Children’s Hospital and Health System
Chorus Community Health Plans
Policy and Procedure

This policy applies to the following entity(s):

☐ CHW – Milwaukee
☐ CHW - Fox Valley
☐ CHW Foundation
☐ CHW - Surgicenter
☐ CHW – Community Services Division
☐ Chorus Community Health Plans
☐ Children’s Medical Group - Primary Care
☐ Children’s Specialty Group
☐ Children’s Medical Group - Urgent Care
☐ CHHS Corporate Departments

Medical Utilization Management Policy

SUBJECT: TENS (Transcutaneous Electrical Nerve Stimulation)

INCLUDED PRODUCT(S):

Medicaid
☐ BadgerCare Plus
☐ Care4Kids Program

Individual and Family
☐ Commercial
☐ Marketplace

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.

REFERENCES