Policy Name: Percutaneous Neuromodulation Therapy (PNT) for the Treatment of Pain
Effective Date: 1/1/2017

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for 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 MinnesotaCare members, 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 about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

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

Coverage Policy
Percutaneous neuromodulation therapy for the treatment of pain is investigative and therefore NOT COVERED.

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

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 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.
**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

Original Effective Date: 12/1/2007

Re-Review Date(s):
- 10/16/2010
- 10/16/2013
- 10/19/2016