Medical Policy

Percutaneous Electrical Nerve Stimulation - PENS - and Percutaneous Neuromodulation Therapy - PNT

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Policy Number: 172
BCBSA Reference Number: 7.01.29

Related Policies
- TENS, #003
- Interferential Stimulation for Treatment of Pain, #509
- Posterior Tibial Nerve Stimulation for Voiding Dysfunction, #583

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
PENS/PNT treatments are INVESTIGATIONAL, including, but not limited to, the following clinical conditions:
- Chronic back pain
- Pain associated with childbirth (i.e. pain of labor and vaginal delivery)
- Chronic pain
- Post-surgical pain
- Dementia, and
- Rheumatoid arthritis.

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.

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


**Prior Authorization Information**

**Commercial Members: Managed Care (HMO and POS)**

This is **NOT** a covered service.

**Commercial Members: PPO, and Indemnity**

This is **NOT** a covered service.

**Medicare Members: HMO Blue**

Prior Authorization is **NOT** required.

**Medicare Members: PPO Blue**

Prior Authorization is **NOT** required.

**CPT Codes / HCPCS Codes / ICD-9 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) is similar in concept to transcutaneous electrical nerve stimulation (TENS), but differs in that needles are inserted either around or immediately adjacent to the nerve serving the painful area and then stimulated. PENS is generally reserved for patients who fail to get pain relief from TENS, due to physical barriers to the conduction of the electrical stimulation (e.g., scar tissue, obesity). PENS must be 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. Thus in PENS the location of stimulation is determined by proximity to the pain rather than the theories of energy flow that guide placement of stimulation for acupuncture.

Percutaneous neuromodulation therapy is a variant of PENS in which fine filament electrodes are temporarily placed at specific anatomical landmarks in the back. Treatment regimens consist of 30-minute sessions, once or twice a week for 8 to 10 sessions.
Examples of percutaneous neuromodulation therapy for the symptomatic relief and management of chronic or intractable pain and/or as an adjunctive treatment in the management of post-surgical pain and post-trauma pain include Percutaneous Neuromodulation Therapy™ from Vertis Neurosciences and the Deepwave Percutaneous Neuromodulation Pain Therapy System from Biowave. All percutaneous neuromodulation therapy for the symptomatic relief and management of chronic or intractable pain and/or as an adjunctive treatment in the management of post-surgical pain and post-trauma pain are considered investigational regardless of the commercial name, the manufacturer or FDA approval status except when used for the medically necessary indications that are consistent with the policy statement.

Summary
The literature on percutaneous electrical nerve stimulation (PENS) and percutaneous neuromodulation therapy (PNT) consists primarily of small controlled trials with unclear blinding and short follow-up. In the highest quality trial of PENS conducted to date, no difference in outcomes was found between the active (30 minutes of stimulation at 10 needles) and sham (5 minutes of stimulation at 2 needles) treatment. Literature searches have identified only 2 small trials on PNT, and clinical input on the efficacy of PENS and PNT was mixed. The effect of these treatment approaches on health outcomes is uncertain. PENS and PNT are considered investigational.

Policy History

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<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>10/2013</td>
<td>New references from BCBSA National medical policy.</td>
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<tr>
<td>1/2012</td>
<td>BCBSA National medical policy review. No changes to policy statements.</td>
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<tr>
<td>7/2010</td>
<td>Reviewed - Medical Policy Group - Orthopedics, Rehabilitation Medicine, and Rheumatology. No changes to policy statements.</td>
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<tr>
<td>5/6/2010</td>
<td>BCBSA National medical policy review. No changes to policy statements.</td>
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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.