



MEDICAL COVERAGE GUIDELINES
SECTION: MEDICINE

ORIGINAL EFFECTIVE DATE: 09/09/10
LAST REVIEW DATE: 07/19/18
LAST CRITERIA REVISION DATE:
ARCHIVE DATE:

ELECTRICAL STIMULATION: PERCUTANEOUS AND PERCUTANEOUS NEUROMODULATION THERAPY

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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ELECTRICAL STIMULATION: PERCUTANEOUS AND PERCUTANEOUS NEUROMODULATION THERAPY (cont.)

Description:

Percutaneous electrical nerve stimulation (PENS) and percutaneous neuromodulation therapy (PNT) are therapies that combine features of transcutaneous electrical nerve stimulation (TENS) and electroacupuncture. PENS is performed with a few needle electrodes while PNT uses very fine needle-like electrode arrays that are placed in close proximity to the painful area to stimulate peripheral sensory nerves in the soft tissue.

PENS is similar in concept to TENS, 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 used for individuals 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 upon specific theories regarding energy flow throughout the human body. In PENS, the location of stimulation is determined by proximity to the pain.

Criteria:

Percutaneous Electrical Nerve Stimulation (PENS):

- PENS is considered ***experimental or investigational*** based upon:
 1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
 2. Insufficient evidence to support improvement of the net health outcome, and
 3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

Percutaneous Neuromodulation Therapy (PNT):

- PNT is considered ***experimental or investigational*** based upon:
 1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
 2. Insufficient evidence to support improvement of the net health outcome, and
 3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.



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Resources:

Literature reviewed 07/19/18. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.

1. 7.01.29 BCBS Association Medical Policy Reference Manual. Percutaneous Electrical Nerve Stimulation and Percutaneous Neuromodulation Therapy. Re-issue date 06/14/2018, issue date 11/30/1996.
2. Borg-Stein J, Seroussi RE, Gomba L, et al. Safety and efficacy of percutaneous neuromodulation therapy in the management of subacute radiating low back pain. *Pain Pract.* 2003 Jun 2003;3(2):125-134.
3. Center for Medicare and Medicaid Services. National Coverage Determination Assessing Patient's Suitability for Electrical Nerve Stimulation Therapy (160.7.1). 06/19/2006.
4. Nelson RM, Hayes KW, Currier DP. *Clinical Electrotherapy* 3rd Edition. 1999 1999.
5. Rozen D, Grass GW. Interventional pain medicine approaches to nonradicular low back pain of internal disc disruption origin. *Pain Physician.* 2005 Oct 2005;8(4):399-409.
6. Shaladi A, Crestani F, Saltari R, Piva B. [Percutaneous electrical nerve stimulation of peripheral nerve for the intractable occipital neuralgia]. *Recenti Prog Med.* 2008 Jun 2008;99(6):295-301.
7. Weiner DK, Ernst E. Complementary and alternative approaches to the treatment of persistent musculoskeletal pain. *Clin J Pain.* 2004 Jul-Aug 2004;20(4):244-255.
8. Weiner DK, Schmader KE. Postherpetic pain: more than sensory neuralgia? *Pain Med.* 2006 May-Jun 2006;7(3):243-249; discussion 250.



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Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nilinigií Blue Cross Blue Shield of Arizona haada yit'éego bina'idíłkido go éí doodago Háida bíjá anilyeedíí t'áadoo le'é yina'idíłkido beehaz'áanii hólo díí t'áa hazaadk'ehjí háká a'doowołgo bee haz'ą doo baqah ilinígóo. Ata' halne'ígíí kojí' bich'í' hodíłnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، ف لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل ب 877-475-4799.

