



Medica Central Coverage Policy

Policy Name: Percutaneous Neuromodulation Therapy for the Treatment of Pain MP9724

Effective Date: 09/01/2024

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

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Note: This policy is no longer scheduled for routine review of the scientific literature.

Percutaneous neuromodulation therapy for the treatment of pain is investigative and unproven and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Description

Percutaneous neuromodulation therapy (PNT), also known as percutaneous electrical nerve stimulation (PENS), is one of a variety of forms of electrical nerve stimulation used for pain management. PNT systems consist of three components: a control unit, disposable needle electrodes, and a patient cable that connects the control unit to the electrodes. The system is intended for use by a qualified medical professional, not by a patient. Patients usually undergo neuromodulation therapy on an outpatient basis in two to three 30-minute sessions per week for two to six weeks.

In PNT, electrical stimulation is applied through needles inserted into the soft tissue at dermatomal levels corresponding to the pain site. Electrical currents applied through the needles are thought to stimulate peripheral sensory nerves, resulting in reduced pain. PNT is currently under investigation for several types of pain.

FDA Approval

In December 2001, the Vertis PNT™ System (Vertis Neuroscience Inc., Vancouver, WA) received marketing clearance through the U.S. Food and Drug Administration 510(k) process for symptomatic relief and management of chronic or intractable low back pain (LBP) and/or as an



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adjunctive treatment in the management of post-surgical LBP and post-trauma LBP. In September 2002, the labeled indication was broadened to include neck and upper back pain.

In August 2006, the Deepwave® Percutaneous Neuromodulation Pain Therapy System (Biowave, Norwalk, CT) received 510(k) marketing clearance for the symptomatic relief of chronic, intractable pain, post-surgical and post-traumatic acute pain, symptomatic relief of post-traumatic pain, and symptomatic relief of post-operative pain.

In June 2019, the IB-Stim system (Innovative Health Solutions) received initial marketing clearance for use in individuals 11-18 years of age with functional abdominal pain associated with irritable bowel syndrome (IBS) via application to selected cranial nerves and occipital nerves.

Prior Authorization

Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes

- **64999** - Unlisted procedure, nervous system

	Committee/Source	Date(s)
Document Created:	Medical Policy Committee/Health Services Division	January 17, 2024
Revised:	Medical Policy Committee/Health Services Division	August 21, 2024
Reviewed:	Medical Policy Committee/Health Services Division	August 21, 2024

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