MP.094.MPC - Transcutaneous Electrical Nerve Stimulators

Maryland Physicians Care considers Transcutaneous Electrical Nerve Stimulators (TENS) medically necessary for the treatment of the following conditions:

1. **Acute Post-Operative Pain** (limited to 30 days from the day of surgery) when all of the following are met:
   - Payment will be made only as a rental for one 30-day period.
   - Payment for more than one month is determined by individual consideration based upon supportive documentation provided by the attending physician
   Or
2. **Chronic Intractable Pain** when all of the following are met:
   - The pain must have been present for at least three months prior to use of TENS unit
   - Other appropriate treatment modalities must have been tried and failed
   - Medical evidence supports type of pain responds to TENS therapy
   - Requires one of the covered diagnoses in this policy
   - The TENS unit must be used by the member on a trial basis for a minimum of one month, but not to exceed two months.
   - The trial period:
     - Will be paid as a rental.
     - Must be monitored by the physician to determine the effectiveness of the TENS unit in modulating the pain
   - The medical record must document the following:
     - The location of the pain,
     - The duration of time the member has had the pain, and
     - The presumed etiology of the pain.
     - What treatment modalities have been tried and failed.

**TENS Unit Purchase**

The TENS unit may be considered for purchase under the capped rental plan when **ALL** of the following is met:

1. The physician must determine that the member is likely to derive significant therapeutic benefit from continuous use of the unit over a long period of time.
   And
2. The physician's records must document the following:
   - A re-evaluation of the member at the end of the trial period
• How often the member used the TENS unit (i.e. Two to three times per week or daily)
• The typical duration of use each time (i.e. number of hours per day or per TENS use)
• The results of the use of the TENS unit (i.e. percent (%) of reduction in pain)

Lead Wire (A4557)
1. A four lead TENS unit/device (E0730) may be used with either two leads or four leads, depending on the characteristics of the member’s pain.
2. If TENS unit is ordered for use with four leads, the medical record must document why two leads are insufficient to meet the member’s needs.

Replacement Supplies (A4595)
* TENS Supplies consist of the following:
  • Electrodes (any type)
  • Conductive paste/gel
  • Tape/adhesive
  • Adhesive remover
  • Skin preparation materials
  • Batteries (9 volt or AA, single use or rechargeable)
  • Battery charger (when applicable)

Replacement supplies are to be billed as (A4595) and are allowed as follows:
1. For two lead TENS unit/device: a maximum of one unit of A4595 is allowed per one month
2. For four lead TENS unit/device: a maximum of one unit of A4595 allowed per one month or When appropriate and supported by documentation per policy above- two units are allowed per one month

Replacement Lead Wires (A4557)
Replacement lead wires are allowed as follows:
1. For two lead TENS unit/device (E0720): a maximum of one unit (one pair) A4557 is allowed every 12 months
2. For four lead TENS unit/device (E0730): a maximum of one unit (one pair) A4557 is allowed every 12 months or when appropriate and supported by documentation per policy above, A4557- two units (two pair) are allowed every 12 months

(Refer to PA-010 Durable Medical Equipment and Corrective Appliances policy)

Limitations
1. TENS Unit Rental Limitation:
When a TENS unit is rented, supplies for the unit are included in the rental allowance; there is no additional allowance for electrodes, lead wires, batteries, etc.

If the use of the TENS unit is less than daily, the frequency of billing for the TENS supply code should be reduced proportionally.

2. **TENS Unit Purchase Limitation:**
   - When a TENS unit is purchased, the allowance includes lead wires and one month's supplies (electrodes, conductive paste or gel [if needed], and batteries).

3. A conductive garment used with a TENS unit is considered rarely medically necessary.

4. The physician ordering the TENS unit must be the attending physician or a consulting physician for the disease or condition resulting in the need for the TENS unit.

5. The following cannot be billed separately. These items are included in the two-lead supply code (A4595):
   - Electrodes
   - Conductive paste/gel
   - Replacement batteries and battery charger

6. The following supplies are not separately allowed/payable:
   - Adapters (snap, banana, alligator, tab, button, clip)
   - Belt clips, adhesive remover
   - Additional connecting cable for lead wires
   - Carrying pouches, or covers

7. **Exclusions - Not medically necessary:**
   - Quantities of supplies greater than those described in the policy in the absence of documentation clearly explaining the medical necessity of the excess quantities.
   - A TENS unit for acute pain (**less than three months duration**) other than post-operative pain.
   - TENS unit for the following conditions (not all-inclusive):
     - Headache
     - Visceral abdominal pain
     - Pelvic pain
     - Temporomandibular joint (TMJ) pain.

8. **Experimental and Investigational** and therefore not covered:
   - Transcutaneous Electrical Joint Stimulation Device Systems (example: Bionicare)
   - Interferential Stimulators

See Also:
MP.094.MPC - Transcutaneous Electrical Nerve Stimulators

Policy Number: MP.094.MPC
Last Review Date: 05/27/2021
Effective Date: 08/01/2021

PA-010 Durable Medical Equipment and Corrective Appliances

Background
Transcutaneous Electrical Nerve Stimulators (TENS) is a type of electrical nerve stimulator that is employed to treat chronic intractable pain or post-operative acute pain. TENS works by attaching transcutaneous nerve stimulators to the surface of the skin over the peripheral nerve.

TENS is typically administered and monitored by a physician for a trial period in order to measure effectiveness of pain relief and cater therapy to the patient’s needs.

1. A form-fitting garment (E0731) and medically related supplies are considered medically necessary under the following conditions:
   1. Form-fitting garment has FDA approval;
   2. Prescribed by a physician for use in delivering covered TENS treatment;
   3. One of the following medical conditions is documented:
      i. Larger area or so many sites to be stimulated with stimulation delivered so frequently that it is not feasible to use conventional electrodes, adhesive tapes, and lead wires;
      ii. Area or sites to be stimulated are inaccessible with the use of conventional electrodes;
      iii. Documented skin condition that requires use of form-fitting garment;
      iv. Electrical stimulation beneath a cast either to treat disuse atrophy or chronic intractable pain;
      v. Rehabilitation strengthening (pursuant to a written plan of rehabilitation) following an injury where the nerve supply to the muscle is intact.

Codes:

<table>
<thead>
<tr>
<th>CPT Codes / HCPCS Codes / ICD-10 Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code</td>
</tr>
<tr>
<td>-------------</td>
</tr>
<tr>
<td>A4595</td>
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<tr>
<td>A4557</td>
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<tr>
<td>E0720</td>
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<tr>
<td>E0730</td>
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<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>97014*</td>
<td>Application of a modality to 1 or more areas; electrical stimulation (unattended)</td>
</tr>
<tr>
<td>97032*</td>
<td>Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes</td>
</tr>
</tbody>
</table>

*Not covered for members 20 years old and under.

**Not Covered**

- **E0731** Form fitting conductive garment for delivery of TENS or Neuromuscular electrical stimulator/NMES (with conductive fibers separated from the patient’s skin by layers of fabric)

**Included in the two lead Supply Code (A4595)**

- **A4556** Electrodes, per pair (Replacement electrodes)
- **A4558** Conductive paste or gel, for use with electrical device, per oz
- **A4630** Replacement batteries or a battery charger

**ICD-10 codes not covered (Contraindications) (not all-inclusive):**

**G43.001-G43.919Migraine**

- G44.001.0-G44.89 Other headache syndromes
- M26.0-M27.9 Dentofacial anomalies [including malocclusion] and other disorders of jaw
- N39.3 Stress incontinence (female) (male)
- N70.01-N77.1 Inflammatory disease of female pelvic organs
- N80.0-N98.9 Noninflammatory disorders of female genital tract
- N94.0-N94.9 Pain and other conditions associated with female genital organs
- R10.0-R10.9 Abdominal and pelvic pain
- M43.00 Spondylolysis, site unspecified
- M43.10 Spondylolisthesis, site unspecified
- M46.1 Sacroiliitis, not elsewhere classified
- M46.47 Discitis, unspecified, lumbosacral region
- M47.14 Other spondylosis with myelopathy, thoracic region
- M47.817 Spondylosis without myelopathy or radiculopathy, lumbosacral region
- M48.06 Spinal stenosis, lumbar region
- M51.06 Intervertebral disc disorders with myelopathy, lumbar region
- M51.26 Other intervertebral disc displacement, lumbar region
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<thead>
<tr>
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<th>Description</th>
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<tr>
<td>M51.27</td>
<td>Other intervertebral disc displacement, lumbosacral region</td>
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<tr>
<td>M51.36</td>
<td>Other intervertebral disc degeneration, lumbar region</td>
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<tr>
<td>M51.37</td>
<td>Other intervertebral disc degeneration, lumbosacral region</td>
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<tr>
<td>M51.86</td>
<td>Other intervertebral disc disorders, lumbar region</td>
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<tr>
<td>M51.87</td>
<td>Other intervertebral disc disorders, lumbosacral region</td>
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<tr>
<td>M54.14</td>
<td>Radiculopathy, thoracic region</td>
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<tr>
<td>M54.15</td>
<td>Radiculopathy, thoracolumbar region</td>
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<tr>
<td>M54.16</td>
<td>Radiculopathy, lumbar region</td>
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<tr>
<td>M54.17</td>
<td>Radiculopathy, lumbosacral region</td>
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<tr>
<td>M54.30</td>
<td>Sciatica, unspecified side</td>
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<tr>
<td>M54.5</td>
<td>Low back pain</td>
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<tr>
<td>M96.1</td>
<td>Post laminectomy syndrome, not elsewhere classified</td>
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<tr>
<td>M99.03</td>
<td>Segmental and somatic dysfunction of lumbar region</td>
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<tr>
<td>Q76.2</td>
<td>Congenital spondylolisthesis</td>
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<tr>
<td>S32.000A-S32.059A</td>
<td>Fracture of lumbar vertebra, initial encounter for closed fracture</td>
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<td>S32.000B-S32.059B</td>
<td>Fracture of lumbar vertebra, initial encounter for open fracture</td>
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<tr>
<td>S32.000D-S32.059D</td>
<td>Fracture of lumbar vertebra, subsequent encounter for fracture with routine healing</td>
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<tr>
<td>S32.000G-S32.059G</td>
<td>Fracture of lumbar vertebra, subsequent encounter for fracture with delayed healing</td>
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<tr>
<td>S32.000K-S32.059K</td>
<td>Fracture of lumbar vertebra, subsequent encounter for fracture with nonunion</td>
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<tr>
<td>S32.000S-S32.059S</td>
<td>Fracture of lumbar vertebra, sequela</td>
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<tr>
<td>S33.5XXA</td>
<td>Sprain of ligaments of lumbar spine, initial encounter</td>
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<tr>
<td>S33.5XXD</td>
<td>Sprain of ligaments of lumbar spine, subsequent encounter</td>
</tr>
<tr>
<td>S33.5XXS</td>
<td>Sprain of ligaments of lumbar spine, sequela</td>
</tr>
<tr>
<td>S33.6XXA</td>
<td>Sprain of sacroiliac joint, initial encounter</td>
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<tr>
<td>S33.6XXD</td>
<td>Sprain of sacroiliac joint, subsequent encounter</td>
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<td>Sprain of sacroiliac joint, sequela</td>
</tr>
<tr>
<td>S33.8XXA</td>
<td>Sprain of other parts of lumbar spine and pelvis, initial encounter</td>
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<tr>
<td>S33.8XXD</td>
<td>Sprain of other parts of lumbar spine and pelvis, subsequent encounter</td>
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<td>S33.8XXS</td>
<td>Sprain of other parts of lumbar spine and pelvis, sequela</td>
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<tr>
<td>S34.101A-S34.129A</td>
<td>Other and unspecified injury of lumbar and sacral spinal cord, initial encounter</td>
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<tr>
<td>S34.101D-S34.129D</td>
<td>Other and unspecified injury of lumbar and sacral spinal cord, subsequent encounter</td>
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<tr>
<td>S34.101S-S34.129S</td>
<td>Other and unspecified injury of lumbar and sacral spinal cord, sequela</td>
</tr>
</tbody>
</table>

References


5. Centers for Medicare and Medicaid Services: Decision Memo for Transcutaneous Electrical Nerve Stimulation for Chronic Low Back Pain (CAG-
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Archived References:

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