GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Transcutaneous electrical nerve stimulation (TENS) uses a battery-operated device that applies electrical stimulation at the site of pain by wired electrodes that are taped to the surface of the skin. TENS can also be delivered through the use of a form-fitting conductive garment (for example, a garment with conductive fibers that are separated from the individual’s skin by layers of fabric). This garment is applied when a condition exists that precludes conventional TENS electrode placement. TENS has been used to relieve pain related to musculoskeletal conditions, or pain associated with active or post-trauma injury.

Percutaneous electrical nerve stimulation (PENS) is a conservative, minimally invasive treatment for pain in which acupuncture-like needles connected through a cable to an external power source are inserted into the skin. Needle placement is near the area of pain and are percutaneous instead of cutaneous, as in TENS. PENS electrodes are not permanently implanted as in spinal cord stimulation. The mechanism of action of PENS is theorized to modulate the hypersensitivity of nerves from which the persistent pain arises, potentially involving endogenous opioid-like substances. There is a very-low-quality body of inconclusive evidence suggesting that the use of PENS for the treatment of chronic low back pain (CLBP) may result in short-term benefits. However, substantial uncertainty remains due to conflicting results in eligible studies, the lack of assessment of long-term outcomes, small sample sizes, and the uncertainty of minimal clinically important differences for some outcomes.

POLICY
Transcutaneous electrical nerve stimulation (TENS) does not require prior authorization. Limits may apply.

Percutaneous electrical nerve stimulation (PENS) is non-covered.

Codes A4630 & E0731 are non-covered for Advantage.

Food and Drug Administration (FDA) approved TENS units are considered medically necessary for the following indications when prescribed by a healthcare provider:
- Acute postoperative or post-traumatic pain ONLY in the first 30 days after surgery or injury; OR
- Chronic pain of at least three months duration that is not responsive to other methods of pain management (e.g., medications [nonsteroidal anti-inflammatory drugs (NSAIDs)], physical therapy, etc.)

Use of TENS units are considered not medically necessary when the above criteria are not met and for all other indications.

Paramount has determined that PENS is experimental and investigational and therefore non-covered because there is insufficient evidence in the peer-reviewed medical literature of the effectiveness of this procedure.

HMO, PPO, Individual Marketplace, Elite,
An FDA approved TENS garment, when prescribed, is considered medically necessary when:
1. There is a large area or many sites to be stimulated such that use of conventional electrodes, adhesive tapes and lead wires is not feasible
2. The areas or sites to be stimulated are inaccessible with the use of conventional electrodes, adhesive tapes and lead wires
3. There is a documented medical condition such as skin problems that preclude the application of conventional electrodes, adhesive tapes and lead wires
Use of TENS garments are considered not medically necessary when the above criteria are not met and for all other indications.

**Advantage**
Codes A4630 & E0731 are non-covered.

**CODING/BILLING INFORMATION**
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<table>
<thead>
<tr>
<th>HCPCS CODE</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4557</td>
<td>Lead wires (e.g., apnea monitor), per pair</td>
</tr>
<tr>
<td>A4595</td>
<td>Electrical stimulator supplies, 2 lead, per month, (e.g., TENS, NMES)</td>
</tr>
<tr>
<td>A4630</td>
<td>Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient</td>
</tr>
<tr>
<td>E0720</td>
<td>Transcutaneous electrical nerve stimulation (TENS) device, 2 lead, localized stimulation</td>
</tr>
<tr>
<td>E0730</td>
<td>Transcutaneous electrical nerve stimulation (TENS) device, 4 or more leads, for multiple nerve stimulation</td>
</tr>
<tr>
<td>E0731</td>
<td>Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)</td>
</tr>
</tbody>
</table>

**REVISION HISTORY EXPLANATION**
09/11/18: Title changed from Transcutaneous Electrical Nerve Stimulator (TENS), Transcutaneous Electrical Acupoint Stimulation and Accessories to Transcutaneous & Percutaneous Electrical Nerve Stimulators (TENS, PENS). Codes A4556, A4558, E0740, E0746, E0748, E0749, E0755, E0760, E0762 removed from policy. Transcutaneous Electrical Nerve Stimulators (TENS) is covered without prior authorization. Limits may apply. Percutaneous electrical nerve stimulation (PENS) is non-covered. Codes A4630 & E0731 are non-covered for Advantage per ODM guidelines. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

**REFERENCES/RESOURCES**
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid [http://jfs.ohio.gov/](http://jfs.ohio.gov/)
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.