Medical Coverage Policy | Percutaneous Electrical Nerve Stimulation and Percutaneous Neuromodulation Therapy

EFFECTIVE DATE: 10|02|2018
POLICY LAST UPDATED: 10|02|2018

OVERVIEW
Percutaneous electrical nerve stimulation (PENS) and percutaneous neuromodulation therapy (PNT) combine the features of electroacupuncture and transcutaneous electrical nerve stimulation. PENS is performed with needle electrodes while PNT uses very fine needle-like electrode arrays placed in close proximity to the painful area to stimulate peripheral sensory nerves in the soft tissue for the treatment of chronic pain conditions.

MEDICAL CRITERIA
Not applicable

PRIOR AUTHORIZATION
Prior Authorization review is not required.

POLICY STATEMENT
BlueCHiP for Medicare
Percutaneous electrical neurostimulation (PENS) or percutaneous neuromodulation therapy (PNT) for the treatment of chronic pain conditions is considered medically necessary if pain is effectively controlled by percutaneous stimulation and implantation of electrodes is warranted.

Note: Blue Cross & Blue Shield of Rhode Island (BCBSRI) must follow Centers for Medicare and Medicaid Services (CMS) guidelines, such as national coverage determinations or local coverage determinations for all BlueCHiP for Medicare policies. Therefore, BlueCHiP for Medicare policies may differ from Commercial products. In some instances, benefits for BlueCHiP for Medicare may be greater than what is allowed by the CMS.

Commercial Product
Percutaneous electrical neurostimulation (PENS) or percutaneous neuromodulation therapy (PNT) for the treatment of chronic pain conditions is considered not medically necessary as the evidence is insufficient to determine the effects of the technology on health outcomes.

COVERAGE
Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable surgery or not medically necessary benefits/coverage.

BACKGROUND
Percutaneous electrical nerve stimulation (PENS) and percutaneous neuromodulation therapy (PNT) been evaluated for the treatment of a variety of chronic musculoskeletal or neuropathic pain conditions including low back pain, neck pain, diabetic neuropathy, chronic headache, and surface hyperalgesia. Chronic pain presents a substantial burden to patients, adversely affecting function and quality of life. These chronic pain conditions have typically failed other treatments, and the goal of treatment with PENS and PNT is to relieve unremitting pain.

PENS is similar in concept to transcutaneous electrical nerve stimulation but differs in that needles are inserted either around or immediately adjacent to the nerves serving the painful area and are then stimulated. PENS is generally reserved for patients who fail to get pain relief from TENS. PENS is also distinguished from acupuncture with electrical stimulation. In electrical acupuncture, needles are also inserted just below the skin, but the placement of needles is based on specific theories regarding energy flow throughout the human body. In PENS, the location of stimulation is determined by proximity to the pain.

PNT is a variant of PENS in which fine filament electrode arrays are placed near the area causing pain. Some use the terms PENS and PNT interchangeably. It is proposed that PNT inhibits pain transmission by creating an electrical field that hyperpolarizes C fibers, thus preventing action potential propagation along the pain pathway.

For individuals who have chronic pain conditions (eg, back, neck, neuropathy, headache, hyperalgesia, knee osteoarthritis) who receive PENS, the evidence includes primarily small controlled trials. Relevant outcomes are symptoms, functional outcomes, quality of life, and medication use. In the highest quality trial of PENS conducted to date, no difference in outcomes was found between the active (30 minutes of stimulation with 10 needles) and the sham (5 minutes of stimulation with 2 needles) treatments. Smaller trials, which have reported positive results, are limited by unclear blinding and short-term follow-up. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have chronic pain conditions (eg, back, neck, neuropathy, headache, hyperalgesia, knee osteoarthritis) who receive PNT, the evidence consists of 1 randomized controlled trial. Relevant outcomes are symptoms, functional outcomes, quality of life, and medication use. The single trial is limited by lack of investigator blinding, unclear participant blinding, and short-term follow-up. The evidence is insufficient to determine the effects of the technology on health outcomes.

BlueCHiP for Medicare
PENS, 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.

CODING

BlueCHiP for Medicare and Commercial Products
There is not a specific code for PENS or PNT. Use the unlisted code below
64999: Unlisted procedure, nervous system

RELATED POLICIES

Lysis of Epidural Adhesions
Nerve Graft with Radical Prostatectomy
Occipital Nerve Stimulation – Insertion
Peripheral Subcutaneous Field Stimulation
Pulsed Radiofrequency for the Treatment of Chronic Pain
Sphenopalatine Ganglion Block for Headache

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