical field that hyperpolarizes C fibers, thus preventing action potential propagation along the pain pathway.

## Summary

Percutaneous electrical nerve stimulation (PENS) and percutaneous neuromodulation therapy (PNT) combine the features of electroacupuncture and transcutaneous electrical nerve stimulation. PENS is performed with needle electrodes while PNT uses very fine needle-like electrode arrays placed in close proximity to the painful area to stimulate peripheral sensory nerves in the soft tissue.

For individuals who have chronic pain conditions (eg, back, neck, neuropathy, headache, hyperalgesia, knee osteoarthritis) who receive PENS, the evidence includes primarily small controlled trials. Relevant outcomes are symptoms, functional outcomes, quality of life, and medication use. In the highest quality trial of PENS conducted to date, no difference in outcomes was found between the active (30 minutes of stimulation with 10 needles) and the sham (5 minutes of stimulation with 2 needles) treatments. Smaller trials, which have reported positive results, are limited by unclear blinding and short-term follow-up. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have chronic pain conditions (eg, back, neck, neuropathy, headache, hyperalgesia, knee osteoarthritis) who receive PNT, the evidence consists of 1 randomized controlled trial. Relevant outcomes are symptoms, functional outcomes, quality of life, and medication use. The single trial is limited by lack of investigator blinding, unclear participant blinding, and short-term follow-up. The evidence is insufficient to determine the effects of the technology on health outcomes.

## Policy History

Date	Action
5/2017	BCBSA National medical policy review. Policy statement clarified. 5/1/2017
10/2013	New references from BCBSA National medical policy.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
1/2012	BCBSA National medical policy review. No changes to policy statements.
6/2011	Reviewed - Medical Policy Group - Orthopedics, Rehabilitation Medicine, and Rheumatology. No changes to policy statements.
1/2011	Reviewed - Medical Policy Group - Neurology and Neurosurgery. No changes to policy statements.
7/2010	Reviewed - Medical Policy Group - Orthopedics, Rehabilitation Medicine, and Rheumatology. No changes to policy statements.
5/2010	BCBSA National medical policy review. No changes to policy statements.
3/2010	New medical policy describing covered and non-covered indication. Effective 3/1/2010.

## Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

## References

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