SHP Electrical Stimulation

AUTH: SHP Durable Medical Equipment 07 v1 (AC)

MCG Health
Ambulatory Care
26th Edition

Link to Codes

Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Application to Products

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Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required.

Percutaneous Electrical Nerve Stimulation (PENS) devices are a purchase only item and not a rental.

Description of Item or Service

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- Electrical stimulation devices are made of leads, pads and a control unit. The control unit delivers either a continuous or intermittent low voltage to the site of pain. These include, but are not limited to, the following:
    - Bioelectric Nerve Block is a non-invasive therapy that uses electrodes applied to the skin in a painful area on the body. The electrodes are connected to a computer program that send out alternating electrical currents for electrical stimulation to block pain
    - H-Wave Stimulators are non-invasive multifunctional electrical stimulation devices (High and/or low frequency delivery) to that stimulate a muscle with electrical impulses.
    - Interferential Therapy (IF) Neurostimulator Devices use low frequency electrical stimulation to deliver therapy to a specific body site.
    - Microcurrent Electrical Nerve Stimulation Devices send electrical impulses to specific areas of the body.
    - Percutaneous electrical stimulation places small needles around indicated painful areas and small doses of electrical current are delivered to the sites.
    - Peripheral Nerve Stimulator is a minimally-invasive implanted receiver with electrodes that are placed around a peripheral nerve and an external transmitter is connected for transmitting the low frequency electrical pulses.
    - Transcutaneous Electrical Joint Stimulation Devices (Bionicare) can be used on various joints to help control pain by using patches connected to the skin and allow low electrical current to flow through.
    - Transcutaneous Electrical Nerve Stimulator (TENS unit) is a small device that delivers small doses of electrical current through electrodes on the skin to promote pain relief.

Exceptions and Limitations

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- There is insufficient scientific evidence to support the medical necessity of the following electrical stimulations as they are not shown to improve health outcomes upon technology review:
    - Auricular electroacupuncture
    - Bioelectric Nerve Block (Electroceutical Therapy)
    - Blockade of the stellate ganglion using transcutaneous electrical nerve stimulator

- Electro-Acuscope Myopulse Therapy System
- Electro-therapeutic point stimulation (ETPSSM) (Microcurrent point stimulation)
- H-Wave Type Stimulators
- Interferential Therapy (IF) Neurostimulator Devices (e.g., RS Medical TENS Plus, Sequential Stimulation with 4 leads or RS-4i)
- Intramuscular stimulation device
- Microcurrent Electrical Nerve Stimulation Devices (e.g., Algonix, Alpha-Stim 100, Electro-Myopulse 75L, electro-Lyoscope 85P, KFH Energy, MENS 2000-D, MICROCURRENT or Myopulse 75C)
- Percutaneous neuromodulation therapy (PNT)
- Peripheral subcutaneous field stimulation or peripheral nerve field stimulation (PNFS)
- Sympathetic therapy (Electrical sympathetic stimulation therapy)
- The ReBuilder
- Transcutaneous Electrical Joint Stimulation Devices (TEJSD)
- Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR) (Scrambler therapy, Calmare)

- There is insufficient scientific evidence to support the medical necessity of the following uses of transcutaneous electrical nerve stimulators as they are not shown to improve health outcomes upon technology review:
  - Abdominal pain, including pregnancy
  - Acute pain (less than three months duration) other than post-operative pain
  - In individuals with convulsive disorders of the head and neck
  - In individuals with implantable electrical devices such as pacemakers or defibrillators
  - Pelvic pain, including labor and delivery
  - Temporomandibular joint (TMJ) pain
  - To reduce subjective pain intensity during dental procedures
  - To reduce subjective pain intensity during medical procedures
- There is insufficient scientific evidence to support the medical necessity of electrical stimulation devices for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

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- Electrical stimulation is considered medically necessary with **1 or more** of the following devices:
  - Transcutaneous Electrical Nerve Stimulator (TENS unit) is considered medically necessary with **1 or more** of the following
    - Individual has an Optima Commercial plan and **1 or more** of the following
      - Acute post-operative pain with **1 or more** of the following
        - Initial trial period with **ALL** of the following
          - Used as an adjunct or alternative to pharmacotherapy
          - Used in the first 30 days after surgery
          - Monitored by the physician to determine the effectiveness of the transcutaneous electrical nerve stimulator in managing the pain
        - Continued treatment with **ALL** of the following
          - Individual has completed an initial trial period within the first 30 days after surgery
          - Documentation from the physician indicates how often the individual used the transcutaneous electrical unit, the duration of use, and the results
          - Documentation from the physician proving the treatment has significantly alleviated pain and continued treatment would be beneficial over a long period of time
          - The ordering physician must be the attending physician or a consulting physician for the disease or condition
      - Chronic, intractable pain other than low back pain with **ALL** of the following
        - The presumed etiology of the pain must be a type that is accepted as responding to TENS therapy
        - The pain must have been present for at least three months
        - Other appropriate treatments treatment modalities must have been tried and failed
      - Dysmenorrhea as indicated by **ALL** of the following
        - Disabling dysmenorrhea
        - Secondary causes of dysmenorrhea have been ruled out (e.g. endometriosis)
        - No response to treatment with non-steroidal anti-inflammatory medications (NSAIDs)
    - Individual has Optima Virginia Medicaid Plan and **1 or more** of the following
      - Initial trial therapy is considered medically necessary with **ALL** of the following
        - Documentation verifies that other alternative equipment and conservative treatment modalities have been exhausted without success
        - The use of the TENS unit will benefit the individual to a degree not attainable by the use of other methods of care and treatment
        - A practitioner must direct the home treatment regimen, which will include the use of treatment modalities including, but not limited to, nursing services and physical therapy
        - Rental of the transcutaneous electrical nerve stimulator will be approved for the first two months, and purchase will be made after that period
      - Continued therapy, after initial trial therapy is considered medically necessary with **ALL** of the following
        - Individual has met criteria and completed a trial therapy to include **ALL** of the following

- Documentation verifies that other alternative equipment and conservative treatment modalities have been exhausted without success
- The use of the TENS unit will benefit the individual to a degree not attainable by the use of other methods of care and treatment
- A practitioner must direct the home treatment regimen, which will include the use of treatment modalities including, but not limited to, nursing services and physical therapy

◦ The treatment regimen must be evaluated at least bi-monthly and can be determined effective after one month's use
◦ The absence of this device would require that the individual visit the practitioner or therapist for treatment or medications more often than with the device
◦ There must be documentation that the individual or the caregiver is able to manage the application of the device
◦ Purchase of the unit is considered medically necessary for **1 or more** of the following
- If the unit device that was supplied for the required 2 month rental period is new upon delivery, the Department of Medical Assistance Services will consider paying the full purchase price listed in the Appendix B "Medicaid Durable medical Equipment and Supplies Listing" in addition to the initial 2 month rental period for these items
- The purchase of the unit is considered medically necessary after the 60 day trial rental with **ALL** of the following
  - Documentation indicates that the individual is complaint with treatment
  - Documentation described how the transcutaneous electrical nerve stimulation treatment modality is effective
  - Use of the transcutaneous electrical nerve stimulator is not contraindicated and/or not effective

- Individual has Optima Medicare plan with **ALL** of the following
  - The ordering physician must be the treating physician for the disease or condition justifying the need for the transcutaneous electrical nerve stimulator
  - Individual meets criteria for **1 or more** of the following
    - Acute post-operative pain limited to 30 days from the date of the surgery and paid as a rental
    - Chronic, intractable pain other than low back pain with **1 or more** of the following
      - Initial trial (at least 30 days but no more than 2 months) and **1 or more** of the following
        - Presumed etiology of pain is type that is accepted as responding to TENS therapy.
        - Pain present for at least 3 months
        - Other appropriate treatment modalities have been tried and failed.
      - Continued coverage (after 30-day to 60-day trial), as indicated by **ALL** of the following
        - Trial period has been monitored by treating practitioner to determine effectiveness of TENS unit in modulating pain.
        - Practitioner determines beneficiary is likely to derive significant therapeutic benefit from continuous use of unit over long period of time.

◦ FDA approved form-fitting garment as durable medical equipment for delivering transcutaneous electrical stimulation as prescribed by a doctor is considered medically necessary for **1 or more** of the following
- Individual has Optima Commercial or Optima Virginia Medicaid plan **1 or more** of the following
  - Individual must have a conductive garment, as indicated by **ALL** of the following
    - There is a large area or many sites to be stimulated.
    - Stimulation will be delivered so frequently that it is not practical to use conventional items including, but not limited to, wires, electrodes or tapes
  - Individual needs garment for treatment of chronic intractable pain where conventional items would not be accessible
  - Individual has a medical condition that does not allow for conventional items including, but not limited to, tapes, wires or electrodes.
  - Individual needs to access site under a cast
- Individual has Optima Medicare plan and **ALL** of the following
  - Appropriate condition, as indicated by **1 or more** of the following
    - Individual cannot manage without conductive garment because of large area or number of sites to be stimulated, and stimulation would have to be delivered so frequently it is not feasible to use conventional electrodes, adhesive tapes, and lead wires.
    - Individual cannot manage without conductive garment for treatment of chronic intractable pain because areas or sites to be stimulated are inaccessible with use of conventional electrodes, adhesive tapes, and lead wires.
    - Individual has documented medical condition such as skin problem that precludes application of conventional electrodes, adhesive tapes, and lead wires.
    - Individual requires electrical stimulation beneath cast either to treat disuse atrophy, where nerve supply to muscle is intact, or to treat chronic intractable pain.
    - Individual has medical need for rehabilitation strengthening (pursuant to written plan of rehabilitation) following injury where nerve supply to muscle is intact.
  - Conductive garment (and medically necessary related supplies) is used for **1 or more** of the following
    - Administering neuromuscular electrical stimulation (NMES) treatment
    - Administering Transcutaneous Electrical Nerve Stimulation (TENS) treatment after patient has completed trial period specified in §160.3 using conventional electrodes, adhesive tapes, and lead wires
    - Administering Transcutaneous Electrical Nerve Stimulation (TENS) during trial period specified in §160.3, and patient has documented skin problem prior to start of trial period

    - Replacement supplies for use with Transcutaneous Electrical Nerve Stimulator (TENS) for **ALL** of the following
        - Individual has Optima Medicare plan with request of **1 or more** of the following
            - Supplies (A4595) for individual with 2-lead TENS: one unit per month
            - Supplies (A4595) for individual with 4-lead TENS used with only 2 leads: one unit per month
            - Supplies (A4595) for individual with 4-lead TENS used with 4 leads: 2 units per month
            - Lead wires (A4557) for individual with 2-lead TENS: one unit per 12 months
            - Lead wires (A4557) for individual with 4-lead TENS used with only 2 leads: one unit per 12 months
            - Lead wires (A4557) for individual with 4-lead TENS used with 4 leads: 2 units per 12 months
    - Percutaneous electrical nerve stimulation (PENS) is considered medically necessary for **1 or more** of the following
        - Treatment of chronic low back pain secondary to degenerative disc disease for up to a thirty (30) day period as part of a multi-modality rehabilitation program that includes exercise
        - Diabetic neuropathy pain
    - Peripheral Nerve Stimulator (PNS) is considered medically necessary for **ALL** of the following
        - Individual has chronic, severe neurogenic pain including but not limited to complex regional pain syndrome, neuropathic pain, neuralgias, post-surgical pain for at least three to six months in the region of the nerve being targeted
        - Individual has failed conservative, less invasive treatment including but not limited to medications, physical therapy, braces, local injections, TENS, psychological therapy, attempts to cure the underlying condition causing the pain for at least six months
        - Individual does not have contraindications to the procedure including but not limited to local infections, surgical/medical /psychological conditions that can adversely impact the procedure
        - Individual does not have any substance abuse issues
        - Individual has been educated and psychologically prepared following discussion of risks and benefits by the treating physician
        - Individual had undergone a successful stimulation trial with greater than or equal to 50% reduction in pain intensity before implantation
        - Device is FDA approved.
- Electrical Stimulation is **NOT COVERED** for **ANY** of the following
    - Auricular electroacupuncture
    - Bioelectric Nerve Block (Electroceutical Therapy)
    - Blockade of the stellate ganglion using transcutaneous electrical nerve stimulator
    - Electro-Acuscope Myopulse Therapy System
    - Electro-therapeutic point stimulation (ETPSSM) (Microcurrent point stimulation)
    - H-Wave Type Stimulators
    - Interferential Therapy (IF) Neurostimulator Devices (e.g., RS Medical TENS Plus, Sequential Stimulation with 4 leads or RS-4i)
    - Intramuscular stimulation device
    - Microcurrent Electrical Nerve Stimulation Devices (e.g., Algonix, Alpha-Stim 100, Electro-Myopulse 75L, electro-Lyoscope 85P, KFH Energy, MENS 2000-D, MICROCURRENT or Myopulse 75C)
    - Percutaneous neuromodulation therapy (PNT)
    - Peripheral subcutaneous field stimulation or peripheral nerve field stimulation (PNFS)
    - Sympathetic therapy (Electrical sympathetic stimulation therapy)
    - The ReBuilder
    - Transcutaneous Electrical Joint Stimulation Devices (TEJSD)
    - Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR) (Scrambler therapy, Calmare)
- Transcutaneous electrical nerve stimulators are **NOT COVERED** for **ANY** of the following indications:
    - Abdominal pain, including pregnancy
    - Acute pain (less than three months duration) other than post-operative pain
    - In individuals with convulsive disorders of the head and neck
    - In individuals with implantable electrical devices such as pacemakers or defibrillators
    - Pelvic pain, including labor and delivery
    - Temporomandibular joint (TMJ) pain
    - To reduce subjective pain intensity during dental procedures
    - To reduce subjective pain intensity during medical procedures

Document History

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- Revised Dates:
    - 2022: February
    - 2019: November
    - 2016: April
    - 2015: July
    - 2014: April
    - 2013: July
    - 2012: November
    - 2011: February, March, April, May, June, November
    - 2010: June
- Reviewed Dates:
    - 2023: February

- 2019: October
- 2018: October
- 2017: November
- 2016: July
- 2014: July
- 2012: June
- 2009: May

- Effective Date: March 2008

Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
  - CPT 64575 - Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
  - CPT 64585 - Revision or removal of peripheral neurostimulator electrode array
  - CPT 64590 – Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
  - CPT 64595 – Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver
  - CPT 64999 - Unlisted procedure, nervous system
  - HCPCS A4595 - Electrical stimulator supplies, 2 lead, per month, (e.g., TENS, NMES)
  - HCPCS E0720 - Transcutaneous electrical nerve stimulation (TENS) device, 2 lead, localized stimulation
  - HCPCS E0730 - Transcutaneous electrical nerve stimulation (TENS) device, 4 or more leads, for multiple nerve stimulation
  - HCPCS E0731 - Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)
  - HCPCS E1399 - Durable medical equipment, miscellaneous
  - HCPCS L8680 - Implantable neurostimulator electrode, each
  - HCPCS L8682 - Implantable neurostimulator radiofrequency receiver
  - HCPCS L8683 - Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver
  - HCPCS L8685 - Implantable neurostimulator pulse generator, single array, rechargeable, includes extension
  - HCPCS L8686 - Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension
  - HCPCS L8687 - Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
  - HCPCS L8688 - Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension
- CPT/HCPCS codes considered not medically necessary per this Policy:
  - CPT 0278T - Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes)
  - HCPCS E0745- Neuromuscular stimulator, electronic shock unit
  - HCPCS E0762 - Transcutaneous electrical joint stimulation device system, includes all accessories
  - HCPCS S8130 - Interferential current stimulator, 2 channel
  - HCPCS S8131 - Interferential current stimulator, 4 channel
  - HCPCS S8930 - Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with patient

References

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References used include but are not limited to the following:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; Uptodate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2022, Aug 31). Retrieved Dec 07, 2022, from MCG: https://careweb.careguidelines.com/ed26/index.html

510(k) Premarket Notification - Product Code GZJ. (2022, Dec 19). Retrieved Dec 19, 2022, from Food and Drug Administration: https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm

Caughey, A., & Tilden, E. (2021, Apr 20). Nonpharmacologic approaches to management of labor pain. Retrieved Dec 08, 2022, from UpToDate: https://www.uptodate.com/contents/nonpharmacologic-approaches-to-management-of-labor-pain?search=electrical%20stimulation&sectionRank=1&usage_type=default&anchor=H2657330025&source=machineLearning&selectedTitle=6~150&display_rank=6#

EFFICACY OF TRANSCUTANEOUS ELECTRIC NERVE STIMULATION IN THE TREATMENT OF PAIN IN NEUROLOGIC DISORDERS. (2021, May 22). Retrieved Dec 16, 2022, from American Academy of Neurology: https://www.aan.com/Guidelines/Home/GuidelineDetail/382

LCD: Transcutaneous Electrical Joint Stimulation Devices (TEJSD) (L34821). (2020, Jan 01). Retrieved Dec 07, 2022, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=34821&ver=21&keyword=electrical%20stimulation&keywordType=starts&areaId=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1

LCD: Transcutaneous Electrical Nerve Stimulators (TENS) (L33802). (2021, Nov 20). Retrieved Dec 08, 2022, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33802&ver=32&keyword=electrical%20stimulation&keywordType=starts&areaId=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1

NCD Assessing Patient's Suitability for Electrical Nerve Stimulation Therapy (160.7.1). (2006, Jun 19). Retrieved Dec 07, 2022, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=63&ncdver=2&

NCD: Supplies Used in the Delivery of Transcutaneous Electrical Nerve Stimulation (TENS) and Neuromuscular Electrical Stimulation (NMES) (160.13). (1988, Jul 14). Retrieved Nov 16, 2022, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=151&ncdver=1&keyword=electrical%20stimulation&keywordType=starts&areaId=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1

NCD: Transcutaneous Electrical Nerve Stimulation (TENS) for Acute Post-Operative Pain (10.2). (2012, Jun 08). Retrieved Dec 07, 2022, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=145&ncdver=2&

Peripheral Nerve Field Stimulation for Treatment of Chronic Low Back Pain. (2022, Apr 15). Retrieved Dec 06, 2022, from Hayes, Inc: https://evidence.hayesinc.com/report/dir.nervefield4698

Puskulluoglu, M., Tomaszewski, K., Grela-Wojewoda, A., Pacholczak-Madej, R., & Ebner, F. (2022, Feb 14). Effects of Transcutaneous Electrical Nerve Stimulation on Pain and Chemotherapy-Induced Peripheral Neuropathy in Cancer Patients: A Systematic Review. Retrieved Dec 08, 2022, from PubMed: https://pubmed.ncbi.nlm.nih.gov/35208610/

Rampazo, E., & Liebano, R. (2022, Jan 17). Analgesic Effects of Interferential Current Therapy: A Narrative Review. Retrieved Dec 08, 2022, from PubMed: https://pubmed.ncbi.nlm.nih.gov/35056448/

Scrambler/Calmare Pain Therapy (Calmare Therapeutics Inc.) for the Management of Chronic Pain Related to Cancer or Cancer Treatment. (2022, Mar 18). Retrieved Dec 05, 2022, from Hayes, Inc: https://evidence.hayesinc.com/report/htb.calmare3643

Tauben, D., & Stacey, B. (2022, May 06). Approach to the management of chronic non-cancer pain in adults. Retrieved Dec 08, 2022, from UpToDate: https://www.uptodate.com/contents/approach-to-the-management-of-chronic-non-cancer-pain-in-adults?search=electrical%20stimulation&sectionRank=1&usage_type=default&anchor=H2129654601&source=machineLearning&selectedTitle=7~150&display_rank=7#H2129654601

Transcutaneous Electrical Nerve Stimulation For Chronic Low Back Pain. (2022, Sep 29). Retrieved Dec 06, 2022, from Hayes, Inc: https://evidence.hayesinc.com/report/dir.transcutaneous1978

Transcutaneous Electrical Nerve Stimulation For Knee Osteoarthritis. (2022, Jan 19). Retrieved Dec 06, 2022, from Hayes, Inc: https://evidence.hayesinc.com/report/dir.tensknee4511

Zhu, S., Zhang, X., Zhou, M., Kendrick, K., & Zhao, W. (2022, Oct 12). Therapeutic applications of transcutaneous auricular vagus nerve stimulation with potential for application in neurodevelopmental or other pediatric disorders. Retrieved Dec 16, 2022, from PubMed: https://pubmed.ncbi.nlm.nih.gov/36313768/

Scrambler/Calmare Pain Therapy (Calmare Therapeutics Inc.) for the Management of Pain not Related to Cancer. (2022, Mar 23). Retrieved Dec 08, 2022, from Hayes, Inc: https://evidence.hayesinc.com/report/htb.calmare3184

Codes

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CPT® : 0278T, 64575, 64585, 64590, 64595, 64999
HCPCS: A4595, E0720, E0730, E0731, E0745, E0762, E1399, L8680, L8682, L8683, L8685, L8686, L8687, L8688, S8130, S8131, S8930

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