

**The Department of Vermont Health Access**  
**Supplement to InterQual® Criteria**

**Note:** DVHA utilizes InterQual® criteria as a resource for coverage determination. In order to ensure compliance with other relevant [Health Care Rules](#) and requirements, DVHA may base coverage determinations on information supplemental to InterQual® criteria. See services listed below.

To access InterQual® criteria, please log into your account at the [Vermont Medicaid Portal](#), go to secure options and click on InterQual® Solution from the dropdown menu.

**Subject:** Transcutaneous Electrical Nerve Stimulation (TENS)

**Last Review:** August 30, 2024\*

**\*Please note: Most current content changes will be highlighted in yellow.**

**Description of Service or Procedure**

A non-invasive device that uses surface electrodes to apply electrical current to the skin, for the purpose of pain control.

**Criteria Supplemental to InterQual®**

In addition to the guidance provided by InterQual®, the following information should be considered by DVHA reviewers:

DVHA requires that the member has received education on:

- proper usage and care of the device
- wave form, frequency, and electrode placement options
- comprehensive pain management, including proper ergonomics, proper body mechanics, proper posture, and self-management of pain
- a home therapy program for self-management of the underlying condition

**AND**

The member has received periodic follow up assessments of TENS efficacy by the physical therapist or physician/advanced practice provider during an initial 3-month (rental) trial period as required per the DVHA TENS form.

**Note:** percutaneous electrical nerve stimulation (PENS) is considered investigational. PENS uses needles that penetrate the skin to apply electrical stimulation.



## **Type of service or procedure not covered (this list may not be all inclusive)**

Contraindications include pacemaker, epilepsy, pregnancy, and placement of electrodes over eyes, trans-cerebrally, anterior neck, simultaneous anterior and posterior chest, over skin lesions, over tumors, directly over the spine, and areas of severe paresthesia.

## **Disclaimer**

Coverage is limited to that outlined in Medicaid Rule or Health Care Administrative Rules that pertain to the member's aid category. Prior Authorization (PA) is only valid if the member is eligible for the applicable item or service on the date of service.

## **Medicaid Rule**

Medicaid and Health Care Administrative Rules can be found at

<https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules>

- 7102.2 Prior Authorization Determination
- 4.101 Medical Necessity for Covered Services
- 4.104 Medicaid Non-Covered Services
- 4.106 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services
- 4.209 Durable Medical Equipment

## **Coverage Position**

TENS may be covered for members:

- When the device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described on the Vermont Office of Professional Regulation's website\*, Statute, or rule who is knowledgeable regarding **TENS**, and who provides medical care to the member AND
- When the clinical criteria below are met.

\* Vermont's Office of Professional Regulation's website: <https://sos.vermont.gov/opr/>

## **Clinical criteria for repeat service or procedure**

Repeat services are covered when the device requires replacement before the DME limitation guideline time frame, for one of the following reasons:

- The device no longer meets the medical needs of the member OR
- The device is no longer functional through normal wear and tear OR
- The cost of repairing the device is greater than 50% of the replacement cost.

## **Type of service or procedure covered**

A two or four lead TENS unit. A two-lead unit must be trialed or considered before progressing to a trial of a 4-lead unit.

Replacement device is covered when:

- The device is no longer functional through normal wear and tear or when the useful lifetime has been reached (HCAR Rule 4.209). See the DME limitation list on the VT Medicaid Portal under Provider Resources at <http://vtmedicaid.com/#/resources>.

## Coding guidelines

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Please see the Medicaid Portal at <http://vtmedicaid.com/#/feeSchedule> for fee schedules, code coverage, and applicable requirements.

## References

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