Percutaneous Neuromodulation Therapy
MPM 16.8

Disclaimer
Refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this medical policy.

Description
Percutaneous neuromodulation therapy (PNT) has been developed as a conservative, minimally invasive treatment for neck and back pain. Electrical stimulation during percutaneous neuromodulation therapy typically involves pulses at 4 cycles per second (Hz), 100 Hz, or alternating 15 and 30 Hz at a maximum current of 25 milliamps. Patients usually undergo neuromodulation therapy on an outpatient basis in two to three 30-minute sessions per week for 2 to 6 weeks. This treatment is similar to Percutaneous Electrical Nerve Stimulation (PENS) and Transcutaneous Electrical Nerve stimulation (TENS) but differs in the type of needles used and variation in frequencies.

Coverage Determination
The Presbyterian Medical Policy for this procedure has been retired. Presbyterian now uses Hayes. Due to contractual restrictions providers may not access the Hayes website but may obtain a copy of the criteria from the Prior Authorization staff.

This technology has been reviewed by the Technology Assessment Committee. Percutaneous neuromodulation therapy is not a covered benefit. There is insufficient evidence to support the effectiveness of PNT.

Clinical Quality Committee: Ron Parton MD
Medical Director: Norman White MD

Date:
March 25, 2015

Publication History:
08-25-06: Benefit/Technology Alert, initial effective date
01-28-09: Transition to Medical Policy, review and revision
01-19-11: Biennial Review
01-30-13: Biennial Review
01-29-14: Presbyterian Policy Retired
01-29-14: Presbyterian now uses Hayes
03-25-15: Annual Review
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This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian medical policies are available online at: http://www.phs.org/resources/documents/HLTHCRIT.pdf.