



TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION

Policy number: 200601-0002

Effective date: 06/1993

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Overview

Transcutaneous electrical nerve stimulation (TENS) is designed to reduce a patient's perception of pain by inhibiting the transmission of pain nerve impulses and/or stimulating the release of endorphins. The TENS unit sends the impulses through lead wires that are connected to electrodes. These electrodes are strategically placed at appropriate pain sites on the body. Because there are many different kinds of pain, and each individual is unique, pain relief varies from person to person. Some users experience pain relief only while the TENS unit is turned on. For others, relief continues for a length of time even after the unit is turned off. It is useful in relieving acute pain associated with surgery, traumatic injury, and other conditions. TENS is distinguished from other electrical stimulators, e.g. neuromuscular stimulators, which are used to directly stimulate muscles and/or nerves.

Covered Services

FCHP covers the TENS unit as an adjunct or alternative to the use of medications to treat acute post-operative or chronic intractable pain in the member's home. The TENS unit is durable medical equipment and subject to the durable medical equipment benefit limit for commercial plan members.

When the TENS unit is used for acute post-operative or chronic intractable pain, the unit is initially covered on a trial basis for one month. The physician ordering the TENS unit must be the physician treating the condition for which the unit is needed. After the one-month trial period, continued TENS treatment may be considered medically necessary if the treatment significantly alleviates pain and if the physician documents that the member is likely to derive significant therapeutic benefit from continuous use of the unit over a longer period of time. Continued use of the TENS unit will be for up to 90-days. Usage beyond 90 days will be covered if the TENS unit continues to be medically necessary.

Until it has been established that the TENS unit is effective and in cases where the TENS unit will be used for a period of up to 3-4 months, such as for acute post-operative pain, rental should be considered. A TENS unit should only be purchased when the treatment significantly alleviates chronic intractable pain and long-term use is necessary.

If the TENS unit produces incomplete relief or is not tolerated by the patient, or if the patient's condition no longer requires transcutaneous electrical nerve stimulation, coverage for the TENS unit will be discontinued.

TENS is ordinarily delivered through the use of electrodes, adhesive tape 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. A form-fitting conductive garment, used with a TENS unit, is rarely medically necessary, but will be covered when:

1. The form-fitting conductive garment is approved for marketing by the U.S. Food and Drug Administration, and
2. The garment has been prescribed by a physician for use in delivering TENS treatment for one of the following medical indications:
 - The patient cannot manage without the conductive garment because there is such 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, or
 - 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, or
 - The patient has a documented medical condition such as skin problems that preclude the application of conventional electrodes, adhesive tapes and lead wires, or
 - The patient requires electrical stimulation beneath a cast to treat chronic intractable pain.

A form-fitting conductive garment is not covered during the one-month trial period unless the patient has a documented skin problem prior to the start of the trial period and the use of such a garment is medically necessary for the member.

Exclusions

1. Devices such as the MATRIX ProElecDT and DT2 devices, which are not FDA approved for home use.
2. Devices such as the Bionicare BIO-1000™ System (HCPCS code E0762) for the treatment of osteoarthritis or rheumatoid arthritis pain, because there is insufficient scientific evidence in the published peer-reviewed literature to support the use of TENS for these indications.
3. TENS for motor function disorders such as multiple sclerosis, acute or chronic headache, deep abdominal pain, pelvic pain, temporomandibular joint pain, because there is insufficient scientific evidence in the published peer-reviewed literature to support the use of TENS for these indications.
4. TENS for the treatment of chronic wounds (HCPCS code E0769), because there is insufficient scientific evidence in the published peer-reviewed literature on the safety of unsupervised electrical stimulation of wounds in the home.

Codes

The TENS unit is considered durable medical equipment and subject to the durable medical equipment benefit limit for commercial plan members. During the rental of a TENS unit, supplies for the unit are included in the rental. Additional electrodes, lead wires, conductive paste or gel, batteries, etc. are not necessary.

Codes	Number	Description
HCPCS	E0720	TENS, two lead, localized stimulation
	E0730	TENS, four or more leads, for multiple nerve stimulation
	E0731	Form fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)
	E0745	Neuromuscular stimulator, electronic shock unit
	A4595	Electrical stimulator supplies, 2 lead, per month (e.g., TENS, NMES)
	A4557	Lead wires, per pair

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Products to which this policy applies

- FCHP Direct & Select Care
- Fallon Preferred Care (PPO)
- FHLAC Major Medical

- MassHealth
- Non-Group: FCHP Independent Care, Direct Enrollment, & Bill-at-Home
- Fallon Senior Plan™

References

1. Centers for Medicare & Medicaid Services (CMS) National Coverage Determination for Assessing Patient's Suitability for Electrical Nerve Stimulation Therapy (160.7.1).
2. Centers for Medicare & Medicaid Services (CMS) National Coverage Determination for Supplies Used in the Delivery of Transcutaneous Electrical Nerve Stimulation (TENS) and Neuromuscular Electrical Stimulation (NMES) (160.13).
3. Hayes, Winifred S. Technology Report. Functional Electrical Stimulation for Rehabilitation of Paralyzed Lower Limbs. May 2003.
4. Hayes, Winifred S. Technology Report. Neuromuscular Electrical Stimulation for Muscle Rehabilitation. April 2003.
5. Centers for Medicare & Medicaid Services (CMS) Local Coverage Determination for VitalStim Therapy (L19841).
6. Leelamanit, et al. Synchronized Electrical Stimulation in Treating Pharyngeal Dysphagia. Laryngoscope. 2002 Dec;112(12):2204-10.
7. Freed et al. Electrical Stimulation for Wallowing Disorders Caused by Stroke. Respiratory Care. 2001 May;46(5):466-74.
8. Park C, et al. A Pilot Exploratory Study of Oral Electrical Stimulation on Swallow Function Following Stroke: An Innovative Technique. Dysphagia. 1997;12:161-66.

Committee review dates

Technology Assessment Committee: 11/1/2000, 12/2000, 06/01/2006

Utilization Management Committee: 06/2003

Technology Assessment Subcommittee: 02/28/2006

Approved by:

Signature on file

Dennis A. Batey, MD – Chief Medical Officer

06/01/2006

Date

IMPORTANT NOTE

Not all services are covered for all products or employer groups. This medical policy expresses FCHP's determination of whether certain services or supplies are medically necessary, experimental or investigational or cosmetic. FCHP has reached these conclusions based upon the regulatory status of the technology and a review of clinical studies published in peer-reviewed medical literature. Even though this policy may indicate that a particular service or supply is considered covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. Members and their providers need to consult the Evidence of Coverage to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and the plan of benefits, the provisions of the benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare and Medicaid members, this policy will apply unless Medicare and Medicaid policies extend coverage beyond this medical policy. Medicare and Medicaid policies will only apply to benefits paid for under Medicare or Medicaid rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the following website:

<http://cms.hhs.gov/manuals/pub06pdf/pub06pdf.asp>