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

This policy applies to the following entity(s):  
[ ] CHW – Milwaukee  
[ ] CHHS Foundation  
[ ] CHW – Community Services Division  
[ ] Children’s Medical Group - Primary Care  
[ ] Children’s Medical Group - Urgent Care  
[ ] CHW - Fox Valley  
[ ] CHW - Surgicenter  
[ ] Chorus Community Health Plans  
[ ] Children’s Specialty Group  
[ ] 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 unit 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 BOTH of the following criteria are met:

1. The member has had a clinically appropriate trial of at least one of the following: pharmacotherapy, physical therapy, or chiropractic manipulation, and this trial failed to adequately control the member’s pain; and

2. The member has had a trial of use of 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 the TENS unit significantly improved the member’s pain.
REFERENCES: