Medical Coverage Policy | Transcutaneous Electrical Nerve Stimulation (TENS)

EFFECTIVE DATE:
POLICY LAST UPDATED:

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
Blue CHip for Medicare and Commercial Products
The use of TENS may 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 (eg, 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, 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 poststroke 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

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 ICD10 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

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