Stimulators: Electrical and Spinal Cord Stimulators

Policy Number: S-007
Products: UnitedHealthcare Medicare Advantage Plans
Original Approval Date: 12/15/2008
Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee
Last Review Date: 09/15/2020

Related Medicare Advantage Policy Guidelines:

- Electrical Nerve Stimulators (NCD 160.7)
- Electrotherapy for Treatment of Facial Nerve Paralysis (Bell's Palsy) (NCD 160.15)
- Neuromuscular Electrical Stimulation-(NMES) (NCD 160.12)
- Phrenic Nerve Stimulator (NCD 160.19)
- Spinal Cord Stimulators for Chronic Pain
- Transcutaneous Electrical Nerve Stimulation (TENS) for Acute Post-Operative Pain (NCD 10.2)
- Transcutaneous Electrical Nerve Stimulation (TENS) for Chronic Low Back Pain (CLBP) (NCD 160.27)

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The benefit information in this Coverage Summary is based on existing national coverage policy, however, Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

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   3. Implanted Peripheral Nerve Stimulators
   4. Transcutaneous Electrical Nerve Stimulator (TENS)
   5. Phrenic Nerve Stimulators
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I. COVERAGE

**Coverage Statement:** Electrical and spinal cord stimulators are covered in accordance with Medicare coverage criteria.

**Notes:**

- **DME Face to Face Requirement**
  Effective July 1, 2013, Section 6407 of the Affordable Care Act (ACA) established a face-to-face encounter requirement for certain items of DME (including transcutaneous electrical nerve stimulation; form fitting conductive garments for delivery of TENS or NMES; pelvic floor stimulator; neuromuscular stimulator for scoliosis; neuromuscular stimulator electric shock unit; transcutaneous electrical joint stimulation system; functional neuromuscular stimulator; and FDA approved nerve stimulator for treatment of nausea & vomiting). For DME Face to Face Requirement information, refer to the Coverage Summary for Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid.

- **Specific Coding and Pricing Issues for HCPCS code L8680 and CPT code 63650**
  For neurostimulator devices, HCPCS code L8680 is no longer separately billable for Medicare because payment for electrodes has been incorporated in CPT code 63650. For additional information; see the MLN Matters® Article MM8645 dated March 11, 2014 at [https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/mm8645.pdf](https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/mm8645.pdf). (Accessed September 9, 2020)

**Guidelines/Notes:**

1. **Neuromuscular Electrical Stimulator (NMES)**


2. **Spinal Cord Stimulators (i.e., Dorsal Column Stimulators and Depth Brain Stimulators)**

   Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. These LCDs/LCAs are available at [https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx](https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx).

3. **Implanted Peripheral Nerve Stimulators**

   Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. These LCDs/LCAs are available at [https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx](https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx).

**Notes:**

- When CPT code 64590 is used for gastric electrical stimulation therapy, see the [Coverage Summary for Stimulators: Gastroesophageal and Gastrointestinal (GI) Services and Procedures](https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/mm8645.pdf).
4. **Transcutaneous Electrical Nerve Stimulator (TENS)**

Transcutaneous Electrical Nerve Stimulator (TENS) are covered when coverage criteria are met. See the [NCD for Transcutaneous Electrical Nerve Stimulator (TENS) for Acute Post-operative Pain (10.2)](Accessed September 9, 2020)

Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. See the [DME MAC LCD for Transcutaneous Electrical Nerve Stimulators (TENS) (L33802)](Accessed September 9, 2020)

For coverage of supplies necessary for TENS; see the [NCD for Supplies Used in the Delivery of Transcutaneous Electrical Nerve Stimulation (TENS) and Neuromuscular Electrical Stimulation (NMES) (160.13)](Accessed September 9, 2020)

For an explanation of coverage for assessing patients suitability for electrical nerve stimulation therapy; see the [NCD for Assessing Patient's Suitability for Electrical Nerve Stimulation Therapy (160.7.1)](Accessed September 9, 2020)

Also see the [Coverage Summary Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid](http://www.cms.gov/Medicare/Coverage/Coverage-Overview/Overview.html).

**Note:**

**Transcutaneous Electrical Nerve Stimulation (TENS) for Chronic Low Back Pain (CLBP):**

Effective June 8, 2012, the Centers for Medicare & Medicaid Services (CMS) allowed coverage for TENS for CLBP only when the criteria outlined in the [NCD for Transcutaneous Electrical Nerve Stimulation (TENS) for Chronic Low Back Pain (CLBP) (160.27)](Accessed September 9, 2020) are met; and member enrolled in an approved clinical study within three years after the publication of the CMS statement for TENS for Chronic Low Back Pain (i.e., June 8, 2015) under coverage with evidence development (CED) available at [http://www.cms.gov/Medicare/Coverage/Coverage-with-Evidence-Development/TENS.html](http://www.cms.gov/Medicare/Coverage/Coverage-with-Evidence-Development/TENS.html). (Accessed September 9, 2020)

See the [Coverage Summary for Experimental Procedures and Items, Investigational Devices and Clinical Trials](http://www.cms.gov/Medicare/Coverage/Coverage-Overview/Overview.html) for coverage and payment rules for clinical trials.

5. **Phrenic Nerve Stimulators**

Phrenic nerve stimulator is covered for selected patients with partial or complete respiratory insufficiency; see the [NCD for Phrenic Nerve Stimulatory (160.19)](Accessed September 9, 2020)

6. **Electric Nerve Stimulators for the Treatment of Motor Function Disorders**

Electric nerve stimulators for the treatment of motor function disorders are not covered. See the [NCD for Treatment of Motor Function Disorders with Electric Stimulation (160.2)](Accessed September 9, 2020)

7. **Electrical Stimulation for the Treatment of Dysphagia**

- Medicare does not have a National Coverage Determination (NCD) specifically for the use electrical stimulation for the treatment of dysphagia.
- Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the [LCD/LCA Availability Grid (Attachment A)](http://www.cms.gov/Medicare/Coverage/Coverage-Overview/Overview.html).
- For coverage guidelines for states/territories with no LCDs/LCAs, see the
II. DEFINITIONS

Neuromuscular Electrical Stimulation (NMES): NMES involves the use of a device which transmits an electrical impulse to the skin over selected muscle groups by way of electrodes. There are two broad categories of NMES. One type of device stimulates the muscle when the patient is in a resting state to treat muscle atrophy. The second type is used to enhance functional activity of

**Spinal Cord Stimulation:** Blocks pain conduction pathways and stimulates endorphins. The neurostimulator electrodes used for this purpose are implanted percutaneously in the epidural space through a special needle. *LCD for Spinal Cord Stimulation (Dorsal Column Stimulation) (L35450).* (Accessed September 9, 2020)

### III. REFERENCES

### IV. REVISION HISTORY

<table>
<thead>
<tr>
<th>Date</th>
<th>Attachments</th>
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<tr>
<td>09/15/2020</td>
<td>• Updated <em>Local Coverage Determination (LCD)/Local Coverage Article (LCA)</em> Availability Grids to reflect the most current reference links</td>
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### V. ATTACHMENTS

**Attachment A – LCD/LCA Availability Grid**

*Electrical Stimulation for the Treatment of Dysphagia*

<table>
<thead>
<tr>
<th>ID #</th>
<th>Title</th>
<th>Contractor Type</th>
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<tr>
<td>L34578</td>
<td>Surface Electrical Stimulation in the Treatment of Dysphagia</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>AL, GA, NC, SC, TN, VA, WV</td>
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<td>L34565</td>
<td>Home Health – Surface Electrical Stimulation in the Treatment of Dysphagia</td>
<td>A and B MAC</td>
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End of Attachment A

**Attachment B – LCD/LCA Availability Grid**

*Percutaneous Electrical Nerve Stimulation (PENS)/Percutaneous Neuromodulation Therapy (PNT) for Pain Therapy (e.g., BioWave)*

<table>
<thead>
<tr>
<th>ID #</th>
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<tr>
<td>A54794</td>
<td>Percutaneous Electrical Nerve stimulation (PENS) and Percutaneous Neuromodulation Therapy (PNT)</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR , VI</td>
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<tr>
<td>A56062</td>
<td>Percutaneous Electrical Nerve Stimulation (PENS) and Percutaneous Neuromodulation Therapy (PNT)</td>
<td>MAC Part A</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>AK, AL, AR, AZ, CA, CO, CT, DE, FL+, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY</td>
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</tbody>
</table>

(Note: States notated with an asterisk should follow the other available state-specific LCD/LCA listed on this grid. This WPS LCD/LCA only)
## Attachment B – LCD/LCA Availability Grid

**Percutaneous Electrical Nerve Stimulation (PENS)/Percutaneous Neuromodulation Therapy (PNT) for Pain Therapy (e.g., BioWave)**

CMS website accessed September 9, 2020

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<td>MAC Part B</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>IA, IN, KS, MI, MO, NE</td>
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*Applies to states without an asterisk.*

End of Attachment B