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MEDICAL POLICY – 7.01.588

Percutaneous Electrical Nerve Stimulation and Percutaneous Neuromodulation Therapy

BCBSA Ref. Policy:	7.01.29
Effective Date:	Jun. 1, 2026
Last Revised:	Oct. 1, 2026
Replaces:	7.01.29

RELATED MEDICAL POLICIES:

1.01.24	Interferential Current Stimulation
1.01.507	Electrical Stimulation Devices
2.01.535	Temporomandibular Joint Disorder
7.01.521	Mastectomy for Gynecomastia
8.01.540	Cranial Electrotherapy Stimulation and Auricular Electrostimulation

Select a hyperlink below to be directed to that section.

POLICY CRITERIA | CODING | RELATED INFORMATION
EVIDENCE REVIEW | REFERENCES | HISTORY

∞ Clicking this icon returns you to the hyperlinks menu above.

Introduction

Using mild electrical current is one way to treat nerve pain. It's believed that the electrical signals interfere with the way nerves relay information about pain to the brain. Transcutaneous electrical nerve stimulation (TENS, which uses electricity transferred through the skin, has been in use for decades and is well proven. Newer ways of delivering small electrical impulses are being studied. Percutaneous electrical nerve stimulation (PENS) uses small needles placed just below the skin, with electricity delivered by a battery-powered stimulator. In percutaneous neuromodulation therapy (PNT), fine needle electrodes are placed in deep tissues. Because more high-quality studies are needed to determine if PENS and PNT are effective, they are both still considered unproven.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

Procedure	Investigational
• **Percutaneous electrical neurostimulation** • **Percutaneous neuromodulation therapy**	**Percutaneous electrical neurostimulation or percutaneous neuromodulation therapy is considered investigational.**

Coding

Note: CPT 64553, 64555, 64561 and 64590 are not appropriate to bill for these procedures as PENS and PNT use percutaneously inserted needles and wires rather than percutaneously implanted electrodes nor are the stimulation devices implanted as well.

Code	Description
CPT	
1088T	Percutaneous application of high-frequency neuromodulation signals using microneedle electrode array for the treatment of nociceptive or neuropathic pain, including electrode placement and patient training, per day (new code effective 10/01/26)
64999	Unlisted procedure, nervous system

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Related Information

N/A

Evidence Review

Description

Percutaneous electrical nerve stimulation (PENS) and percutaneous neuromodulation therapy (PNT) combine the features of electroacupuncture and transcutaneous electrical nerve stimulation (TENS). PENS is performed with needle electrodes while PNT uses very fine needle-like electrode arrays placed near the painful area to stimulate peripheral sensory nerves in the soft tissue.

Background

Chronic Pain

A variety of chronic musculoskeletal or neuropathic pain conditions, including low back pain, neck pain, diabetic neuropathy, chronic headache, and surface hyperalgesia, present a substantial burden to individuals, adversely affecting function and quality of life.

Treatment

These chronic pain conditions have typically failed other treatments, and PENS and PNT have been evaluated as treatments to relieve unremitting pain.

PENS is similar in concept to TENS but differs in that needles are inserted either around or immediately adjacent to the nerves serving the painful area and are then stimulated. PENS is generally reserved for individuals who fail to get pain relief from TENS. PENS is also distinguished from acupuncture with electrical stimulation. In electrical acupuncture, needles are also inserted just below the skin, but the placement of needles is based on specific theories regarding energy flow throughout the human body. In PENS, the location of stimulation is determined by proximity to the pain.

PNT is a variant of PENS in which fine filament electrode arrays are placed near the area that is causing pain. 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.

Summary of Evidence

For individuals who have chronic pain conditions (e.g., back, neck, neuropathy, headache, hyperalgesia) who receive PENS, the evidence includes primarily small, controlled trials and two systematic reviews. The relevant outcomes are symptoms, functional outcomes, quality of life, and medication use. Two systematic reviews have not revealed consistent benefit from PENS in musculoskeletal pain disorders. One review concluded that PENS could decrease pain intensity but not related disability, while the other found no significant differences between PENS and TENS in mitigation of pain. These conclusions are uncertain due to important methodological limitations in individual trials included in these reviews, such as high heterogeneity with regard to application methods. In the highest quality trial of PENS conducted to date in chronic low back pain, no difference in outcomes was found between the active (30 minutes of stimulation with 10 needles) and the sham (5 minutes of stimulation with 2 needles) treatments. Smaller trials, which have reported positive results, are limited by unclear blinding and short-term follow-up. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have chronic pain conditions (e.g., knee osteoarthritis) who receive PNT, the evidence consists of a randomized controlled trial (RCT). The relevant outcomes are symptoms, functional outcomes, quality of life, and medication use. The single trial is limited by lack of investigator blinding, unclear participant blinding, and short-term follow-up. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Ongoing and Unpublished Clinical Trials

Some currently ongoing and unpublished trials that might influence this review are listed in **Table 1**.

Table 1. Summary of Key Trials

NCT No.	Trial Name	Planned Enrollment	Completion Date
Ongoing			

NCT No.	Trial Name	Planned Enrollment	Completion Date
NCT07273006	Percutaneous Electrical Nerve Stimulation As Alternative To Nerve Blocks In Anesthesia, Pain Medicine And Rehabilitation Of Nonspecific Chronic Pain	82	Aug 2029
NCT04243915[a]	Effectiveness of Percutaneous Neuromuscular Electrical Stimulation on Lumbar Multifidus in Combination With a Protocol of Motor Control Exercises in Patients With Chronic Low Back Pain	64	Dec 2024 (unknown status)
Unpublished			
NCT04442321[a]	Effectiveness of Ultrasound-Guided Percutaneous Electrical Stimulation on Radial Nerve With Exercises in Patients With Lateral Epicondylalgia	60	Dec 2024 (actual)

NCT: national clinical trial.
[a] Denotes industry-sponsored or cosponsored trial.

Practice Guidelines and Position Statements

The purpose of the following information is to provide reference material. Inclusion does not imply endorsement or alignment with the policy conclusions.

Guidelines or position statements will be considered for inclusion if they were issued by, or jointly by, a US professional society, an international society with US representation, or National Institute for Health and Care Excellence (NICE). Priority will be given to guidelines that are informed by a systematic review, include strength of evidence ratings, and include a description of management of conflict of interest.

American Academy of Neurology et al

The American Academy of Neurology, the American Association of Neuromuscular and Electrodiagnostic Medicine, and the American Academy of Physical Medicine and Rehabilitation reaffirmed 2011 evidence-based guidelines on the treatment of painful diabetic neuropathy in 2016.[36] The guidelines concluded that, based on a class I study, electrical stimulation is probably effective in lessening the pain of diabetic neuropathy and improving quality of life and recommended that PENS be considered for the treatment of painful diabetic neuropathy (level B). The guidelines were retired and replaced in 2022 with a guideline dedicated to oral and topical treatment of painful diabetic polyneuropathy.[37] In these updated guidelines, there is no mention of any electrical stimulation strategies for pain.

American College of Physicians and American Pain Society

Joint practice guidelines on the diagnosis and treatment of low back pain from the American College of Physicians and the American Pain Society in 2007 indicated uncertainty over whether PENS should be considered a novel therapy or a form of electroacupuncture.[38] The guidelines concluded that PENS is not widely available. The guidelines also concluded that TENS has not been proven effective for chronic low back pain. These guidelines were updated in 2017 and authors stated that evidence was insufficient to determine harms associated with PENS thus, no recommendation was made.[39]

American Society of Anesthesiologists et al

The 2010 practice guidelines for chronic pain management from the American Society of Anesthesiologists and the American Society of Regional Anesthesia and Pain Medicine indicated that subcutaneous peripheral nerve stimulation might be used in the multimodal treatment of patients with painful peripheral nerve injuries who have not responded to other therapies (category B2 evidence, observational studies).[40]

National Institute for Health and Care Excellence

In 2013, the National Institute for Health and Care Excellence (NICE) published guidance on PENS.[41] It concluded that the "Current evidence on the safety of percutaneous electrical nerve stimulation (PENS) for refractory neuropathic pain raises no major safety concerns and there is evidence of efficacy in the short term."

Medicare National Coverage

The Centers for Medicare and Medicaid Services (CMS) currently has the following national coverage policy on PENS [42].

> "Electrical nerve stimulation is an accepted modality for assessing a patient's suitability for ongoing treatment with a transcutaneous or an implanted nerve stimulator.

Accordingly, program payment may be made for the following techniques when used to determine the potential therapeutic usefulness of an electrical nerve stimulator...

B. Percutaneous Electrical Nerve Stimulation (PENS)
This diagnostic procedure which involves stimulation of peripheral nerves by a needle electrode inserted through the skin is performed only in a physician's office, clinic, or hospital outpatient department. Therefore, it is covered only when performed by a physician or incident to physician's service. If pain is effectively controlled by percutaneous stimulation, implantation of electrodes is warranted.

It is inappropriate for a patient to visit his/her physician, physical therapist, or an outpatient clinic on a continuing basis for treatment of pain with electrical nerve stimulation. Once it is determined that electrical nerve stimulation should be continued as therapy and the patient has been trained to use the stimulator, it is expected that a stimulator will be implanted or the patient will employ the TENS on a continual basis in his/her home. Electrical nerve stimulation treatments furnished by a physician in his/her office, by a physical therapist or outpatient clinic are excluded from coverage."

Regulatory Status

In 2002, the Percutaneous Neuromodulation Therapy (Vertis Neuroscience) was cleared for marketing by the US Food and Drug Administration (FDA) through the 510(k) process. The labeled indication is: "… for the symptomatic relief and management of chronic or intractable pain and/or as an adjunctive treatment in the management of post-surgical pain and post-trauma pain."

In 2006, the Deepwave Percutaneous Neuromodulation Pain Therapy System (Biowave) was cleared for marketing by FDA through the 510(k) process. The FDA determined that this device was substantially equivalent to the Vertis neuromodulation system and a Biowave neuromodulation therapy unit. The Deepwave system includes a sterile single-use percutaneous electrode array that contains 1,014 microneedles in a 1.5-inch diameter area. The needles are 736 µm (0.736 mm) in length; the patch is reported to feel like sandpaper or Velcro.

FDA product code: NHI

References

1. Dworkin RH, Turk DC, Farrar JT, et al. Core outcome measures for chronic pain clinical trials: IMMPACT recommendations. Pain. Jan 2005; 113(1-2): 9-19. PMID 15621359

2. Dworkin RH, Turk DC, Wyrwich KW, et al. Interpreting the clinical importance of treatment outcomes in chronic pain clinical trials: IMMPACT recommendations. J Pain. Feb 2008; 9(2): 105-21. PMID 18055266

3. Gewandter JS, Dworkin RH, Turk DC, et al. Research design considerations for chronic pain prevention clinical trials: IMMPACT recommendations. Pain. Jul 2015; 156(7): 1184-1197. PMID 25887465

4. Plaza-Manzano G, Gómez-Chiguano GF, Cleland JA, et al. Effectiveness of percutaneous electrical nerve stimulation for musculoskeletal pain: A systematic review and meta-analysis. Eur J Pain. Jul 2020; 24(6): 1023-1044. PMID 32171035

5. Beltran-Alacreu H, Serrano-Muñoz D, Martín-Caro Álvarez D, et al. Percutaneous Versus Transcutaneous Electrical Nerve Stimulation for the Treatment of Musculoskeletal Pain. A Systematic Review and Meta-Analysis. Pain Med. Aug 01 2022; 23(8): 1387-1400. PMID 35167691

6. Ghoname EA, Craig WF, White PF, et al. Percutaneous electrical nerve stimulation for low back pain: a randomized crossover study. JAMA. Mar 03 1999; 281(9): 818-23. PMID 10071003

7. Ghoname ES, Craig WF, White PF, et al. The effect of stimulus frequency on the analgesic response to percutaneous electrical nerve stimulation in patients with chronic low back pain. Anesth Analg. Apr 1999; 88(4): 841-6. PMID 10195535

8. Hamza MA, Ghoname EA, White PF, et al. Effect of the duration of electrical stimulation on the analgesic response in patients with low back pain. Anesthesiology. Dec 1999; 91(6): 1622-7. PMID 10598602

9. Weiner DK, Rudy TE, Glick RM, et al. Efficacy of percutaneous electrical nerve stimulation for the treatment of chronic low back pain in older adults. J Am Geriatr Soc. May 2003; 51(5): 599-608. PMID 12752833

10. Topuz O, Ozfidan E, Ozgen M, Ardic F. Efficacy of transcutaneous electrical nerve stimulation and percutaneous neuromodulation therapy in chronic low back pain. J Back Musculoskeletal Rehabil. 2004;17:127-133.

11. Yokoyama M, Sun X, Oku S, et al. Comparison of percutaneous electrical nerve stimulation with transcutaneous electrical nerve stimulation for long-term pain relief in patients with chronic low back pain. Anesth Analg. Jun 2004; 98(6): 1552-1556. PMID 15155304

12. Weiner DK, Perera S, Rudy TE, et al. Efficacy of percutaneous electrical nerve stimulation and therapeutic exercise for older adults with chronic low back pain: a randomized controlled trial. Pain. Nov 30 2008; 140(2): 344-357. PMID 18930352

13. Perez-Palomares S, Olivan-Blazquez B, Magallon-Botaya, et al. Percutaneous electrical nerve stimulation versus dry needling: effectiveness in the treatment of chronic low back pain. J Musculokeletal Pain. 2010;18:23-30.

14. Weiner DK, Rudy TE, Morone N, et al. Efficacy of periosteal stimulation therapy for the treatment of osteoarthritis-associated chronic knee pain: an initial controlled clinical trial. J Am Geriatr Soc. Oct 2007; 55(10): 1541-7. PMID 17908057

15. Weiner DK, Moore CG, Morone NE, et al. Efficacy of periosteal stimulation for chronic pain associated with advanced knee osteoarthritis: a randomized, controlled clinical trial. Clin Ther. Nov 2013; 35(11): 1703-20.e5. PMID 24184053

16. da Graca-Tarragó M, Deitos A, Patrícia Brietzke A, et al. Electrical Intramuscular Stimulation in Osteoarthritis Enhances the Inhibitory Systems in Pain Processing at Cortical and Cortical Spinal System. Pain Med. May 01 2016; 17(5): 877-891. PMID 26398594

17. Elbadawy MA. Effectiveness of Periosteal Stimulation Therapy and Home Exercise Program in the Rehabilitation of Patients With Advanced Knee Osteoarthritis. Clin J Pain. Mar 2017; 33(3): 254-263. PMID 27513639

18. Dunning J, Butts R, Henry N, et al. Electrical dry needling as an adjunct to exercise, manual therapy and ultrasound for plantar fasciitis: A multi-center randomized clinical trial. PLoS One. 2018; 13(10): e0205405. PMID 30379937

19. da Graca-Tarragó M, Lech M, Angoleri LDM, et al. Intramuscular electrical stimulus potentiates motor cortex modulation effects on pain and descending inhibitory systems in knee osteoarthritis: a randomized, factorial, sham-controlled study. J Pain Res. 2019; 12: 209-221. PMID 30655690

20. León-Hernández JV, Martín-Pintado-Zugasti A, Frutos LG, et al. Immediate and short-term effects of the combination of dry needling and percutaneous TENS on post-needling soreness in patients with chronic myofascial neck pain. Braz J Phys Ther. Jul 11 2016; 20(5): 422-431. PMID 27410163

21. Sumen A, Sarsan A, Alkan H, et al. Efficacy of low level laser therapy and intramuscular electrical stimulation on myofascial pain syndrome. J Back Musculoskelet Rehabil. 2015; 28(1): 153-8. PMID 25061034

22. Medeiros LF, Caumo W, Dussán-Sarria J, et al. Effect of Deep Intramuscular Stimulation and Transcranial Magnetic Stimulation on Neurophysiological Biomarkers in Chronic Myofascial Pain Syndrome. Pain Med. Jan 2016; 17(1): 122-35. PMID 26408420

23. Botelho L, Angoleri L, Zortea M, et al. Insights About the Neuroplasticity State on the Effect of Intramuscular Electrical Stimulation in Pain and Disability Associated With Chronic Myofascial Pain Syndrome (MPS): A Double-Blind, Randomized, Sham-Controlled Trial. Front Hum Neurosci. 2018; 12: 388. PMID 30459575

24. Dunning J, Butts R, Young I, et al. Periosteal Electrical Dry Needling as an Adjunct to Exercise and Manual Therapy for Knee Osteoarthritis: A Multicenter Randomized Clinical Trial. Clin J Pain. Dec 2018; 34(12): 1149-1158. PMID 29864043

25. Yoshimizu M, Teo AR, Ando M, Kiyohara K, Kawamura T. Relief of chronic shoulder and neck pain by electro-acupuncture and transcutaneous electrical nervous stimulation: A randomized crossover trial. Med Acupunct 2012;24(2):97103.

26. Ng MM, Leung MC, Poon DM. The effects of electro-acupuncture and transcutaneous electrical nerve stimulation on patients with painful osteoarthritic knees: a randomized controlled trial with follow-up evaluation. J Altern Complement Med. Oct 2003; 9(5): 641-9. PMID 14629842

27. Tsukayama H, Yamashita H, Amagai H, et al. Randomised controlled trial comparing the effectiveness of electroacupuncture and TENS for low back pain: a preliminary study for a pragmatic trial. Acupunct Med. Dec 2002; 20(4): 175-80. PMID 12512791

28. Cheng RSS, Pomeranz B. Electrotheraphy of chronic musculoskeletal pain: Comparison of electroacupuncture and acupuncture-like transcutaneous electrical nerve stimulation. Cochrane Library. Clin J Pain 1986;2(3):1439.

29. Lehmann TR, Russell DW, Spratt KF, et al. Efficacy of electroacupuncture and TENS in the rehabilitation of chronic low back pain patients. Pain. Sep 1986; 26(3): 277-290. PMID 2946016

30. Ghoname EA, White PF, Ahmed HE, et al. Percutaneous electrical nerve stimulation: an alternative to TENS in the management of sciatica. Pain. Nov 1999; 83(2): 193-9. PMID 10534590

31. White PF, Craig WF, Vakharia AS, et al. Percutaneous neuromodulation therapy: does the location of electrical stimulation effect the acute analgesic response?. Anesth Analg. Oct 2000; 91(4): 949-54. PMID 11004055

32. Hamza MA, White PF, Craig WF, et al. Percutaneous electrical nerve stimulation: a novel analgesic therapy for diabetic neuropathic pain. Diabetes Care. Mar 2000; 23(3): 365-70. PMID 10868867

33. Ahmed HE, White PF, Craig WF, et al. Use of percutaneous electrical nerve stimulation (PENS) in the short-term management of headache. Headache. Apr 2000; 40(4): 311-5. PMID 10759936

34. Raphael JH, Raheem TA, Southall JL, et al. Randomized double-blind sham-controlled crossover study of short-term effect of percutaneous electrical nerve stimulation in neuropathic pain. Pain Med. Oct 2011; 12(10): 1515-22. PMID 21883874

35. Kang RW, Lewis PB, Kramer A, et al. Prospective randomized single-blinded controlled clinical trial of percutaneous neuromodulation pain therapy device versus sham for the osteoarthritic knee: a pilot study. Orthopedics. Jun 2007; 30(6): 439-45. PMID 17598487

36. Bril V, England J, Franklin GM, et al. Evidence-based guideline: Treatment of painful diabetic neuropathy [RETIRED]: report of the American Academy of Neurology, the American Association of Neuromuscular and Electrodiagnostic Medicine, and the American Academy of Physical Medicine and Rehabilitation. Neurology. May 17 2011; 76(20): 1758-65. PMID 21482920

37. Price R, Smith D, Franklin G, et al. Oral and Topical Treatment of Painful Diabetic Polyneuropathy: Practice Guideline Update Summary: Report of the AAN Guideline Subcommittee. Neurology. Jan 04 2022; 98(1): 31-43. PMID 34965987

38. Chou R, Qaseem A, Snow V, et al. Diagnosis and treatment of low back pain: a joint clinical practice guideline from the American College of Physicians and the American Pain Society. Ann Intern Med. Oct 02 2007; 147(7): 478-91. PMID 17909209

39. Qaseem A, Wilt TJ, McLean RM, et al. Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians. Ann Intern Med. Apr 04 2017; 166(7): 514-530. PMID 28192789

40. Benzon HT, Connis RT, De Leon-Casasola OA, et al. Practice guidelines for chronic pain management: an updated report by the American Society of Anesthesiologists Task Force on Chronic Pain Management and the American Society of Regional Anesthesia and Pain Medicine. Anesthesiology. Apr 2010; 112(4): 810-33. PMID 20124882

41. National Institute for Health and Care Excellence (NICE). Percutaneous electrical nerve stimulation for refractory neuropathic pain [IPG450]. 2013; **https://www.nice.org.uk/guidance/ipg450**. Accessed April 13, 2026.

42. Centers for Medicare & Medicaid. National Coverage Determination (NCD) for Assessing Patient's Suitability for ELECTRICAL NERVE STIMULATION Therapy (160.7.1). 2006; **https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=63&ncdver=2&CoverageSelection=National&KeyWord=Electrical+Nerve+Stimulation&KeyWordLookUp=Title&KeyWordSearchType=And&list_type=ncd&bc=gAAAABAAAAAA&**. Accessed April 13, 2026.

History

Date	Comments
03/13/12	New policy. Add to Surgery section. Removed from 1.01.507.
10/26/12	Replace Policy. Rationale section revised based on literature review through June 2012. References 13 and 16 added; other references renumbered or removed. Policy statement unchanged.
11/20/12	Update Related Policies. Add 8.01.58.
02/14/13	Update Related Policies, title has changed to policy 1.01.24.
09/11/13	Update Related Policies. Add 2.01.21.
09/27/13	Replace policy. Policy updated with literature review through June 4, 2013; reference 17 added; policy statement unchanged.
03/21/14	Update Related Policies. Delete 7.01.106 and replace with 7.01.553.
09/23/14	Annual Review. Policy updated with literature review through June 6, 2014; policy statement unchanged.
03/13/15	Update Related Policies. Remove 1.01.24 as it was archived.
04/17/15	Update Related Policies. Remove 7.01.553 as it was archived.
09/08/15	Annual Review. Removed CPT codes and descriptions from Policy Guidelines section. Policy updated with literature review through June 9, 2015; no references added. Policy statement unchanged.

Date	Comments
09/01/16	Annual Review, approved August 9, 2016. Policy updated with literature review; no references added. Policy statement unchanged.
06/01/17	Annual Review, approved May 2, 2017. Policy moved to new format. Policy updated with literature review through January 26, 2017; some references removed. Minor edits to the Policy section; policy statement otherwise unchanged.
09/01/18	Annual Review, approved August 10, 2018. Policy updated with literature review through April 2018; no references added. Policy statement unchanged.
09/01/19	Annual Review, approved August 6, 2019. Policy updated with literature review through April 2018; no references added. Policy statement unchanged.
09/01/20	Annual Review, approved August 4, 2020. Policy updated with literature review through April, 2020; no references added. Policy statement unchanged.
09/01/21	Annual Review, approved August 3, 2021.Policy updated with literature review through April 28, 2021; references added. Policy statement unchanged.
08/01/22	Annual Review, approved July 25, 2022. Policy updated with literature review through May 5, 2022; references added. Policy statements unchanged.
10/01/23	Policy renumbered, approved September 12, 2023, from 7.01.29 to 7.01.588 Percutaneous Electrical Nerve Stimulation and Percutaneous Neuromodulation Therapy. Policy updated with literature review through June 7, 2023; references added. Policy statement unchanged.
05/01/24	Minor update to related policies. 8.01.58 was replaced with 8.01.540 Cranial Electrotherapy Stimulation and Auricular Electrostimulation.
09/01/24	Annual Review, approved August 12, 2024. Policy updated with literature review through April 18, 2024; no references added. Policy statements unchanged.
09/01/25	Annual Review, approved August 25, 2025. Policy updated with literature review through April 23, 2025; reference added. Policy statements unchanged.
11/13/25	Minor correction made to placement of the content of the Related Information section.
06/01/26	Annual Review, approved May 11, 2026. Policy updated with literature review through January 22, 2026; references added. Policy statements unchanged.
10/01/26	Coding update. Added new CPT code 1088T.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or

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Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.