mln Fact Sheet
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# Electronic Cell-Signaling Treatment

**What's Changed?**

No substantive content updates.

Medicare doesn't cover electronic cell-signaling treatment or devices. These devices are FDA approved for the management and systematic relief of chronic pain, relaxation of muscle spasms, and increasing blood circulation.

Medicare doesn't cover electronic cell-signaling treatment for:

- Metabolic, peripheral, or multiple neuropathies because we don't consider it medically reasonable and necessary
- Neuropathies in patients with underlying systemic diseases because we consider it investigational
- Injection codes J1955, J3411, J3415, J3420, and J3490 with vitamins because they don't meet our definition of reasonable and necessary covered drugs and biologicals

CMS knows of questionable billing of electronic cell-signaling treatment with the use of this device in combination with vitamin injections. This combination is often marketed as a treatment for pain, peripheral neuropathy, neuromuscular re-education, and other conditions.

## What Medicare Covers

Medicare covers services, drugs, and biologicals if they're reasonable and necessary for the diagnosis or treatment of your patient's illness or injury or to improve the functioning of a malformed body part. You must document the need for these services, drugs, and biologicals in your patient's medical records. If we request to see the records during the claims process, you must provide them.

Medicare may cover the devices and treatments below if certain coverage requirements are met. These coverage requirements don't include the electronic cell-signaling treatment device.

### Electrical Nerve Stimulation Therapy

Medicare covers Electrical Nerve Stimulation Therapy, which you can perform using a similar device.

## Peripheral Nerve Blocks

We consider peripheral nerve blocks medically reasonable and necessary for normally temporary medical conditions if 1 or more of these applies:

- You use peripheral nerve blocks diagnostically when a patient's pain appears to be due to a classic mononeuritis, but the neuro-diagnostic studies have failed to provide a structural explanation
- A patient's peripheral nerve injuries, entrapment, or other extremity trauma leads to complex regional pain syndrome
- You use selective peripheral nerve block diagnostically when a patient's clinical picture is unclear
- You use an occipital nerve block to confirm the clinical impression of the presence of occipital neuralgia
- You use the suprascapular nerve block to confirm a diagnosis of suspected entrapment of a nerve
- A patient's trigeminal nerve is blocked centrally at the trigeminal ganglion, along 1 of the 3 divisions, or at 1 of the many peripheral terminal branches
- A patient's nerve block is for preemptive analgesia

## Transcutaneous Electrical Nerve Stimulation (TENS)

TENS is the attachment of a transcutaneous nerve stimulator to the surface of the skin over the peripheral nerve to be stimulated. We cover TENS:

- When you use the device to determine the potential therapeutic usefulness of an electrical nerve stimulator
- For the treatment of patients with chronic, intractable pain (other than chronic low back pain), or acute post-operative pain

TENS device 30-day initial coverage trial can have 1 of these outcomes:

- Significantly relieves patient pain, so we'll consider it as a primary treatment
- Doesn't provide the patient significant pain relief, so you may consider PENS to see if an implanted peripheral nerve stimulator would provide sufficient pain relief

Unlike electronic cell-signaling treatment, TENS is an accepted way of assessing a patient's suitability for ongoing treatment with a transcutaneous (like a TENS machine) or an implanted nerve stimulator (like PENS, discussed below).

## Percutaneous Electrical Nerve Stimulation (PENS)

PENS involves stimulation of peripheral nerves using a needle electrode inserted through the skin.

Similar to TENS, PENS device 30-day initial coverage trial can have 1 of these outcomes:

- Significantly relieves patient pain, so implanting electrodes is warranted and coverage will continue
- Doesn't provide the patient significant pain relief, so coverage will stop

Unlike electronic cell-signaling treatment, PENS is an accepted way of assessing a patient's suitability for ongoing treatment with an implanted nerve stimulator.

## Resources

- Local Coverage Article: Standard Documentation Requirements for All Claims Submitted to DME MACs (A55426)
- Local Coverage Article: Transcutaneous Electrical Nerve Stimulators (TENS) - Policy Article (A52520)
- Local Coverage Determination: Nerve Blockade for Treatment of Chronic Pain and Neuropathy (L35456)
- Local Coverage Determination: Nerve Blockade for Treatment of Chronic Pain and Neuropathy (L35457)
- Local Coverage Determination: Peripheral Nerve Blocks (L33933)
- Local Coverage Determination: Peripheral Nerve Blocks (L36850)
- Local Coverage Determination: Transcutaneous Electrical Nerve Stimulators (TENS) (L33802)
- Medicare Benefit Policy Manual, Chapter 15, Section 50.1- Definition of Drug or Biological
- Medicare National Coverage Determinations Manual, Chapter 1, Part 2, Section 160.7.1
- Medicare Provider Compliance Tips: TENS
- National Coverage Determination: Assessing Patient's Suitability for Electrical Nerve Stimulation Therapy (106.7.1)
- National Coverage Determination: Electrical Nerve Stimulators (106.7)