Policy Number: MP.094.MPC
Last Review Date: 09/06/2022
Effective Date: 09/15/2022

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

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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:

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
A4595	Electrical stimulator supplies, 2 lead, per month
A4557	Lead wires, per pair
E0720	Transcutaneous electrical nerve stimulation TENS device, two lead, localized stimulation
E0730	Transcutaneous electrical nerve stimulation TENS device, four or more leads, for multiple nerve stimulation

97014*	Application of a modality to 1 or more areas; electrical stimulation (unattended)
97032*	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes
***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

M51.27	Other intervertebral disc displacement, lumbosacral region
M51.36	Other intervertebral disc degeneration, lumbar region
M51.37	Other intervertebral disc degeneration, lumbosacral region
M51.86	Other intervertebral disc disorders, lumbar region
M51.87	Other intervertebral disc disorders, lumbosacral region
M54.14	Radiculopathy, thoracic region
M54.15	Radiculopathy, thoracolumbar region
M54.16	Radiculopathy, lumbar region
M54.17	Radiculopathy, lumbosacral region
M54.30	Sciatica, unspecified side
M54.5	Low back pain
M96.1	Post laminectomy syndrome, not elsewhere classified
M99.03	Segmental and somatic dysfunction of lumbar region
Q76.2	Congenital spondylolisthesis
S32.000A-S32.059A	Fracture of lumbar vertebra, initial encounter for closed fracture
S32.000B-S32.059B	Fracture of lumbar vertebra, initial encounter for open fracture
S32.000D-S32.059D	Fracture of lumbar vertebra, subsequent encounter for fracture with routine healing
S32.000G-S32.059G	Fracture of lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.000K-S32.059K	Fracture of lumbar vertebra, subsequent encounter for fracture with nonunion
S32.000S-S32.059S	Fracture of lumbar vertebra, sequela
S33.5XXA	Sprain of ligaments of lumbar spine, initial encounter
S33.5XXD	Sprain of ligaments of lumbar spine, subsequent encounter
S33.5XXS	Sprain of ligaments of lumbar spine, sequela
S33.6XXA	Sprain of sacroiliac joint, initial encounter
S33.6XXD	Sprain of sacroiliac joint, subsequent encounter
S33.6XXS	Sprain of sacroiliac joint, sequela
S33.8XXA	Sprain of other parts of lumbar spine and pelvis, initial encounter

S33.8XXD	Sprain of other parts of lumbar spine and pelvis, subsequent encounter
S33.8XXS	Sprain of other parts of lumbar spine and pelvis, sequela
S34.101A-S34.129A	Other and unspecified injury of lumbar and sacral spinal cord, initial encounter
S34.101D-S34.129D	Other and unspecified injury of lumbar and sacral spinal cord, subsequent encounter
S34.101S-S34.129S	Other and unspecified injury of lumbar and sacral spinal cord, sequela

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