

## Payment Policy | Transcutaneous Electrical Nerve Stimulation (TENS)



**EFFECTIVE DATE:** 10|01|2015

**POLICY LAST UPDATED:** 12|06|2016

### OVERVIEW

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).

### MEDICAL CRITERIA

Not applicable

### PRIOR AUTHORIZATION

Prior authorization review is not required.

### POLICY STATEMENT

#### BlueCHiP for Medicare

The use of TENS is considered medically necessary for treatment of chronic, intractable pain, acute post-operative pain or low back pain.

#### Commercial Products

The use of TENS is considered medically necessary for treatment of refractory chronic pain (eg, chronic musculoskeletal or neuropathic pain) that causes significant disruption of function

TENS is considered not medically necessary for the management of acute pain (e.g., postoperative or during labor and delivery).

The use of TENS for any other condition, including but not limited to the treatment of dementia and prevention of migraine headaches, is considered not medically necessary as there is no peer reviewed scientific evidence that supports its use.

### COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for applicable durable medical equipment benefits/coverage.

### BACKGROUND

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).

The available studies are inconsistent on whether TENS improves outcomes, and the overall strength of the evidence is weak for all indications. On the other hand, the best evidence exists for treatment of chronic, intractable pain, and there is strong clinical support for this indication. Available evidence indicates that TENS can improve chronic intractable pain in some patients, and there is also support for its use in clinical guidelines by specialty societies. To best direct TENS toward patients who will benefit, a short-term trial of TENS is appropriate, with continuation only in patients who show an initial improvement. Therefore, TENS may be considered medically necessary for the treatment of chronic pain if shown to be effective during a 30-day therapeutic trial.

For indications other than chronic, intractable pain, the evidence does not permit conclusions on the efficacy of TENS. This includes acute pain, treatment of post-stroke patients, and prevention of migraine headaches. For the treatment of pain after total knee arthroplasty, 1 large randomized controlled trial (RCT) found no benefit of TENS compared with sham TENS. For the prevention of migraine headaches, 1 small RCT reported a greater proportion of patients achieving at least 50% reduction in migraines with TENS compared with sham placebo, and modest reductions in the number of total headache and migraine days. This manufacturer-sponsored trial needs corroboration before conclusions can be made about the efficacy of TENS for preventing migraine headaches. Therefore, TENS is considered not medically necessary for all other indications besides chronic, intractable pain.

## **CODING**

### **Blue CHiP for Medicare**

The following code are covered:

**E0720** Transcutaneous electrical nerve stimulation (TENS) device, two lead, localized stimulation

**E0730** Transcutaneous electrical nerve stimulation (TENS) device, 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)

### **Commercial**

The following code are covered when filed with a covered diagnosis from the list below:

**E0720** Transcutaneous electrical nerve stimulation (TENS) device, two lead, localized stimulation

**E0730** Transcutaneous electrical nerve stimulation (TENS) device, 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)

### **Covered ICD-10 diagnosis codes:**

G89.21-G89.8

G90.50-G90.59

M25.50- M25.579

M54.10- M54.18

M54.2

M54.30-M54.32

M54.40-M54.42

M54.5

M54.6

M54.81, M54.89

M54.9

M79.1

M79.2

R52

## **RELATED POLICIES**

None

## **PUBLISHED**

Provider Update February 2017

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## **REFERENCES**

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2. Blue Cross and Blue Shield Association Technology Evaluation Center (TEC). TENS or PENS in the treatment of chronic and postoperative pain. TEC Assessments. 1996;Volume 11, Tab 21.
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12. Kroeling P, Gross A, Goldsmith CH, et al. Electrotherapy for neck pain. *Cochrane Database Syst Rev*. 2009(4):CD004251. PMID 19821322
13. National Coverage Determination (NCD) for Transcutaneous Electrical Nerve Stimulation (TENS) for Acute Post-Operative Pain (10.2)
14. National Coverage Determination (NCD) for Transcutaneous Electrical Nerve Stimulation (TENS) for Chronic Low Back Pain (CLBP) (160.27)
15. National Coverage Determination (NCD) for Transcutaneous Electrical Nerve Stimulators (TENS) (280.13)

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