Electrical Stimulation Non-Covered Therapies

MEDICAL POLICY NUMBER: 331

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INSTRUCTIONS FOR USE: Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Company reserves the right to determine the application of medical policies and make revisions to medical policies at any time. The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement. Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

SCOPE: Providence Health Plan, Providence Health Assurance, and Providence Plan Partners as applicable (referred to individually as “Company” and collectively as “Companies”).

PLAN PRODUCT AND BENEFIT APPLICATION

☒ **Commercial** ☐ **Medicaid/OHP*** ☐ **Medicare****

*Medicaid/OHP Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

Notice to Medicaid Policy Readers: For comprehensive rules and guidelines pertaining to this policy, readers are advised to consult the Oregon Health Authority. It is essential to ensure full understanding and compliance with the state's regulations and directives. Please refer to the Oregon Administrative Rule (OARs) 410-141-3820 to 3825 & 410-120-1200 for coverage of Implanted Peripheral Nerve Stimulator.

**Medicare Members

This *Company* policy may be applied to Medicare Plan members only when directed by a separate *Medicare* policy. Note that investigational services are considered **"not medically necessary"** for Medicare members.

COVERAGE CRITERIA

I. The following electrical stimulation therapies are considered **not medically necessary** for any indication:

   A. Auricular electrostimulation/auricular electroacupuncture
   B. Cefaly supraorbital transcutaneous neurostimulator device
   C. Cranial electrical stimulation for any indication
   D. External trigeminal nerve stimulation (e.g., Monarch eTNS System) for attention deficit hyperactivity disorder Interferential stimulation (IFS)
   E. Microcurrent electrical stimulation (MENS), including frequency-specific microcurrent (FSM)
   F. Occipital Nerve Stimulation (ONS)
   G. Percutaneous electrical nerve field stimulation (PENFS)
   H. Percutaneous neuromodulation therapy (PNT)
   I. Percutaneous nerve stimulation (PENS)
   J. Peripheral nerve stimulation (e.g., StimRouter System; Sprint PNS; Nidra Tonic Motor Activation)
   K. Transcutaneous electrical joint stimulation devices (e.g., BioniCare device)
   L. Transcutaneous electrical modulation pain reprocessing (also known as scrambler therapy)

M. H-Wave electrical stimulation
N. ReActiv8 Implantable Neurostimulation System
O. Remote electrical neuromodulation (REN) devices (e.g., Nerivio REN device)

Link to Evidence Summary

POLICY CROSS REFERENCES

- Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company).

The full Company portfolio of current Medical Policies is available online and can be accessed here.

POLICY GUIDELINES

DOCUMENTATION REQUIREMENTS

In order to determine the medical necessity of the request, the following documentation must be provided at the time of the request. Medical records to include documentation of all of the following:

- All medical records and chart notes pertinent to the request. This includes:
  - History
  - Physical examination
  - Treatment plan

BACKGROUND

Auricular electrostimulation

Auricular electrostimulation, also known as auricular electro-acupuncture or electrical auriculotherapy, is a type of ambulatory electrical stimulation of acupuncture points on the ear and has been developed to provide continuous or intermittent stimulation over a period of several days for a variety of conditions, including pain, depression, anxiety, nausea/vomiting and weight loss. These devices are disposable, preprogrammed units worn behind the ear and connected to acupuncture needles.

Cefaly Supraorbital Transcutaneous Neurostimulator device

Cefaly is a small, portable, battery-powered, supraorbital transcutaneous neurostimulator prescription device that resembles a plastic headband worn across the forehead and atop the ears. The device consists of an adhesive, gel-backed electrode that the patient places directly on the skin in the center of the forehead, connects the electrode to the generator, and then turns on a plastic-framed pulse generator. The pulse generator fits like a pair of glasses. A control button in the center of the device powers the unit and allows the patient to control the level of stimulation.

Cranial Electrical Stimulation

Cranial electrical stimulation works by sending low-level electrical currents to the head via electrodes. The exact mechanism of action remains unclear but has been hypothesized to activate areas of the brain that play important roles in the body's hormones and emotions. The treatment has been proposed for the treatment of a variety of chronic conditions including, but not limited to stress, alcoholism, drug addiction, anxiety, and depression.

Interferential stimulation (IFS)

Interferential stimulation (IFS), also known as interferential current (IFC) therapy, is a form of transcutaneous electrical stimulation (TENS) that has been proposed as a potential therapy to relieve pain, inflammation, and other indications. It is a specialized form of electrostimulation or electrotherapy that uses two medium frequency currents simultaneously. The patterns of interference and summation of the two interacting currents generate a more complex waveform than other forms of electrostimulation, which has led to the hypothesis that it may be more effective than other electrotherapies.[1]

IFS differs from TENS in the frequency and manner in which the current is applied. As a result, IFS devices are marketed as able to provide a deeper penetration of the affected tissue to TENS devices.

Microcurrent electrical nerve stimulation (MENS)

Microcurrent electrical nerve stimulation (MENS), also referred to as micro-electrical therapy (MET) or micro-electrical neurostimulation, involves applying a very low voltage microamperage current to affected cells or tissue trigger points in order to stimulate the tissues' response to healing and repair.

MENS differs from TENs in that it uses a significantly reduced level of electrical stimulation. TENS therapy delivers stimulation in the milliamp range, causing muscle contractions, pulsing, and tingling, thereby blocking pain. Conversely, MENS delivers stimulation in the micro amp range, which is undetectable to patients and is thought to act on the body's naturally occurring electrical impulses to decrease pain by stimulating the healing process.

During MENS therapy, the physical therapist or physician administers the microamperage current to various parts of the patient's body by using vinyl graphite gloves or electrodes. The amount of current, length of individual sessions, as well as frequency and length of overall treatment has not been optimized for any given condition, and therefore may vary significantly. MENS has been proposed as both an adjunctive and a stand-alone therapy for a wide variety of indications that require either pain reduction or stimulation of the healing process. Due to variability in published MENS treatment protocols and the fact that MENS is often used in combination with a variety of other interventions, evaluating the efficacy of MENS for any condition is difficult.

Occipital Nerve Stimulation (ONS)

ONS involves the implantation of subcutaneous electrodes at the base of the skull over the greater, lesser, or third occipital nerves. The electrodes are connected to leads which are tunneled together in a caudal direction to an impulse generator implanted in the chest wall, low back, buttocks, or abdomen. The generators can be controlled by the physician or patient and can provide continuous or intermittent stimulation. Additionally, the generators can be non-rechargeable with a 2-to-5-year lifespan or rechargeable.

Percutaneous Electrical Nerve Stimulation (PENS)

Percutaneous electrical nerve stimulation (PENS) uses acupuncture-like needles as electrodes. These needles are placed in the soft tissues or muscles at dermatomal levels corresponding to local pathology (needles are usually inserted above and below and into the central area of pain). A 5-Hz frequency with a pulse width of 0.5 mS is usually used. If relief is not attained within 15 minutes, the frequency may be lowered to 1 Hz. According to PENS proponents, the main advantage of PENS over TENS is that it bypasses the local skin resistance and delivers electrical stimuli at the precisely desired level near the nerve endings located in soft tissue, muscle, or periosteum of the involved dermatomes.

Percutaneous Neuromodulation Therapy (PNT)

Percutaneous neuromodulation therapy (PNT) is a variation of PENS but utilizes different electrical impulses; it utilizes an alternating low and high frequency current at varying pulse. The electrical stimulation is delivered via needle-like electrodes which is purported to allow the stimulation to reach the deep tissue. Some use the terms PENS and PNT interchangeably. It is proposed that PNT inhibits pain transmission by creating an electrical field that hyperpolarizes C-fibers, thus preventing action potential propagation along the pain pathway.

Peripheral Nerve Stimulation (PNS)

Sometimes referred to as percutaneous nerve stimulation, PNS is a minimally invasive pain management modality intended to manage acute and chronic pain. Unlike spinal cord stimulation, where leads are placed in the epidural space, PNS leads are placed just adjacent or parallel to a nerve. This treatment has several potential indications, including but not limited to radial nerve pain, cluneal nerve (and related) pain, chronic low back pain, sacroiliac pain, fibromyalgia, and suprascapular nerve pain. A similar technology, peripheral nerve field stimulation, involves placement of the leads subcutaneously in the region of the pain where they stimulate smaller peripheral nerves and nerve.

ReActiv8 Implantable Neurostimulation System

The ReActiv8 Implantable Neurostimulation System is intended to alleviate chronic low-back pain (CLBP) and restore lumbar stability in patients with multifidus muscle dysfunction who do not have an indication for spine surgery and have not been helped by medical management, physical therapy, or other palliative therapies.

REGULATORY STATUS

U.S. FOOD AND DRUG ADMINISTRATION (FDA)

Approval or clearance by the Food and Drug Administration (FDA) does not in itself establish medical necessity or serve as a basis for coverage. Therefore, this section is provided for informational purposes only.

U.S. Food & Drug Administration (FDA)

Most electrical stimulation devices are approved as 510(k) Class II devices by the FDA.[2] Examples of FDA-approved devices include, but are not limited to:

Auricular Electrostimulation devices:

- AcuStim (S.H.P. International), approved 2002
- P-Stim™ System (NeuroScience Therapy), approved 2006
- E-pulse® (AMM Marketing), approved 2009
- Electro Auricular Device (EAD) (Key Electronics), approved 2014
- P-Stim (Biegler Gmbh)
- ANSiStim® (DyAnsys), approved 2015
- Stivax System (Biegler Gmbh), approved 2016

Cefaly supraorbital transcutaneous nerve stimulator device (Cefaly Technology), approved in 2016

Cranial Electrical Stimulation devices:

- Alpha-Stim® Cs (Electromedical Products, Inc)
- BR-2 Biorest (Biorest, Inc)
- Biotron18 (Biotronics Corp)
- CES Ultra ™ (Neuro-Fitness, LLC)
- Elexoma Medic (Redplane AG)
- FM 10/C (Johari Digital Healthcare, Ltd)
- HP-1 Healthpax or Nurtipax (Health Directions, Inc)
- LB-2000 (Life Balance Intl., Inc)
- LISS SBl202-B and SBl201-M (Medical Consultants Intl., Ltd)
- NET-2000 Microcurrent Stimulator (Auri-Stim Medical, Inc)
- NF-1 Mindpeace (NeuroFitness)
- NH 2002 (Life Balance Intl., Inc.)
- NTI-1000 (Neurotek, Inc)
- TESA-1 (Kalaco Scientific, Inc.)

Interferential Stimulation devices:

- BMLS02-6 and BMLS03-6 (Biomedical Life Systems, Inc.)
- IF-4000 (Apex Medical Corporation)
- IF-100507 (Everlife Medical Equipment Co., Ltd.)
- Medstar™ 100 (MedNet Services. Inc.)
- Netwave and RTM1000 (Ryan Telemedicine)

Microcurrent Electrical Nerve Stimulation devices:

- Alpha-Stim PPM (personal pain manager)
- Inspirstar IS02 Microcurrent Stimulator (Inspirstar Inc.)
- Promax-MC, Microcurrent Device, Model MC-4440 (Rehabilicare, Inc.)

CLINICAL EVIDENCE AND LITERATURE REVIEW

EVIDENCE REVIEW

Due to the volume of electrical stimulation devices for a wide variety of conditions, the evidence table below lists the most recent peer-reviewed literature and is focused on randomized trials and systematic reviews. A review of the ECRI, Hayes, Cochrane, and PubMed databases was conducted regarding the use of various electrical stimulation devices for any indication. Below is a summary of the available evidence identified through May 2025.

- Auricular stimulation for pain management[3-7]
- Cefaly supraorbital transcutaneous neurostimulator for headaches/migraines[8]
- Cranial electrical stimulation for
    - Chronic pain[9,10]
    - Depression and anxiety disorders[11-13]
- H-Wave Device[14]
- Interferential stimulation for
    - Osteoarthritis[15-18]
    - Low back pain[19,20]
    - Gastrointestinal disorders[21]
    - fibromyalgia[22]
    - neck pain[23-26]
    - total knee arthroplasty[27]
    - recurrent jaw pain[28]
    - idiopathic carpal tunnel syndrome[29]
    - chronic stroke plantarflexor spasticity[30]
    - urinary incontinence[31-33]
    - elbow pain[28-34]
    - post-traumatic complex regional pain syndrome, type 1[35]
    - hemiplegic shoulder pain[36]
- Microcurrent electrical nerve stimulation
    - Pain management[37-42]
    - Wound healing[43-45]

    - Symptoms of advanced diabetes[46,47]
- Occipital Nerve Stimulation[48-51]
- Percutaneous electrical nerve stimulation (PENS)[52-54]
- Percutaneous electrical field nerve stimulation (PENFS)[55,56,57]
- Percutaneous neuromodulation therapy (PNT)[52]
- Peripheral Nerve Stimulation (indications include cluneal, radial, sacroiliac, low back, gluteal, inguinal pain and fibromyalgia)[58-61]
- Remote electrical neuromodulation (REN) devices[62]
- ReActiv8 Implantable Neurostimulation System[63-65]
- Scrambler Therapy[66,67]

CLINICAL PRACTICE GUIDELINES

Auricular stimulation

- The American College of Chest Physicians (ACCP) published clinical practice guidelines in 2003 that addressed lung management. The guideline offers a 'weak recommendation' for electroacupuncture for chemotherapy-induced acute vomiting.[68]

Cefaly supraorbital transcutaneous neurostimulator

- National Institute for Health and Care Excellence published guidelines in 2016 on transcutaneous electrical stimulation of the supraorbital nerve for treating and preventing migraines. The guidelines state that evidence is limited in quantity and quality, but the stimulation devices may be an option for patients.[69]

Cranial Electrical Stimulation

- The International Federation of Clinical Neurophysiologists (IFCN) published 2017 evidence-based guidelines addressing the therapeutic use of transcranial direct current stimulation.[70] Authors stated that tDCS has probable but not definite efficacy for treatment of nondrug-resistant major depression when administered with the anode over the left dorsolateral prefrontal complex (DLPFC) and cathode over the right orbitofrontal area. However, authors also concluded that tDCS is probably ineffective for drug-resistant major depression and there is insufficient evidence to develop a recommendation for treatment of depression with tDCS using an anode over the left DLPFC and a cathode over the right DLPFC.
- National Institute for Health and Care Excellence (NICE) published 2015 guidelines addressing transcranial direct current stimulation (tDCS) for depression.[71] On the basis of published evidence, NICE concluded that treatment of depression with tDCS did not raise any major safety concerns but there is uncertainty about mode of administration, number of treatment sessions needed, and duration of treatment effects.

Interferential stimulation

- The American College of Physicians published clinical practice guidelines in 2017 on noninvasive treatments for acute, subacute, and chronic low back pain, and determined there was insufficient evidence to support IFS as a therapy for low back pain.

- National Institute for Health and Care Excellence published 2020 guidelines for the assessment and management of low back pain and sciatica and recommended against offering IFS for managing low back pain.

Microcurrent electrical nerve stimulation

- The American Physical Therapy Association (APTA) published 2013 guidelines on physical therapy management for congenital muscular torticollis. The guidelines offer a weak recommendation for MENS as one of several possible supplemental interventions, but should only be applied by clinicians skilled in that modality.[72]

Occipital Nerve Stimulation

- Congress of Neurological Surgeons published 2015 evidence-based guidelines for occipital nerve stimulation in patients with medically refractory occipital neuralgia stated, "data from a recent systematic review of the literature supports the use of occipital nerve stimulation (ONS) as a treatment option for patients with medically refractory occipital neuralgia (ON) (Level III recommendation)."[73] However, the validity of this recommendation is questionable as it is a level 3 recommendation based on poor quality case series and expert opinion.

- National Institute for Health and Care Excellence (NICE) published 2013 guidelines for occipital nerve stimulation for intractable chronic migraine, stating, "(t)he evidence on occipital nerve stimulation (ONS) for intractable chronic migraine shows some efficacy in the short term but there is very little evidence about long-term outcomes. With regard to safety, there is a risk of complications, needing further surgery. Therefore, this procedure should only be used with special arrangements for clinical governance, consent, and audit or research."[74]

Percutaneous Electrical Nerve Stimulation

- American Academy of Neurology (AAN), American Association of Neuromuscular and Electrodiagnostic Medicine (AANEM), American Academy of Physical Medicine and Rehabilitation (AAPMR) published evidence-based guidelines for the treatment of diabetic neuropathy in 2011. The guidelines recommend that percutaneous electrical nerve stimulation be considered for the treatment of peripheral diabetic neuropathy, based on one study.[75]
- American College of Occupational and Environmental Medicine (ACOEM) published 2020 guidelines for non-invasive and minimally-invasive management of low back disorders and recommended against PENS.[76]

Percutaneous Electrical Field Stimulation

- The American College of Gastroenterology (ACG) updated their recommendations for irritable bowel syndrome (IBS) management in 2021.[77] The ACG recommendations do not include percutaneous electrical nerve field stimulation.
- The American Gastroenterological Association (AGA) updated guidelines for both IBS with constipation and IBS with diarrhea in 2022.[78,79] Neither of these guidelines include recommendations for percutaneous electrical nerve field stimulation.

Peripheral Electrical Nerve Stimulation

- National Institute for Health and Care Excellence (NICE) published guidance in 2013 regarding peripheral nerve field stimulation for chronic low back pain (ranging from just below the rib cage to the creases of the buttocks). NICE recommendations note that evidence on efficacy is very limited, in both quality and quantity. Likewise, evidence on safety is also limited and there is a risk of complications from any implanted device. Therefore, this procedure should only be used with special arrangements for clinical governance, consent and audit or research.[80]

ReActiv8 Implantable Neurostimulation System

- National Institute for Health and Care Excellence (NICE) published guidance in 2022 addressing neurostimulation of lumbar muscles for refractory non-specific chronic low back pain. Authors wrote that evidence on the efficacy and safety of neurostimulation of lumbar muscles for refractory non-specific chronic low back pain is limited in quantity and quality. Therefore, this procedure should only be used with special arrangements for clinical governance, consent, and audit or research.[81]

HEALTH EQUITY CONSIDERATIONS

The Centers for Disease Control and Prevention (CDC) defines health equity as the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving health equity requires addressing health disparities and social determinants of health. A health disparity is the occurrence of diseases at greater levels among certain population groups more than among others. Health disparities are linked to social determinants of health which are non-medical factors that influence health outcomes such as the conditions in which people are born, grow, work, live, age, and the wider set of forces and systems shaping the conditions of daily life. Social determinants of health include unequal access to health care, lack of education, poverty, stigma, and racism.

The U.S. Department of Health and Human Services Office of Minority Health calls out unique areas where health disparities are noted based on race and ethnicity. Providence Health Plan (PHP) regularly reviews these areas of opportunity to see if any changes can be made to our medical or pharmacy policies to support our members obtaining their highest level of health. Upon review, PHP creates a Coverage Recommendation (CORE) form detailing which groups are impacted by the disparity, the research surrounding the disparity, and recommendations from professional organizations. PHP Health Equity COREs are updated regularly and can be found online here.

BILLING GUIDELINES AND CODING

Auricular stimulation

- The HCPCS S8930 code is the only code that may be used to bill auricular electrostimulation.

- CPT codes 97813 or 97814 are not specific to auricular electrostimulation, therefore, if they are billed for this service, they will be denied.

Cefaly Supraorbital Transcutaneous Neurostimulator device

The following codes are not appropriate for the Cefaly device as they describe stimulation using more than one lead:

- A4595
- E0720
- E0730

Interferential Stimulation

The following codes are not specific to interferential stimulation and may be requested for other stimulation devices: 97014, 97032, and G0283. If these codes are billed or requested for interferential devices, they will be denied as investigational per this medical policy.

Microcurrent electrical stimulation (MENS)

When billed through eviCore for physical therapy/occupational therapy services, 97032 requires prior authorization.

CODES*		
CPT	0278T	Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes)
	~~0720T~~	**TERMED 1/1/26** ~~Percutaneous electrical nerve field stimulation, cranial nerves, without implantation~~
	0766T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, with identification and mapping of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve
	0767T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure)
	0783T	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment
	0882T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal,

		upper extremity, minimum of 10 minutes; initial nerve (List separately in addition to code for primary procedure)
	0883T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; each additional nerve (List separately in addition to code for primary procedure)
	0968T	Insertion or replacement of epicranial neurostimulator system, including electrode array and pulse generator, with connection to electrode array
	0969T	Removal of epicranial neurostimulator system
	61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array
	64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve
	64999	Unlisted procedure, nervous system
	61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays
	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
	64567	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation
	64568	Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
	64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
	64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
	64575	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
	64585	Revision or removal of peripheral neurostimulator electrode array
	64590	Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver
	64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array
	64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure)
	64598	Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator
	95836	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days

	95970	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (ie, cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming
	95976	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional
	95977	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional
	95983	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional
	95984	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)
	97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)
	97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes

HCPCS	A4438	Adhesive clip applied to the skin to secure external electrical nerve stimulator controller, each
	A4540	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm
	A4541	Monthly supplies for use of device coded at E0733
	A4542	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist
	A4544	Electrode for external lower extremity nerve stimulator for restless legs syndrome
	A4593	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime
	A4594	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime, mouthpiece each
	A4596	Cranial electrotherapy stimulation (CES) system supplies and accessories, per month
	E0732	Cranial electrotherapy stimulation (ces) system, any type
	E0733	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve
	E0743	External lower extremity nerve stimulator for restless legs syndrome
	E0762	Transcutaneous electrical joint stimulation device system, includes all accessories
	S8130	Interferential current stimulator, 2 channel
	S8131	Interferential current stimulator, 4 channel
	S8930	Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with the patient
	A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code
	A9999	Miscellaneous dme supply or accessory, not otherwise specified
	E1399	Durable medical equipment, miscellaneous
	C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system
	C1823	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads
	C1827	Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and external paired stimulation controller
	C9807	Nerve stimulator, percutaneous, peripheral (e.g., sprint peripheral nerve stimulation system), including electrode and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)
	L8679	Implantable neurostimulator, pulse generator, any type
	L8680	Implantable neurostimulator electrode, each
	L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only
	L8682	Implantable neurostimulator radiofrequency receiver

	L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver
	L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension
	L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension
	L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
	L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension
	L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only
	G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care

***Coding Notes:**

- The above code list is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit.
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.
- **See the non-covered and prior authorization lists on the Company Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website for additional information.**
- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as "medically unlikely edits" (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

REFERENCES

1. ECRI. Custom Rapid Responses - Guidance. Interferential Current Therapy for Treating Conditions Other Than Low-back Pain. https://www.ecri.org/components/Hotline/Pages/10135.aspx?tab=2. Published 2013. Accessed 5/26/2025.
2. US Food & Drug Administration. 510(k) Premarket Notification. https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm. Published 2024. Accessed 5/26/2025.
3. Yeh CH, Chiang YC, Hoffman SL, et al. Efficacy of auricular therapy for pain management: a systematic review and meta-analysis. *Evid Based Complement Alternat Med.* 2014;2014:934670.
4. Hayes Inc. P-Stim (Biegler GmbH) Auricular Electroacupuncture for Pain Management. https://evidence.hayesinc.com/report/htb.pstim2362. Published 2012 (archived 2014). Accessed 5/26/2025.
5. Tan JY, Molassiotis A, Wang T, Suen LK. Adverse events of auricular therapy: a systematic review. *Evid Based Complement Alternat Med.* 2014;2014:506758.
6. Zhao HJ, Tan JY, Wang T, Jin L. Auricular therapy for chronic pain management in adults: A synthesis of evidence. *Complement Ther Clin Pract.* 2015;21(2):68-78.

7. Liu XL, Tan JY, Molassiotis A, Suen LK, Shi Y. Acupuncture-Point Stimulation for Postoperative Pain Control: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. *Evid Based Complement Alternat Med.* 2015;2015:657809.
8. Schoenen J, Vandersmissen B, Jeangette S, et al. Migraine prevention with a supraorbital transcutaneous stimulator. *A randomized controlled trial.* 2013;80(8):697-704.
9. Hayes. Cranial Electrical Stimulation For The Treatment Of Fibromyalgia. https://evidence.hayesinc.com/report/htb.cranialstimulation4470. Published 2021. Accessed 5/26/2025.
10. Hayes Inc. Cranial Electrical Stimulation For The Treatment Of Chronic Pain Associated With Spinal Cord Injury. https://evidence.hayesinc.com/report/htb.chronpain4516. Published 2021. Accessed 5/26/2025.
11. Hayes Inc. Transcranial Direct Current Stimulation for Depression. https://evidence.hayesinc.com/report/dir.transcranial2926. Published 2024. Accessed 5/26/2025.
12. Shekelle PG, Cook IA, West Los Angeles V. *The effectiveness and risks of cranial electrical stimulation for the treatment of pain, depression, anxiety, PTSD, and insomnia: A systematic review.* Department of Veterans Affairs; 2018.
13. Roh H-T, So W-Y. Cranial electrotherapy stimulation affects mood state but not levels of peripheral neurotrophic factors or hypothalamic-pituitary-adrenal axis regulation. *Technology and Health Care.* 2017;25(3):403-412.
14. Blum K, Chen ALC, Chen TJH, et al. The H-Wave® device is an effective and safe non-pharmacological analgesic for chronic pain: a meta-analysis. *Advances in Therapy.* 2008;25(7):644-657.
15. Fuentes JP, Armijo Olivo S, Magee DJ, Gross DP. Effectiveness of interferential current therapy in the management of musculoskeletal pain: a systematic review and meta-analysis. *Phys Ther.* 2010;90(9):1219-1238.
16. Page MJ, Green S, Kramer S, Johnston RV, McBain B, Buchbinder R. Electrotherapy modalities for adhesive capsulitis (frozen shoulder). *Cochrane Database of Systematic Reviews.* 2014(10):CD011324.
17. Zeng C, Li H, Yang T, et al. Electrical stimulation for pain relief in knee osteoarthritis: systematic review and network meta-analysis. *Osteoarthritis Cartilage.* 2015;23(2):189-202.
18. Ferreira RM, Torres RT, Duarte JA, Goncalves RS. Non-Pharmacological and Non-Surgical Interventions for Knee Osteoarthritis: A Systematic Review and Meta-Analysis. *Acta Reumatol Port.* 2019.
19. Chou R, Deyo R, Friedly J, et al. Nonpharmacologic Therapies for Low Back Pain: A Systematic Review for an American College of Physicians Clinical Practice Guideline. *Ann Intern Med.* 2017;166(7):493-505.
20. Chou R DR, Friedly J, Skelly A, Hashimoto R, Weimer M,et al. Noninvasive Treatments for Low Back Pain. Comparative Effectiveness Review no. 169. (Prepared by the Pacific Northwest Evidence-based Practice Center under contract no. 290-2012-00014-I.) AHRQ publication no. 16-EHC004-EF. Rockville: Agency for Healthcare Research and Quality. 2016.
21. Moore JS, Gibson PR, Burgell RE. Neuromodulation via Interferential Electrical Stimulation as a Novel Therapy in Gastrointestinal Motility Disorders. *J Neurogastroenterol Motil.* 2018;24(1):19-29.
22. Ricci NA, Dias CN, Driusso P. [The use of electrothermal and phototherapeutic methods for the treatment of fibromyalgia syndrome: a systematic review]. *Rev Bras Fisioter.* 2010;14(1):1-9.

23. Kroeling P, Gross A, Graham N, et al. Electrotherapy for neck pain. *The Cochrane database of systematic reviews.* 2013(8):Cd004251.
24. Yesil H, Hepguler S, Dundar U, Taravati S, Isleten B. Does the Use of Electrotherapies Increase the Effectiveness of Neck Stabilization Exercises for Improving Pain, Disability, Mood, and Quality of Life in Chronic Neck Pain?: A Randomized, Controlled, Single-Blind Study. *Spine (Phila Pa 1976).* 2018;43(20):E1174-E1183.
25. Hou CR, Tsai LC, Cheng KF, Chung KC, Hong CZ. Immediate effects of various physical therapeutic modalities on cervical myofascial pain and trigger-point sensitivity. *Archives of physical medicine and rehabilitation.* 2002;83(10):1406-1414.
26. Albornoz-Cabello M, Pérez-Mármol JM, Barrios Quinta CJ, Matarán-Peñarrocha GA, Castro-Sánchez AM, de la Cruz Olivares B. Effect of adding interferential current stimulation to exercise on outcomes in primary care patients with chronic neck pain: a randomized controlled trial. *Clinical Rehabilitation.* 2019;33(9):1458-1467.
27. Kadi MR, Hepguler S, Atamaz FC, et al. Is interferential current effective in the management of pain, range of motion, and edema following total knee arthroplasty surgery? A randomized double-blind controlled trial. *Clin Rehabil.* 2019;33(6):1027-1034.
28. Taylor K, Newton RA, Personius WJ, Bush FM. Effects of interferential current stimulation for treatment of subjects with recurrent jaw pain. *Phys Ther.* 1987;67(3):346-350.
29. Koca I, Boyaci A, Tutoglu A, Ucar M, Kocaturk O. Assessment of the effectiveness of interferential current therapy and TENS in the management of carpal tunnel syndrome: a randomized controlled study. *Rheumatol Int.* 2014;34(12):1639-1645.
30. Suh HR, Han HC, Cho HY. Immediate therapeutic effect of interferential current therapy on spasticity, balance, and gait function in chronic stroke patients: a randomized control trial. *Clin Rehabil.* 2014;28(9):885-891.
31. Demirturk F, Akbayrak T, Karakaya IC, et al. Interferential current versus biofeedback results in urinary stress incontinence. *Swiss medical weekly.* 2008;138(21-22):317-321.
32. Kajbafzadeh AM, Sharifi-Rad L, Baradaran N, Nejat F. Effect of pelvic floor interferential electrostimulation on urodynamic parameters and incontinency of children with myelomeningocele and detrusor overactivity. *Urology.* 2009;74(2):324-329.
33. Kajbafzadeh AM, Sharifi-Rad L, Mozafarpour S, Ladi-Seyedian SS. Efficacy of transcutaneous interferential electrical stimulation in treatment of children with primary nocturnal enuresis: a randomized clinical trial. *Pediatr Nephrol.* 2015;30(7):1139-1145.
34. Minder PM, Noble JG, Alves-Guerreiro J, et al. Interferential therapy: lack of effect upon experimentally induced delayed onset muscle soreness. *Clinical physiology and functional imaging.* 2002;22(5):339-347.
35. Kocic M, Lazovic M, Dimitrijevic I, Mancic D, Stankovic A. [Evaluation of low level laser and interferential current in the therapy of complex regional pain syndrome by infrared thermographic camera]. *Vojnosanit Pregl.* 2010;67(9):755-760.
36. Eslamian F, Farhoudi M, Jahanjoo F, Sadeghi-Hokmabadi E, Darabi P. Electrical interferential current stimulation versus electrical acupuncture in management of hemiplegic shoulder pain and disability following ischemic stroke-a randomized clinical trial. *Archives of Physiotherapy.* 2020;10(1):2.
37. Hayes Inc. Microcurrent Electrical Therapy for the Treatment of Postoperative Pain. https://evidence.hayesinc.com/report/htb.microcurrentpostop4540. Published 2021. Accessed 5/26/2025.

38. Hayes Inc. Microcurrent Electrical Therapy For The Treatment Of Musculoskeletal Pain. https://evidence.hayesinc.com/report/htb.microcurrent4530. Published 2021. Accessed 5/26/2025.
39. Chapman-Jones D, Hill D. Novel microcurrent treatment is more effective than conventional therapy for chronic Achilles tendinopathy: randomised comparative trial. *Physiotherapy.* 2002;88(8):471-480.
40. Lawson D, Lee KH, Kang HB, Yang N, Llewellyn T, Takamatsu S. Efficacy of microcurrent therapy for treatment of acute knee pain: A randomized double-blinded controlled clinical trial. *Clinical Rehabilitation.* 2020:0269215520965320.
41. Rajpurohit B, Khatri SM, Metgud D, Bagewadi A. Effectiveness of transcutaneous electrical nerve stimulation and microcurrent electrical nerve stimulation in bruxism associated with masticatory muscle pain--a comparative study. *Indian J Dent Res.* 2010;21(1):104-106.
42. Poltawski L, Johnson M, Watson T. Microcurrent therapy in the management of chronic tennis elbow: pilot studies to optimize parameters. *Physiotherapy research international : the journal for researchers and clinicians in physical therapy.* 2012;17(3):157-166.
43. Ofstead CL, Buro BL, Hopkins KM, Eiland JE. The impact of continuous electrical microcurrent on acute and hard-to-heal wounds: a systematic review. *Journal of Wound Care.* 2020;29(Sup7):S6-S15.
44. Malin EW, Galin CM, Lairet KF, et al. Silver-coated nylon dressing plus active DC microcurrent for healing of autogenous skin donor sites. *Ann Plast Surg.* 2013;71(5):481-484.
45. Miguel MMV, Mathias-Santamaria IF, Rossato A, et al. Microcurrent electrotherapy improves palatal wound healing: Randomized clinical trial. *Journal of Periodontology.* 2020.
46. Gossrau G, Wahner M, Kuschke M, et al. Microcurrent transcutaneous electric nerve stimulation in painful diabetic neuropathy: a randomized placebo-controlled study. *Pain Med.* 2011;12(6):953-960.
47. Lee BY, Al-Waili N, Stubbs D, et al. Ultra-low microcurrent in the management of diabetes mellitus, hypertension and chronic wounds: report of twelve cases and discussion of mechanism of action. *Int J Med Sci.* 2009;7(1):29-35.
48. Hayes Inc. Occipital Nerve Stimulation for Chronic Cluster Headache. https://evidence.hayesinc.com/report/dir.occiptal4992. Published 2021. Accessed 1/9/2022.
49. Hayes Inc. Occipital Nerve Stimulation for Chronic Migraine Headache. https://evidence.hayesinc.com/report/dir.occipital2363. Published 2021. Accessed 1/10/22.
50. ECRI Institute. Occipital Nerve Stimulation for Treating Medically Refractory Chronic Cluster Headache. https://www.ecri.org/components/Hotline/Pages/27532.aspx. Published 2019. Accessed 1/9/2022.
51. Cadalso RT, Jr., Daugherty J, Holmes C, Ram S, Enciso R. Efficacy of Electrical Stimulation of the Occipital Nerve in Intractable Primary Headache Disorders: A Systematic Review with Meta-Analyses. *Journal of oral & facial pain and headache.* 2017.
52. Hayes. Percutaneous Neuromodulation Therapy for Treatment of Low Back Pain. Search & Summary. Retired. Published 2016. Accessed 2/18/2022.
53. Hayes. Percutaneous Electrical Nerve Stimulation For Treatment Of Low Back Pain. Published 2/9/2017, Archived 8/4/2021. https://evidence.hayesinc.com/report/htb.percutaneousback3756. Accessed 2/18/2022.
54. Plaza-Manzano G, Gómez-Chiguano GF, Cleland JA, Arías-Buría JL, Fernández-de-las-Peñas C, Navarro-Santana MJ. Effectiveness of percutaneous electrical nerve stimulation for musculoskeletal pain: A systematic review and meta-analysis. *European Journal of Pain.* 2020;24(6):1023-1044.

55. Krasaelap A, Sood MR, Li B, et al. Efficacy of auricular neurostimulation in adolescents with irritable bowel syndrome in a randomized, double-blind trial. *Clinical Gastroenterology and Hepatology.* 2020;18(9):1987-1994. e1982.
56. Kovacic K, Hainsworth K, Sood M, et al. Neurostimulation for abdominal pain-related functional gastrointestinal disorders in adolescents: a randomised, double-blind, sham-controlled trial. *The lancet Gastroenterology & hepatology.* 2017;2(10):727-737.
57. ECRI. Percutaneous Electrical Nerve Field Stimulation for Treating Abdominal Pain in Children with Irritable Bowel Syndrome. https://members.ecri.org/evidenceanalysis/percutaneous-electrical-nerve-field-stimulation-for-treating-abdominal-pain. Published 2024. Accessed 5/26/2025.
58. Deer TR, Esposito MF, McRoberts WP, et al. A Systematic Literature Review of Peripheral Nerve Stimulation Therapies for the Treatment of Pain. *Pain Medicine.* 2020;21(8):1590-1603.
59. Xu J, Sun Z, Wu J, et al. Peripheral Nerve Stimulation in Pain Management: A Systematic Review. *Pain Physician.* 2021;24(2):E131-E152.
60. ECRI. Sprint Peripheral Nerve Stimulation System (SPR Therapeutics, Inc.) for Treating Peripheral Nerve Pain. https://www.ecri.org/components/ProductBriefs/Pages/25997.aspx. Published 2022. Accessed 5/26/2025.
61. ECRI. Implantable Peripheral Nerve Stimulation Devices for Treating Chronic Pain. https://www.ecri.org/components/Hotline/Pages/12703.aspx. Published 2021. Accessed 5/26/2025.
62. Hayes. Nerivio (Theranica Bio-Electronics Ltd.) for Treatment of Acute Migraine Episodes. https://evidence.hayesinc.com/report/eer.nerivio4838. Published 2023. Accessed 5/26/2025.
63. ECRI. ReActiv8 Implantable Neurostimulation System (Mainstay Medical Ltd.) for Treating Chronic Low-back Pain. https://members.ecri.org/evidenceanalysis/reactiv8-implantable-neurostimulation-system-mainstay-medical-ltd-for-treat. Published 2025. Accessed 5/26/2025.
64. Hayes Inc. ReActiv8 Implantable Neurostimulation System (Mainstay Medical Ltd.) for Chronic Low Back Pain. https://evidence.hayesinc.com/report/eer.reactiv85326. Published 2024. Accessed 5/26/2025.
65. Gilligan C, Burnside D, Grant L, et al. ReActiv8 stimulation therapy vs. optimal medical management: a randomized controlled trial for the treatment of intractable mechanical chronic low back pain (RESTORE Trial Protocol). *Pain and Therapy.* 2023;12(2):607-620.
66. Hayes Inc. Scrambler/Calmare Pain Therapy (Calmare Therapeutics Inc.) for the Management of Pain not Related to Cancer. https://evidence.hayesinc.com/report/htb.calmare3184. Published 2022. Accessed 5/26/2025.
67. Hayes. Scrambler/Calmare Pain Therapy (Calmare Therapeutics Inc.) for the Management of Chronic Pain Related to Cancer or Cancer Treatment. https://evidence.hayesinc.com/report/htb.calmare3643. Published 2023. Accessed 5/26/2025.
68. Deng GE, Rausch SM, Jones LW, et al. Complementary therapies and integrative medicine in lung cancer: Diagnosis and management of lung cancer, 3rd ed: American College of Chest Physicians evidence-based clinical practice guidelines. *Chest.* 2013;143(5 Suppl):e420S-e436S.
69. National Institute for Health and Care Excellence. Transcutaneous electrical stimulation of the supraorbital nerve for treating and preventing migraine. https://www.nice.org.uk/guidance/ipg740. Published 2022. Accessed 5/26/2025.
70. Lefaucheur J-P, Antal A, Ayache SS, et al. Evidence-based guidelines on the therapeutic use of transcranial direct current stimulation (tDCS). *Clinical Neurophysiology.* 2017;128(1):56-92.

71. National Institute for Health and Care Excellence. Transcranial direct current stimulation (tDCS) for depression. https://www.nice.org.uk/guidance/ipg530. Published 2015. Accessed 8/12/2021.
72. Kaplan SL, Coulter C, Fetters L. Physical Therapy Management of Congenital Muscular Torticollis: An Evidence-Based Clinical Practice GuidelineFROM THE SECTION ON PEDIATRICS OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION. *Pediatric Physical Therapy.* 2013;25(4):348-394.
73. Sweet JA, Mitchell LS, Narouze S, et al. Occipital Nerve Stimulation for the Treatment of Patients With Medically Refractory Occipital Neuralgia: Congress of Neurological Surgeons Systematic Review and Evidence-Based Guideline. *Neurosurgery.* 2015;77(3):332-341.
74. National Institute for Health and Care Excellence. Occipital nerve stimulation for intractable chronic migraine. https://www.nice.org.uk/guidance/ipg452. Published 2013. Accessed 1/10/2022.
75. Bril V, England J, Franklin GM, et al. Evidence-based guideline: Treatment of painful diabetic neuropathy. *American Academy of Neurology.* 2011;76(20):1758-1765.
76. Hegmann KT, Travis R, Andersson GBJ, et al. Non-Invasive and Minimally Invasive Management of Low Back Disorders. *J Occup Environ Med.* 2020;62(3):e111-e138.
77. Lacy BE, Pimentel M, Brenner DM, et al. ACG clinical guideline: management of irritable bowel syndrome. *Official journal of the American College of Gastroenterology| ACG.* 2021;116(1):17-44.
78. Lembo A, Sultan S, Chang L, Heidelbaugh JJ, Smalley W, Verne GN. AGA clinical practice guideline on the pharmacological management of irritable bowel syndrome with diarrhea. *Gastroenterology.* 2022;163(1):137-151.
79. Chang L, Sultan S, Lembo A, Verne GN, Smalley W, Heidelbaugh JJ. AGA clinical practice guideline on the pharmacological management of irritable bowel syndrome with constipation. *Gastroenterology.* 2022;163(1):118-136.
80. National Institute for Health and Care Excellence. Peripheral nerve-field stimulation for chronic low back pain Interventional procedures guidance. https://www.nice.org.uk/guidance/ipg451. Published 2013. Accessed 5/26/2025.
81. National Institute for Health and Care Excellence. Neurostimulation of lumbar muscles for refractory non-specific chronic low back pain. https://www.nice.org.uk/guidance/ipg739. Published 2022. Accessed 5/26/2025.

POLICY REVISION HISTORY

DATE	REVISION SUMMARY
2/2023	Converted to new policy template.
10/2023	Annual Review. Updated investigational position to not medically necessary.
1/2024	Interim Update. Minor criteria language clarifications. Coding changes. Q1 2024 code set update..
4/2024	Q2 2024 code set update.
7/2024	Annual update. New codes added for 7/1/24 code set update.
1/2025	Q1 2025 code set update.
5/2025	Interim update. Add code to policy.
7/2025	Q3 2025 code set update.
9/2025	Annual update. Add codes to policy and additional examples to criteria.

1/2026	Q1 2026 code set update.