Percutaneous Electrical Nerve Stimulation (PENS) or Neuromodulation Therapy

Description of Procedure or Service

Percutaneous electrical nerve stimulation (PENS) and percutaneous neuromodulation therapy (PNT) are therapies that combine the features of electroacupuncture and transcutaneous electrical nerve stimulation (TENS). 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.

Background

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 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 rather than the theories of energy flow that guide placement of stimulation for acupuncture.

Percutaneous neuromodulation therapy is a variant of PENS in which fine filament electrode arrays are placed near the area that is 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.

Regulatory Status

Percutaneous Neuromodulation Therapy™ (Vertis Neurosciences) received approval to market by the U.S. Food and Drug Administration (FDA) through the 510(k) process in 2002. The labeled indication reads as follows, “Percutaneous neuromodulation therapy (PNT) is indicated for the symptomatic relief and management of chronic or intractable pain and/or as an adjunctive treatment in the management of post-surgical pain and post-trauma pain.” The Deepwave® Percutaneous Neuromodulation Pain Therapy System (Biowave) received 510(k) approval in 2006, listing the Vertis Neuromodulation system and a Biowave TENS unit as predicate devices. The Deepwave® system includes a sterile single-use percutaneous electrode array that contains 1,014 microneedles in a 1.5-inch diameter area. The needles are 736 microns (0.736 millimeters) in length; the patch is reported to feel like sandpaper or Velcro.

Related Policies

Transcutaneous Electrical Nerve Stimulation (TENS)
Interferential Stimulation
Percutaneous Electrical Nerve Stimulation (PENS) or Neuromodulation Therapy

Neurostimulation, Electrical
Cranial Electrotherapy Stimulation (CES) and Auricular Electrostimulation

***Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.

Policy

Percutaneous Electrical Nerve Stimulation (PENS) and Percutaneous Neuromodulation Therapy (PNT) are considered investigational for all applications. BCBSNC does not provide coverage for investigational services or procedures.

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

When Percutaneous Electrical Nerve Stimulation (PENS) or Neuromodulation Therapy is covered

Not applicable.

When Percutaneous Electrical Nerve Stimulation (PENS) or Neuromodulation Therapy is not covered

Percutaneous electrical neurostimulation and neuromodulation are considered investigational. BCBSNC does not cover investigational services.

Policy Guidelines

The literature on PENS and PNT consists primarily of small controlled trials with unclear blinding and short follow-up. In the highest quality trial of PENS conducted to date, no difference in outcomes was found between the active (30 minutes of stimulation at 10 needles) and sham (5 minutes of stimulation at 2 needles) treatment. Literature searches have identified only 2 small trials on PNT, and clinical input on the efficacy of PENS and PNT was mixed. The effect of these treatment approaches on health outcomes is uncertain.

Joint clinical practice guidelines on the diagnosis and treatment of low back pain from the American College of Physicians and the American Pain Society in 2007 indicates that there is uncertainty over whether PENS should be considered a novel therapy or a form of electroacupuncture. The guidelines conclude that PENS is not widely available. (The guidelines also conclude that TENS has not been proven effective for chronic low back pain).

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.
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Applicable service codes: There are no specific CPT or HCPCS codes for this service

Providers may submit claims for these services using the unlisted code 64999. Providers should not be using 64553-64565, or 64590 to bill this service as these codes are not appropriate.

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources

Percutaneous Electrical Nerve Stimulation


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Senior Medical Director Review - 3/2009
Senior Medical Director – 10/2012
Senior Medical Director – 8/2013
Percutaneous Electrical Nerve Stimulation (PENS) or Neuromodulation Therapy


Policy Implementation/Update Information


6/83 Reaffirmed

Percutaneous Electrical Nerve Stimulation

8/88 Reviewed: Eligible for coverage for patients in whom failure of TENS is thought to be due to physical barrier to electrical stimulation.


7/99 Reformatted, Medical Term Definitions added.


4/01 System changes.

7/1/01 Policy archived.

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4/13/09 Policy from archive. Original name of policy, "Percutaneous Electrical Nerve Stimulation" has been changed to "Percutaneous Electrical Nerve Stimulation (PENS) or Neuromodulation Therapy". Senior Medical Director Review 3/16/09. "Description" section updated. "Policy" statement indicates; "BCBSNC will not provide coverage for Percutaneous Electrical Nerve Stimulation (PENS) or Percutaneous Neuromodulation Therapy (PNT) because they are considered investigational.” References added. Notification date 4/13/09. Effective date of policy 7/20/09.

6/22/10 Policy Number(s) removed (amw)

12/21/10 Specialty Matched Consultant Advisory Panel review 11/29/10. “Description” section revised. Reworded “Policy” statement, no change to intent. Added comment to “Billing/Coding” section to indicate; “Providers should not be using 64553-64565, or 64590 to bill this service as these codes are not appropriate.” References added. (btw)

10/11/11 Reference added. (btw)

1/10/12 Specialty Matched Consultant Advisory Panel review 11/30/11. No change to policy intent. (btw)

10/30/12 Description section revised. Medical Director review 10/14/2012. Specialty Matched Consultant Advisory Panel review 10/17/12. Reference added. (btw)
Percutaneous Electrical Nerve Stimulation (PENS) or Neuromodulation Therapy

9/10/13 Description and Policy Guidelines sections updated. Senior Medical Director review 8/29/2013. Reference added. (btw)

11/12/13 Specialty Matched Consultant Advisory Panel review 10/16/2013. No change to policy. (btw)

9/30/14 Reference added. (sk)


9/1/15 Reference added. (sk)


Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.