

Assessing Patient's Suitability for Electrical Nerve Stimulation Therapy (NCD 160.7.1)

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| <p>Related Medicare Advantage Coverage Summaries</p> <ul style="list-style-type: none"> • Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid • Pain Management and Pain Rehabilitation • Stimulators: Electrical and Spinal Cord Stimulators |

Policy Summary

[↪ See Purpose](#)

Overview

Electrical nerve stimulation is an accepted modality for assessing a patient's suitability for ongoing treatment with a transcutaneous or an implanted nerve stimulator.

Guidelines

Accordingly, program payment may be made for the following techniques when used to determine the potential therapeutic usefulness of an electrical nerve stimulator:

Transcutaneous Electrical Nerve Stimulation (TENS)

This technique involves attachment of a transcutaneous nerve stimulator to the surface of the skin over the peripheral nerve to be stimulated. It is used by the patient on a trial basis and its effectiveness in modulating pain is monitored by the physician, or physical therapist. Generally, the physician or physical therapist is able to determine whether the patient is likely to derive a significant therapeutic benefit from continuous use of a transcutaneous stimulator within a trial period of 1 month; in a few cases this determination may take longer to make. Document the medical necessity for such services which are furnished beyond the first month. (See §160.13 for an explanation of coverage of medically necessary supplies for the effective use of TENS.) If TENS significantly alleviates pain, it may be considered as primary treatment; if it produces no relief or greater discomfort than the original pain electrical nerve stimulation therapy is ruled out. However, where TENS produces incomplete relief, further evaluation with percutaneous electrical nerve stimulation may be considered to determine whether an implanted peripheral nerve stimulator would provide significant relief from pain.

Usually, the physician or physical therapist providing the services will furnish the equipment necessary for assessment. Where the physician or physical therapist advises the patient to rent the TENS from a supplier during the trial period rather than supplying it himself/herself, program payment may be made for rental of the TENS as well as for the services of the physician or physical therapist who is evaluating its use. However, the combined program payment which is made for the physician's or

physical therapist's services and the rental of the stimulator from a supplier should not exceed the amount which would be payable for the total service, including the stimulator, furnished by the physician or physical therapist alone.

Percutaneous Electrical Nerve Stimulation (PENS)

This diagnostic procedure which involves stimulation of peripheral nerves by a needle electrode inserted through the skin is performed only in a physician's office, clinic, or hospital outpatient department. Therefore, it is covered only when performed by a physician or incident to physician's service. If pain is effectively controlled by percutaneous stimulation, implantation of electrodes is warranted.

As in the case of TENS, generally the physician should be able to determine whether the patient is likely to derive a significant therapeutic benefit from continuing use of an implanted nerve stimulator within a trial period of 1 month. In a few cases, this determination may take longer to make. The medical necessity for such diagnostic services which are furnished beyond the first month must be documented.

Note: Electrical nerve stimulators do not prevent pain but only alleviate pain as it occurs. A patient can be taught how to employ the stimulator, and once this is done, can use it safely and effectively without direct physician supervision. Consequently, it is inappropriate for a patient to visit his/her physician, physical therapist, or an outpatient clinic on a continuing basis for treatment of pain with electrical nerve stimulation. Once it is determined that electrical nerve stimulation should be continued as therapy and the patient has been trained to use the stimulator, it is expected that a stimulator will be implanted or the patient will employ the TENS on a continual basis in his/her home. Electrical nerve stimulation treatments furnished by a physician in his/her office, by a physical therapist or outpatient clinic are excluded from coverage by §1862(a) (1) of the Act. (See §160.7 for an explanation of coverage of the therapeutic use of implanted peripheral nerve stimulators under the prosthetic devices benefit.) See §160.27 for an explanation of coverage of the therapeutic use of TENS under the durable medical equipment benefit.

References

CMS National Coverage Determinations (NCDs)

[NCD 160.7.1 Assessing Patient's Suitability for Electrical Nerve Stimulation Therapy](#)

Reference NCDs:

[NCD 10.2 Transcutaneous Electrical Nerve Stimulation \(TENS\) for Acute Post-Operative Pain](#)

[NCD 160.2 Treatment of Motor Function Disorders with Electric Nerve Stimulation](#)

[NCD 160.7 Electrical Nerve Stimulators](#)

[NCD 160.12 Neuromuscular Electrical Stimulation \(NMES\)](#)

[NCD 160.13 Supplies Used in the Delivery of Transcutaneous Electrical Nerve Stimulation \(TENS\) and Neuromuscular Electrical Stimulation \(NMES\)](#)

[NCD 160.15 Electrotherapy for Treatment of Facial Nerve Paralysis \(Bell's Palsy\)](#)

[NCD 160.18 National Coverage Determination \(NCD\) for Vagus Nerve Stimulation \(VNS\)](#)

[NCD 160.19 Phrenic Nerve Stimulator](#)

[NCD 160.27 Transcutaneous Electrical Nerve Stimulation \(TENS\) for Chronic Low Back Pain \(CLBP\)](#)

[NCD 20.12 National Coverage Determination \(NCD\) for Diagnostic Endocardial Electrical Stimulation \(Pacing\)](#)

[NCD 230.18 National Coverage Determination \(NCD\) for Sacral Nerve Stimulation For Urinary Incontinence](#)

[NCD 270.1 National Coverage Determination \(NCD\) for Electrical Stimulation \(ES\) and Electromagnetic Therapy for the Treatment of Wounds](#)

CMS Local Coverage Determinations (LCDs) and Articles

Refer to the related NCD for specific LCDs.

CMS Benefit Policy Manual

[Chapter 15: § 110 Durable Medical Equipment - General](#)

CMS Claims Processing Manual

[Chapter 20: § 30.1.2 Transcutaneous Electrical Nerve Stimulator \(TENS\)](#)

UnitedHealthcare Commercial Policy

[Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	Template Update <ul style="list-style-type: none">Reformatted policy; transferred content to new template
07/08/2020	Supporting Information <ul style="list-style-type: none">Updated <i>References</i> section to reflect the most current informationArchived previous policy version MPG020.05

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS"

basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).