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Transcutaneous Electrical Nerve Stimulation (TENS)
Corporate Medical Policy

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Document Precedence

BCBSVT Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with all terms, conditions and limitations of the subscriber contract. Benefit determinations are based in all cases on the applicable contract language. To the extent that there may be any conflict between Medical Policy and contract language, the contract language takes precedence.

Medical Policy

Description

Transcutaneous electrical nerve stimulation (TENS) describes the application of electrical stimulation to the surface of the skin at the site of pain. TENS may be applied in a variety of settings (in the patient's home, a physician's office, or in an outpatient clinic). TENS consists of an electrical pulse generator, usually battery operated, connected by wire to two or more electrodes, which are applied to the surface of the skin at the site of the pain.

TENS has also been used to treat dementia by altering neurotransmitter activity and increasing brain activity that is thought to reduce neural degeneration and stimulate regenerative processes.

Sympathetic therapy describes a type of electrical stimulation of the peripheral nerves that is designed to stimulate the sympathetic nervous system in an effort to "normalize" the autonomic nervous system and alleviate chronic pain. Unlike TENS or inferential electrical stimulation, sympathetic therapy is not designed to treat local pain, but is designed to induce a systemic effect on sympathetically induced pain.

Policy

A trial of TENS of at least 30 days may be considered **medically necessary** to establish efficacy for the management of *refractory chronic pain* (e.g., chronic musculoskeletal pain, or neuropathic pain that causes significant disruption of function) when the following conditions have been met:

- The pain is unresponsive to at least 3 months of conservative medical therapy; AND

- The trial is monitored by a physician.

Refractory chronic pain is defined in this policy as pain that causes significant disruption of function and has not responded to at least 3 months of conservative therapy, including non-steroidal anti-inflammatory medications, ice, rest, and/or physical therapy.

Documentation for the trial should include:

- Initial assessment/evaluation of the nature, duration, and perceived intensity of pain;
- The types and duration of prior treatments;
- Treatment plan including ongoing medications and proposed use of TENS unit, including the frequency and duration of treatment.

Clinical summary of the trial to determine efficacy should include:

- Perceived intensity of pain with and without TENS (e.g., 2 point or 30% improvement in visual analog scale);
- Ongoing medication requirements for pain relief (if any);
- Other modalities (if any) in use for pain control;
- Actual use of TENS on a daily basis (frequency and duration of application).

Continued use of TENS may be considered **medically necessary** for treatment of refractory chronic pain (e.g., chronic musculoskeletal pain, or neuropathic pain that causes significant disruption of function) that causes significant disruption of function when the following conditions have been met:

- Efficacy has been demonstrated in an initial therapeutic trial (see policy guidelines noted above); AND
- Compliance has been demonstrated in the therapeutic trial with the device used on a regular basis (e.g., daily or near daily use) throughout the trial period.

TENS and/or NMES can ordinarily be delivered to patients through the use of conventional electrodes, adhesive tapes and lead wires. There may be times, however, where it might be medically necessary for certain patients receiving TENS treatment to use, as an alternative to conventional electrodes, adhesive tapes and lead wires, a form-fitting conductive garment (i.e., a garment with conductive fibers which are separated from the patients' skin by layers of fabric).

A form-fitting conductive garment (and medically necessary related supplies) may be covered by the Plan only when:

1. It has received permission or approval for marketing by the Food and Drug Administration; **and**
2. It has been prescribed by a physician for use in delivering covered TENS treatment; **and**

3. **One** of the medical indications outlined below is met:
    - The patient cannot manage without the conductive garment because there is such a large area or so many sites to be stimulated and the stimulation would have to be delivered so frequently that it is not feasible to use conventional electrodes, adhesive tapes and lead wires;
    - The patient cannot manage without the conductive garment for the treatment of chronic intractable pain because the areas or sites to be stimulated are inaccessible with the use of conventional electrodes, adhesive tapes and lead wires;
    - The patient has a documented medical condition such as skin problems that preclude the application of conventional electrodes, adhesive tapes and lead wires;
    - The patient requires electrical stimulation beneath a cast either to treat disuse atrophy, where the nerve supply to the muscle is intact, or to treat chronic intractable pain; or
    - The patient has a medical need for rehabilitation strengthening (pursuant to a written plan of rehabilitation) following an injury where the nerve supply to the muscle is intact.

A conductive garment is not covered for use with a TENS device during the trial period specified above unless:

1. The patient has a documented skin problem prior to the start of the trial period; and
2. The Plan's medical director determines that use of such an item is medically necessary for the member.

TENS is considered **investigational** for the management of acute pain (e.g., postoperative or during labor and delivery).

The use of TENS for any other condition, including the treatment of dementia, acute and chronic headaches, deep abdominal pain, pelvic pain, and temporomandibular joint (TMJ) pain is considered **investigational.**

Sympathetic Therapy is considered **investigational**, including when delivered using the Dynatron STS and Dynatron STS Rx device.

Administrative and Contractual Guidance

Benefit Determination Guidance

Prior approval is required and benefits are subject to all terms, limitations and conditions of the subscriber contract.

For New England Health Plan (NEHP) members an approved referral authorization is required.

Benefits for FEP members may vary. Please consult the FEP Service Plan Brochure.

A four-lead TENS unit may be used with either 2 leads or 4 leads, depending on the characteristics of the member's pain. If it is ordered for use with 4 leads, the medical record must document why 2 leads are insufficient to meet the member's needs.

Eligible Providers

Allopathic Physicians (M.D.)
Osteopathic Physicians (D.O.)
Naturopathic Physicians (N.D.)
Durable Medical Equipment suppliers
Hospitals

Related Policies

Medical Equipment and Supplies (DME)
Neuromuscular Electrical Stimulation (NMES)

Policy Implementation/Update information

10/2005 This policy replaces TENS policy signed by Dr Perkins and Dr Provato in 2005 and 2004, Dr. Perkins 11/01/1998, and supersedes the memorandum 09/26/1997 from Dr. Allard; memorandum dated 07/10/1997 from Dr. Allard and Memorandum from Dr. Van Buren dated 11/06/1989
10/2006 updated to add referral guidelines for NEHP and updated HCPCS codes
08/2007 minor updates. Reviewed by CAC 09/2007, 07/2008 annual review:
08/2008 format changes made; reviewed by the CAC 09/2008
08/2009 annual review-adopted BCBSA medical policy with minor changes; reviewed by CAC 09/2009.
07/09/2009 replaced policy; updated with literature review through December 2008; references added and reordered; clinical input reviewed. Policy statement revised; TENS may be medically necessary for chronic pain if effective during a therapeutic trial; other uses of TENS considered investigational.
01/2010 updated with minor editing; reviewed and approved by CAC 01/2010
11/2011 updated and transferred to new format, language added regarding sympathetic therapy. Language added concerning additional information required to approve TENS garments. Coding table updated in regarding sympathetic therapy. Coder reviewed and approved codes-SAF
04/26/2012-Replaced with new coding table, corrected format, and language-SAF

Scientific Background and Reference Resources

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Approved by BCBSVT Medical Directors **Date Approved**

Antonietta Sculimbrene MD
Chair, Medical Policy Committee

Robert Wheeler MD
Chief Medical Officer

Attachment I

Transcutaneous Electrical Nerve Stimulation (TENS)

Code Type	Number	Brief Description	Policy Instructions
The following codes will be considered as medically necessary when applicable criteria have been met.			
CPT	64550	Application of surface (transcutaneous) neurostimulator	Requires PA
HCPCS	A4556	Electrodes, pair	Requires PA
HCPCS	A4557	Lead wires, pair	Requires PA
HCPCS	A4595	TENS supply 2 lead per month	Requires PA
HCPCS	E0720	Tens two lead, localized	Requires PA
HCPCS	E0730	Tens four or more leads	Requires PA
HCPCS	E0731	Conductive garment for delivery of TENS or NMES	Requires PA
The following codes will be denied as Not Medically Necessary, Non-Covered, Contract Exclusions or Investigational			
CPT	97799	Unlisted physical medicine / rehabilitation service or procedure	Investigational; this code may be used to report sympathetic therapy. Submission of medical records is required at the time of claim submission.
HCPCS	A4630	Replacement batteries TENS units; patient owned	Non-covered
HCPCS	E1399	Durable medical equipment; miscellaneous	Investigational; this code may be used to report sympathetic therapy. Prior approval is required before submitting a claim with this miscellaneous code.
Type of Service		Durable Medical Equipment (DME)	