



NMES & TENS Devices

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Policy

The Medical Management Department reviews referral requests for authorization of rental and / or purchase of neuromuscular electrical stimulators (NMES), transcutaneous electrical nerve stimulators (TENS), and other external electrical stimulator technologies.

(NOTE: this policy does not address authorization for **implantable** electrical stimulators.)

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee's specific plan document must be referenced. The terms of an enrollee's plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee's specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

Procedure

I. NMES:

A. Documentation Required for Trial Rental of NMES

1. Provider's order (physician or advanced practice provider) for the use of NMES.
2. Documentation of the cause of the disuse atrophy, and of the presence of an intact nerve supply to the muscle.

B. Medical Necessity Criteria for Trial Rental of NMES:

1. A two-month trial rental period for a NMES will be considered medically necessary for disuse atrophy in situations where the nerve supply to the muscle is intact, with **ONE** of the following:
 - a. Contractures due to burn scarring, **OR**
 - b. Major knee surgery (when there is failure to respond to physical therapy), **OR**
 - c. Previous casting or splinting of a limb, **OR**
 - d. Recent hip replacement surgery (NMES is covered until physical therapy begins).

C. Documentation required for Continued Rental or Purchase of NMES

1. To process the referral requests for continued rental or purchase of a NMES, the following must be submitted:
 - a. Completion of the two-month trial rental period.
 - b. The treating provider (physician, advanced practice provider or physical therapist) has submitted objective clinical documentation detailing patient use and symptoms after two months.

D. Medical Necessity Criteria for Continued Rental or Purchase of NMES:

1. Continued rental or purchase of a NMES is considered medically necessary for the treatment of **ONE** of the criteria listed in I.B.1. above when **BOTH** of the following criteria are met:
 - a. The patient is utilizing the NMES unit on a regular basis; **AND**

- b. The NMES is effective to assist with improvement of physical function and decrease of symptoms after two months.

E. Indications or conditions for which the use of NMES are Considered Experimental, Investigational or Not Medically Necessary: (Not an all-inclusive list)

1. Chronic obstructive pulmonary disease (COPD)
2. Dysphagia
3. Muscular dystrophy
4. Muscle wasting and weakness associated with cancers
5. Cerebral palsy
6. Stroke
7. Toning, strengthening and firming of abdominal muscles
8. Rheumatoid arthritis
9. Fecal incontinence
10. Low back pain
11. Bell's palsy
12. Sensory stimulation for coma patients
13. Motor disorders, including multiple sclerosis (Walk-Aid)
14. Chronic ulcers

II. TENS

A. Documentation required for Trial Rental of TENS

1. A two-month trial rental will be authorized with a prescription from the treating provider (physician or advanced practice provider).

B. Medical Necessity Criteria for Trial Rental of TENS

1. Diagnosis of chronic pain; **AND**
2. A current prescription from the treating provider (physician or advanced practice provider)

C. Documentation required for Continued Rental or Purchase of TENS:

1. To process the referral requests for continued rental or purchase of TENS, the following must be submitted:
 - a. Completion of the two-month trial rental period.
 - b. Documentation from the treating provider (physician, advanced practice provider or physical therapist) detailing patient use and symptoms after two months.

D. Medical Necessity Criteria for Continued Rental or Purchase of TENS:

1. Continued rental beyond the initial 2 months or purchase of a TENS unit is considered medically necessary for the treatment of chronic pain when **ALL** the following criteria are met:
 - a. The chronic pain that is to be treated with the TENS unit has been refractory to other standard therapies including physical therapy, non-steroidal anti-inflammatory medications, pain medications, or nerve blocks; **AND**
 - b. The patient is utilizing the TENS unit on a regular basis; **AND**
 - c. The TENS is effective to assist with improvement of physical function and decrease of symptoms after two months.

E. Indications or conditions for which the use of TENS is Considered Experimental, Investigational or Not Medically Necessary: (Not an all-inclusive list)

1. Acute pain
2. Acute and chronic headaches
3. Abdominal pain

4. Chemotherapy-induced pain
5. Chronic leg ulcers
6. Drug withdrawal (e.g., opiate addiction)
7. Dysmenorrhea
8. Fibromyalgia
9. Fracture healing
10. Knee osteoarthritis
11. Mandibular disorders (e.g., neuromuscular orthodontics, temporomandibular joint [TMJ])
12. Motion sickness
13. Nausea and vomiting of pregnancy
14. Overactive bladder
15. Pelvic pain
16. Post-traumatic acute pain
17. Stroke rehabilitation
18. Urinary incontinence
19. Vestibulodynia

III. Purchase of Conductive Garment with NMES or TENS

NMES and TENS can also be delivered by a form fitting conductive garment (e.g., a garment with conductive fibers which are separated from the patient's skin by layers of fabric). Form-fitting conductive garments used with NMES or TENS are considered convenience items, and therefore not covered **EXCEPT** in the following circumstances when they are considered medically necessary:

1. The patient has a large area requiring treatment or a large number of sites requiring stimulation and the use of conventional electrodes, tapes or lead wires would not be feasible.
2. The area requiring stimulation is difficult to reach with conventional electrodes, tapes or lead wires.
3. The patient has a skin condition which precludes the use of conventional electrodes, tapes or lead wires.

IV. Purchase or Rental of Other Electrical Stimulation Devices that are not covered because they are considered Experimental, Investigational or Not Medically Necessary (not an all-inclusive list):

1. Cranial electrical stimulation (cranial electrotherapy stimulation)
2. Electro therapeutic point stimulation (ETPS)
3. Pelvic floor electrical stimulation (PFES)
4. Percutaneous electrical nerve stimulation (PENS)
5. Threshold/therapeutic electrical stimulation (TES) (Walk-Aid)

HCPCS/CPT CODES

E0730	TENS Four Lead
E0770	PR Functional Electric Stim NOS

V. References:

CMS Pub 100-03 National Coverage Determinations (NCD) Manual: Transcutaneous electrical nerve stimulation (TENS) for acute post-operative pain; Chapter 1, Part 1, Section 10.2.

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_part1.pdf

CMS Pub 100-03 National Coverage Determinations (NCD) Manual: Neuromuscular Electrical Stimulation (NMES); Chapter 1, Part 2, Section 160.12. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_part2.pdf

CMS Pub 100-03 National Coverage Determinations (NCD) Manual: Transcutaneous electrical nerve stimulation (TENS) for chronic low back pain; Chapter 1, Part 2, Section 160.27.

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_part2.pdf

Forward Health Portal. Topic #1836 Purchase or Rental.

<https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Print.aspx?ia=1&p=1&sa=17&s=2&c=61&nt=Purchase+or+Rental>

Forward Health Portal. Resources for Medical Equipment Providers, DME and DMS Archives: Disposable Medical Supply (DMS) Index effective 1/1/19; Durable Medical Equipment (DME) Index effective 3/1/19. Accessed 3/11/19.

https://www.forwardhealth.wi.gov/WIPortal/content/provider/medicaid/MedicalEquipmentVendor/resources_25.htm.spage

Johnson MI, Claydon LS, Herbison GP, et al. Transcutaneous electrical nerve stimulation (TENS) for fibromyalgia in adults. Cochrane Database Syst Rev. 2017;10:CD012172. Accessed 3/11/19.

Hayes, Inc. Medical Technology Directory.

- Transcutaneous electrical nerve stimulation for chronic low back pain. Publication date September 21, 2018. Accessed March 8, 2019.
- Transcutaneous electrical nerve stimulation for knee osteoarthritis. Publication date January 30, 2019. Accessed March 8, 2019.

Hayes, Inc. Search & Summary.

- Cranial electrical stimulation for migraines/headaches. Publication date July 11, 2018. Accessed March 8, 2019.
- Cranial electrical stimulation for the treatment of chronic pain. Publication date July 3, 2018. Accessed March 8, 2019.
- Cranial electrical stimulation for the treatment of fibromyalgia. Publication date September 25, 2018. Accessed March 8, 2019.

Gibson W, Wand BM, Meads C, et al. Transcutaneous electrical nerve stimulation for chronic pain-an overview of Cochrane reviews. Cochrane Database of Systemic reviews. Published 18 February 2019. Accessed 3/11/19.