

Children's Hospital and Health System Children's Community Health Plan Policy and Procedure

This policy applies to the following entity(s):

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| <input type="checkbox"/> CHW – Milwaukee | <input type="checkbox"/> CHW - Fox Valley |
| <input type="checkbox"/> CHHS Foundation | <input type="checkbox"/> CHW - Surgicenter |
| <input type="checkbox"/> CHW – Community Services Division | <input checked="" type="checkbox"/> Children's Community Health Plan |
| <input type="checkbox"/> Children's Medical Group - Primary Care | <input type="checkbox"/> Children's Specialty Group |
| <input type="checkbox"/> Children's Medical Group - Urgent Care | <input type="checkbox"/> CHHS Corporate Departments |

Medical Utilization Management Policy

SUBJECT: TENS (Transcutaneous Electrical Nerve Stimulation)

INCLUDED PRODUCT(S):

Medicaid

BadgerCare Plus

Care4Kids Program

Commercial

Together with CCHP

Marketplace

Together with CCHP

PURPOSE OR DESCRIPTION:

The purpose of this policy is to define criteria for the medically necessary use of a TENS units beyond an initial three month trial period. An initial trial period of rental use up to three months does not require approval under this policy.

For pain from dysmenorrhea, osteoarthritis of the knee, and post-surgical pain, CCHP will follow MCG Careweb Guideline ACG: A-0241. For chronic pain from other causes, CCHP will consider the purchase for ongoing use of a TENS unit, after the first three months of a trial period, as medically necessary when the following criteria are met:

1. The member has had a clinically appropriate trial of at least one of the following: pharmacotherapy, physical therapy, chiropractic manipulation, and this trial failed to adequately control the member's pain.
2. The member has had a trial of using a TENS unit for at least 3 months, and clinical documentation supplied with the request demonstrates that the member used the TENS unit regularly and that it significantly improved pain.

Effective: 5/17

Revised:

Reviewed: 10/21

Q:\CCHP Leadership\Utilization Management Medical Policies\APPROVED MEDICAL UM POLICIES\TENS Medical UM Policy
Developed by: CCHP Medical Directors and Executive Director Health Plan Clinical Services

REFERENCES

1. Electrical Nerve Stimulation, Transcutaneous (TENS) Careweb QI Guideline ACG: A-042, CareWebQI Version: 11.5 Content Version: 23.0, MCG Health, Copyright © 2019 MCG Health, LLC
2. Khadilkar A, Odebiyi DO, Brosseau L, Wells GA. Transcutaneous electrical nerve stimulation (TENS) versus placebo for chronic low-back pain. Cochrane Database of Systematic Reviews 2008, Issue 4. Art. No.: CD003008. DOI: 10.1002/14651858.CD003008.pub3.
3. A randomized clinical trial of TENS and exercise for patients with chronic neck pain. Clinical Rehabilitation 2005; 19: 850_ 860. Thomas TW Chiu, Christina WY Hui-Chan and Gladys Cheing.

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