Medical Policy

Percutaneous Electrical Nerve Stimulation and Percutaneous Neuromodulation Therapy

Table of Contents

- Policy: Commercial
- Policy: Medicare
- Authorization Information
- Coding Information
- Description
- Policy History
- Information Pertaining to All Policies
- References

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
- Surgical and Non-surgical Treatment of Gynecomastia, #661
- 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 BlueSM and Medicare PPO BlueSM 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.

Medical necessity criteria and coding guidance can be found through the link below.

National Coverage Determinations (NCDs)

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

Note: To review the specific NCD, please remember to click “accept” on the CMS licensing agreement at the bottom of the CMS webpage.

Prior Authorization Information

Inpatient
- For services described in this policy, precertification/preauthorization IS REQUIRED for all products if the procedure is performed inpatient.

Outpatient
- For services described in this policy, see below for products where prior authorization might be required if the procedure is performed outpatient.

<table>
<thead>
<tr>
<th>Commercial Managed Care (HMO and POS)</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>This is not a covered service.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Commercial PPO and Indemnity</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>This is not a covered service.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medicare HMO BlueSM</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Prior authorization is not required.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medicare PPO BlueSM</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Prior authorization is not required.</td>
</tr>
</tbody>
</table>

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

Chronic Pain
A variety of chronic musculoskeletal or neuropathic pain conditions, including low back pain, neck pain, diabetic neuropathy, chronic headache, and surface hyperalgesia, presents a substantial burden to patients, adversely affecting function and quality of life.

Treatment
These chronic pain conditions have typically failed other treatments, and percutaneous electrical nerve stimulation (PENS) and percutaneous neuromodulation therapy (PNT) have been evaluated as treatments 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 transcutaneous electrical nerve stimulation. 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 combine the features of electroacupuncture and transcutaneous electrical nerve stimulation. PENS is performed with needle electrodes while percutaneous neuromodulation therapy uses very fine needle-like electrode arrays placed near 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) 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, knee osteoarthritis) who receive percutaneous neuromodulation therapy, the evidence consists of a 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**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/2017</td>
<td>BCBSA National medical policy review. Policy statement clarified. 5/1/2017</td>
</tr>
<tr>
<td>10/2013</td>
<td>New references from BCBSA National medical policy.</td>
</tr>
<tr>
<td>1/2012</td>
<td>BCBSA National medical policy review. No changes to policy statements.</td>
</tr>
<tr>
<td>7/2010</td>
<td>Reviewed - Medical Policy Group - Orthopedics, Rehabilitation Medicine, and Rheumatology.</td>
</tr>
</tbody>
</table>
No changes to policy statements.

No changes to policy statements.


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
1. Blue Cross and Blue Shield Association Technology Evaluation Center (TEC). Transcutaneous electric nerve stimulation (TENS) or percutaneous electric nerve stimulation (PENS) in the treatment of chronic and postoperative pain TEC Assessments. 1996;Volume 11:Tab 21.