Transcutaneous Electrical Nerve Stimulation (TENS)
Corporate Medical Policy

File name: Transcutaneous Electrical Nerve Stimulation (TENS)
File code: UM.NS.03
Origination: 09/1997
Last Review: 11/2011
Next Review: 10/2012
Effective Date: 5/16/2012

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;
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

References:

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stimulation and acupuncture for primary dysmenorrhoea. Cochrane Database Syst
7. Osiri M, Welch V, Brosseau L et al. Transcutaneous electrical nerve stimulation for
8. Brosseau L, Judd MG, Marchand S et al. Transcutaneous electrical nerve
stimulation (TENS) for the treatment of rheumatoid arthritis in the hand.
9. Cameron M, Lonergan E, Lee H. Transcutaneous electrical nerve stimulation
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(3):CD003008.
13. Khadilkar A, Odebiyi DO, Brosseau L et al. Transcutaneous electrical nerve
stimulation (TENS) versus placebo for chronic low-back pain. Cochrane Database Syst
14. Robb KA, Bennett MI, Johnson MI et al. Transcutaneous electric nerve stimulation
15. Nnoaham KE, Kumbang J. Transcutaneous electrical nerve stimulation (TENS) for
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17. Dowswell T, Bedwell C, Lavender T et al. Transcutaneous electrical nerve
stimulation (TENS) for pain relief in labour. Cochrane Database Syst Rev 2009;
(2):CD007214.
19. Mulvey MR, Bagnall AM, Johnson MI et al. Transcutaneous electrical nerve
stimulation (TENS) for phantom pain and stump pain following amputation in
21. Dubinsky RM, Miyasaki J. Assessment: efficacy of transcutaneous electric nerve
stimulation in the treatment of pain in neurologic disorders (an evidence-based
review): report of the Therapeutics and Technology Assessment Subcommittee of


Attachment I
# Transcutaneous Electrical Nerve Stimulation (TENS)

<table>
<thead>
<tr>
<th>Code Type</th>
<th>Number/Code</th>
<th>Brief Description</th>
<th>Policy Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT</td>
<td>64550</td>
<td>Application of surface (transcutaneous) neurostimulator</td>
<td>Requires PA</td>
</tr>
<tr>
<td>HCPCS</td>
<td>A4556</td>
<td>Electrodes, pair</td>
<td>Requires PA</td>
</tr>
<tr>
<td>HCPCS</td>
<td>A4557</td>
<td>Lead wires, pair</td>
<td>Requires PA</td>
</tr>
<tr>
<td>HCPCS</td>
<td>A4595</td>
<td>TENS supply 2 lead per month</td>
<td>Requires PA</td>
</tr>
<tr>
<td>HCPCS</td>
<td>E0720</td>
<td>Tens two lead, localized</td>
<td>Requires PA</td>
</tr>
<tr>
<td>HCPCS</td>
<td>E0730</td>
<td>Tens four or more leads</td>
<td>Requires PA</td>
</tr>
<tr>
<td>HCPCS</td>
<td>E0731</td>
<td>Conductive garment for delivery of TENS or NMES</td>
<td>Requires PA</td>
</tr>
</tbody>
</table>

The following codes will be denied as Not Medically Necessary, Non-Covered, Contract Exclusions or Investigational:

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</thead>
<tbody>
<tr>
<td>CPT</td>
<td>97799</td>
<td>Unlisted physical medicine / rehabilitation service or procedure</td>
<td>Investigational; this code may be used to report sympathetic therapy. Submission of medical records is required at the time of claim submission.</td>
</tr>
<tr>
<td>HCPCS</td>
<td>A4630</td>
<td>Replacement batteries TENS units; patient owned</td>
<td>Non-covered</td>
</tr>
<tr>
<td>HCPCS</td>
<td>E1399</td>
<td>Durable medical equipment; miscellaneous</td>
<td>Investigational; this code may be used to report sympathetic therapy. Prior approval is required before submitting a claim with this miscellaneous code.</td>
</tr>
</tbody>
</table>

Type of Service: Durable Medical Equipment (DME)