Medicare Medical Policy

Electrical Stimulation and Electromagnetic Therapies

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INSTRUCTIONS FOR USE: Company Medicare Medical Policies serve as guidance for the administration of plan benefits and do not constitute medical advice nor a guarantee of coverage. Company Medicare Medical Policies are reviewed annually to guide the coverage or non-coverage decision-making process for services or procedures in accordance with member benefit contracts (otherwise known as Evidence of Coverage or EOCs) and Centers of Medicare and Medicaid Services (CMS) policies, manuals, and other CMS rules and regulations. In the absence of a CMS coverage determination or specific regulation for a requested service, item or procedure, Company policy criteria or applicable utilization management vendor criteria may be applied. These are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

The Company reserves the right to determine the application of Medicare Medical Policies and make revisions to these policies at any time. Any conflict or variance between the EOC and Company Medical Policy will be resolved in favor of the EOC.

SCOPE: Providence Health Plan, Providence Health Assurance, and Providence Plan Partners as applicable (referred to individually as “Company” and collectively as “Companies”).

PRODUCT AND BENEFIT APPLICATION

☒ Medicare Only

MEDICARE COVERAGE CRITERIA

IMPORTANT NOTE: More than one Centers for Medicare and Medicaid Services (CMS) reference may apply to the same health care service, such as when more than one coverage policy is available (e.g., both an NCD and LCD exist). All references listed should be considered for coverage decision-making. The Company uses the most current version of a Medicare reference available at the time of publication; however, these websites are not maintained by the Company, so Medicare references and their corresponding hyperlinks may change at any time. If there is a conflict between the Company Medicare Medical Policy and CMS guidance, the CMS guidance will govern.

Notes:

- The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.
- The following electrical stimulation services are **not** included in this policy, but are addressed in separate medical policies (see *Policy Cross References* below):
    - Electrical stimulators used to treat **urinary or fecal incontinence** (e.g., pelvic floor electrical stimulator [E0740], sacral nerve stimulation, posterior tibial nerve stimulation [PTNS], etc.).
    - **Oral appliance** nerve stimulation devices (K1029)

Service	Medicare Guidelines
Medicare Coverage Criteria: "MA organizations may create publicly accessible internal coverage criteria… when coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs." *(§ 422.101(b)(6) – see Policy Guidelines below)* • **Medicare Coverage Manuals, National Coverage Determination (NCD), and Noridian J-F or J-D Local Coverage Determination (LCD)/Local Coverage Article (LCA):** Medicare does have guidance for various electrical stimulation and electromagnetic therapies in either coverage manuals, NCDs, LCDs or LCAs. Those are provided when available in the table below.	

• In the absence of established Medicare coverage criteria in a manual, NCD, LCD, or other regulatory guidance for the health plan's service area, Company criteria are applied for medical necessity decision-making for any electrical stimulation or electromagnetic therapy which doesn't have a relevant Medicare coverage policy. • ***NOTE:*** *The summary of evidence, as well as the list of citations/references used in the development of the Company's internal coverage criteria, are publicly available and can be found using the individual Company medical policy links below [CFR § 422.101(6)(ii)(A) and (B)].*	
Auricular Electrostimulation (0783U, A9270, E1399, S8930)	Under Medicare, auricular electrostimulation devices are **not medically necessary**. **NOTES:** • These devices provide a variant of acupuncture known as "electro acupuncture." In January 2020, CMS determined coverage may be allowed for acupuncture **services** to treat cLBP when rendered by a qualified, Medicare eligible provider (see the Medicare National Coverage Determinations (NCDs) 30.3, 30.3.1, and 30.3.2, all of which deny acupuncture for any indication except cLBP); however, this coverage does not extend to electrostimulation of auricular points or electroacupuncture **devices** used in the home. (This non-coverage is consistent with non-coverage found by other Medicare contractors [MACs].) • See Policy Guidelines below regarding appropriate coding, including the use of CPT 64555.
Cefaly Device	*See row for "Transcutaneous Electrical Nerve Stimulators (TENS) and Related Supplies"*
Cranial Electrostimulation (Electrical Stimulation) Therapy (CES) (e.g., Alpha-Stim CES) (A4596, E0732, E1399)	• **Prior to 1/1/2021:** NCD for Electrosleep Therapy (30.4) • **On or after 1/1/2021:** Company medical policy for Electrical Stimulation Non-Covered Therapies ○ Cranial electrostimulation (or cranial electrical stimulation; CES) is considered **not medically necessary** for Medicare Plan members based on the Company medical policy. *See Policy Guidelines below.*
Deep Brain Stimulation (DBS) (Codes include but are not limited to, 61880, 61885, 61886, 61888, 61889, 61891, 61892)	• **Essential tremor (ET) and/or Parkinsonian tremor**: NCD for Deep Brain Stimulation for Essential Tremor and Parkinson's Disease (160.24) • **Chronic intractable pain**: NCD for Electrical Nerve Stimulators (160.7) • **For other indications specified in a separate row** (e.g., motor function disorders, etc.), see separate row. **NOTE:** For other indications not otherwise addressed (e.g., depression, obsessive compulsive disorder [OCD], etc.), DBS is **not medically necessary**.
Dorsal Column Stimulators (aka, Spinal Cord Stimulators or SCS) (Codes include, but are not limited	• NCD for Electrical Nerve Stimulators (160.7) • LCD for Spinal Cord Stimulators for Chronic Pain (L35136)

to, 63650, 63655, 63661-63664, 63685, 63688)	
Dorsal Root Ganglion (DRG) Stimulators (Codes include, but are not limited to, 63650, 63655, 63661-63664, 63685, 63688)	Company medical policy for Implantable Spinal Cord and Dorsal Root Ganglion Stimulation I. DRG stimulation may be considered **medically necessary** for Medicare when the Company medical policy criteria are met. II. DRG stimulation is considered **not medically necessary** for Medicare when the Company medical policy criteria are not met. *See Policy Guidelines below.*
*Electrical Stimulation (any type) for the Treatment of **Motor Function Disorders** (e.g., multiple sclerosis [MS], etc.)*	NCD for Treatment of Motor Function Disorders with Electric Stimulation (160.2) **NOTE:** This **excludes** the **Cala Trio™** device, which is addressed separately below (see row for "External Upper Limb Tremor Stimulator).
*Electrical Stimulation (any type) or Electromagnetic Therapy for the Treatment of **Wounds***	NCD for Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds (270.1) **NOTE:** One covered ES therapy or one covered electromagnetic therapy is allowed for the treatment of wounds. ES and electromagnetic therapy services can only be covered when performed by a physician, physical therapist, or incident to a physician service. Unsupervised use of ES or electromagnetic therapy for wound therapy, including ES or electromagnetic therapy in the home, is not medically necessary.
*Electrical Stimulation (any type) for the Treatment of **Peripheral Neuropathies***	LCD for Nerve Blockade for Treatment of Chronic Pain and Neuropathy (L35456) *(Coverage guidance specific to electrical stimulation for peripheral neuropathy is found within the LCD)* ***(As of 11/1/2026, this LCD is retired and replacement LCD L40265 does not address electrical stimulation for peripheral neuropathies)***
*Electrical Stimulation (any type) for the Treatment of **Facial Nerve Paralysis***	NCD for Electrotherapy for Treatment of Facial Nerve Paralysis (Bell's Palsy) (160.15)
Epicranial Neurostimulator System (e.g., EASEE® device) for Treatment of Seizures	Company medical policy for Electrical Stimulation Non-Covered Therapies I. Epicranial neurostimulator is considered not medically necessary for Medicare Plan members based on the Company medical policy. See Policy Guidelines below.
*External **Lower** Extremity Nerve Stimulator for **Restless Leg Syndrome (RLS)** (e.g., Nidra™ Tonic*	Company medical policy for Electrical Stimulation Non-Covered Therapies

Motor Activation System from Noctrix) (HCPCS E0743 and A4544)	• Peripheral nerve stimulation for restless leg syndrome using the Nidra™ Tonic Motor Activation from Noctrix or similar devices is considered **not medically necessary** for Medicare Plan members based on the Company medical policy. See Policy Guidelines below. **NOTE:** Noridian LCD L34328 provides coverage criteria for implantable peripheral nerve stimulators, but both the coverage and non-coverage criteria are for pain-related indications. Because LCD L34328 is applicable to implanted peripheral nerve stimulators, while this device is considered durable medical equipment (DME), this LCD is not applicable to this device. While there is coding instruction provided by the Medicare Pricing, Data Analysis and Coding (PDAC) contractor, no specific Medicare coverage policy or guidance (e.g., manual, national coverage determination [NCD], local coverage determination [LCD] article [LCA], etc.) was identified specific to this technology. In addition, while CMS developed a HCPCS code for this product, and determined that it may be classified as DME, this does **not** guarantee coverage as medically reasonable and necessary equipment as not all DME meets the reasonable and necessary threshold for Medicare. In this case, available Medicare coverage criteria are considered "not fully established" as defined under CFR § 422.101(6)(i)(B) because the available Medicare coverage policies provide flexibility for coverage decisions beyond the LCD. Available Medicare coverage policies do not address non-pain related indications, nor do they apply to external DME stimulator devices. Therefore, in the absence of fully established Medicare coverage criteria in a manual, NCD, LCD, or other regulatory guidance for the health plan's service area, the Company criteria noted above are applied for medical necessity decision-making.
*External **Upper** Limb Tremor Stimulator (e.g., Cala Trio™ device) (HCPCS codes E0734, A4542)*	• **As of April 7, 2024:** Apply LCD for External Upper Limb Tremor Stimulator Therapy (L39591) • **Prior to April 7, 2024:** Apply NCD Treatment for Motor Function Disorders with Electrical Stimulation (160.2)
Functional Electrical Stimulation (FES) (HCPCS codes E0770, E0764)	NCD for Neuromuscular Electrical Stimulation (160.12) **NOTES:** "Indications for FES other than to enable SCI patients to walk will be denied as not medically necessary." (Noridian web page for Functional Electrical Stimulation (FES) – Coverage and HCPCS Coding – Revised) Therefore, the use of FES for any condition or indication not noted as covered in the NCD is **not medically necessary**.

	Manufacturers of products billed with code E0770 must have the code(s) verified by the Pricing, Data Analysis, and Coding (PDAC) contractor. *(Source: **PDAC website**)* As of the most recent policy review, the only products assigned to HCPCS code E0770 are: • WalkAide (Innovative Neurotronics) • Odstock DROP FOOT STIMULATOR PACE (Odstock Medical LTD/Boston Brace) • NESS L300 and H200 devices (Bioness Inc.) • Deluxe Digital Electronic Muscle Stimulator (Drive Medical) • Regrasp (Rehabtronics Inc.) HCPCS code E0764 does not require code verification by the PDAC; however, currently the only product that is coded E0764 is the Parastep I (Sigmedics). *(Source: PDAC Product Classification List)*
Gastric Electrical Stimulation (43647, 43648, 43881, 43882)	Company medical policy for Gastric Electrical Stimulation I. These services may be considered **medically necessary** for Medicare when the Company medical policy criteria are met. II. These services are considered **not medically necessary** for Medicare when the Company medical policy criteria are not met. *See Policy Guidelines below.*
H-Wave Stimulation (E1399)	• **Wounds**: See separate row for wound treatment above. • **Peripheral neuropathy**: See separate row for peripheral neuropathy above. • **All other indications**: *See row for "Neuromuscular Electrical Stimulation (NMES)"*
Implanted Peripheral Nerve Stimulators (PNS) (CPT codes 64555, 64575, 64585, 64590, 64595, 64596, 64597, 64598, A4438, C9807. L8678)	• NCD for Electrical Nerve Stimulators (160.7) • LCD for Peripheral Nerve Stimulation (L34328) *(See "Notes" below for temporary trial information)* **NOTES:** • Includes devices such as the Nalu™ Neurostimulation System, StimRouter System, Sprint PNS, and restorative neuromodulation therapy devices such as the ReActiv8 Implantable Neurostimulation System. • Between 3/2024 and 6/2025, the companion billing and coding LCA for PNS (A55530) stated a temporary trial or psychological evaluation was not required for the Reactiv8 system for treatment of multifidus muscle dysfunction. However, in June 2025, this exception language was ***removed*** from the LCA, citing the reason as "… making these edits to clarify the article does not change coverage as specified in the

	LCD." Therefore, coverage criteria detailed in the LCD are fully applicable to the Reactiv8 system, including the psychological evaluation and stimulation trial requirements.
Interferential Stimulation (IFS) or Interferential Current (IFC) Devices	Medicare considers IFC/IFS therapy devices to be forms of TENS or NMES, depending on the setting the device is configured to and used. These devices can be configured to either (1) provide pain relief like a TENS ***or*** (2) treat disuse atrophy like NMES. Therefore, Medicare coverage criteria for TENS or NMES are applied to IFC therapy devices based on how the device is used.[1,2] • IFS or IFC therapy devices used on TENS setting (e.g., for treatment of pain): See row for TENS. • IFS/IFC therapy devices used on NMES setting (e.g., for treatment of disuse atrophy): See row for NMES.
Microcurrent Electrical Nerve Stimulation (MENS)	• **Wounds**: See separate row for wound treatment above. • **Peripheral neuropathy**: See separate row for peripheral neuropathy above. • **All other indications:** Company medical policy for Electrical Stimulation Non-Covered Therapies ○ MENS is considered **not medically necessary** for Medicare Plan members based on the Company medical policy. *See Policy Guidelines below.*
Monarch external Trigeminal Nerve Stimulation (eTNS) System for ADHD (Non-Implantable [External] Trigeminal Nerve Stimulation)	*See row for "Transcutaneous Electrical Nerve Stimulators (TENS) and Related Supplies"*
Neuromuscular Electrical Stimulator (NMES)	• **General coverage** for NMES: National Coverage Determination (NCD) for Neuromuscular Electrical Stimulation (160.12) • **Supplies** necessary for NMES: NCD for Supplies Used in the Delivery of Transcutaneous Electrical Nerve Stimulation (TENS) and Neuromuscular Electrical Stimulation NMES (160.13) **NOTES:** • "Coverage of NMES (other than FES) to treat muscle atrophy is limited to the treatment of patients with disuse atrophy..." and when the NMES NCD criteria are met. *(Noridian web page for Functional Electrical Stimulation (FES) – Coverage and HCPCS Coding – Revised)* Therefore, the use of NMES for any condition or indication not noted as covered in the NCD is not medically necessary. • HCPCS code A4560 is for the "geko™ T-3 and geko™ W-3. According to CMS, this device does not meet the CMS requirements to be considered DME, and therefore, is not covered. Specifically, this device does not meet the "repeated use" requirement.

Percutaneous Electrical Nerve Stimulation (PENS)	• **As a diagnostic procedure:** NCD for Assessing Patient's Suitability for Electrical Nerve Stimulation Therapy (160.7.1) • **All other indications:** Company medical policy for Electrical Stimulation Non-Covered Therapies ○ PENS is considered **not medically necessary** for Medicare Plan members based on the Company medical policy. *See Policy Guidelines below.*
Percutaneous Electrical Nerve Field Stimulation (PENFS) (64567)	Company medical policy for Electrical Stimulation Non-Covered Therapies I. PENFS is considered **not medically necessary** for Medicare Plan members based on the Company medical policy. *See Policy Guidelines below.*
Percutaneous Neuromodulation Therapy (PNT) (Codes include, but are not limited to, A4593, A4594, 1088T)	Company medical policy for Electrical Stimulation Non-Covered Therapies I. PNT is considered **not medically necessary** for Medicare Plan members based on the Company medical policy. *See Policy Guidelines below.* **NOTE:** These include, but may not be limited to, devices such as the Portable Neuromodulation Stimulator or PoNS™, and all related components and accessories. These also include percutaneous high-frequency neuromodulation.
*Peripheral Nerve **Field** Stimulation (PNFS)*	LCA for Billing and Coding: Peripheral Nerve Stimulation (A55530) and LCD L34328
Phrenic Nerve Stimulators (1027T)	NCD for Phrenic Nerve Stimulatory (160.19)
Peripheral Nerve Stimulation (Implantable)	*See row for "Implanted Peripheral Nerve Stimulators"*
Peripheral Nerve Stimulation (Intraoperative) for Nerve Regeneration (0882T, 0883T)	Company medical policy for Electrical Stimulation Non-Covered Therapies • Peripheral nerve stimulation to promote nerve regeneration is considered **not medically necessary** for Medicare Plan members based on the Company medical policy. *See Policy Guidelines below.*
Occipital Nerve Stimulation	*See row for "Implanted Peripheral Nerve Stimulators"* **NOTE:** For occipital nerve ***ablative procedures*** *(e.g., radiofrequency, cryoablation, chemical ablation, etc.)*, see the separate Medicare medical policy for "*Ablative Procedures to Treat Back and Neck Pain*"

Responsive Cortical Stimulation or Responsive Neurostimulation (RNS)	Company medical policy for Deep Brain and Responsive Cortical Stimulation I. RNS may be considered **medically necessary** for Medicare Plan members when criteria from the Company medical policy are met. II. RNS is considered **not medically necessary** for Medicare when criteria from the Company medical policy are not met. *See Policy Guidelines below.*
Spinal Cord Stimulators (SCS; e.g., Dorsal Column Stimulators)	• NCD for Electrical Nerve Stimulators (160.7) • LCD for Spinal Cord Stimulators for Chronic Pain (L35136)
Subcutaneous Supraorbital and Occipital Neurostimulator System (Implanted) (Codes 1057T-1061T)	Company medical policy for Electrical Stimulation Non-Covered Therapies • For codes 1057T, 1058T, 1060T, and 1061T, implanted subcutaneous supraorbital and occipital neurostimulator systems are considered **not medically necessary** for Medicare Plan members based on the Company medical policy. *See Policy Guidelines below.* • Category III code 1059T is for the removal of the neurostimulator system and may be considered **medically necessary**.
Transcutaneous Electrical Acupoint Stimulation (TEAS) for Treatment of Nausea and Vomiting (aka, electrical acustimulation; E0765)	Noridian web page for Transcutaneous Electrical Nerve Stimulators (TENS) Sold Over-the-Counter – Coding Guidelines **NOTES:** • According to the FDA Summary (K191547), ReliefBand® 1.5 and 2.0 have been classified as transcutaneous electrical nerve stimulator for pain relief and are approved for over-the-counter (OTC) use. These devices are indicated for "use in the relief of mild to moderate nausea and retching associated with physician-diagnosed migraine, hangover, anxiety, motion sickness, chemotherapy and morning sickness associated with pregnancy as an adjunct to antiemetics in reducing mild to moderate postoperative nausea." OTC devices are not eligible for Medicare coverage (some Medicare Advantage members may have OTC benefits, but these are generally limited benefits). • In addition, stimulation devices (E0755-E0770) fall under the durable medical equipment Medicare contractor (DME MAC) jurisdiction. In order to be considered for coverage as DME, all Medicare DME elements are required to be met, including but not limited to, that the device must be used to serve a medical purpose and last **a minimum of** 3 years.

	• Claims for E0765 will be denied not medically necessary. Denials may be appealed for reconsideration if the device in question can be shown to meet Medicare coverage requirements (i.e., not an OTC device, meets all of Medicare's DME requirements, etc.)
Transcutaneous Electrical Joint Stimulation Devices (TEJSD) (E0762)	Transcutaneous Electrical Joint Stimulation Devices (TEJSD) (L34821)
Transcutaneous Electrical Modulation Pain Reprocessing (e.g., scrambler therapy; TEMPR) (0278T)	Company medical policy for Electrical Stimulation Non-Covered Therapies I. TEMPR is considered **not medically necessary** for Medicare Plan members based on the Company medical policy. *See Policy Guidelines below.*
Transcutaneous Electrical Nerve Stimulator, Distal (A4540) (Nerivio™ device) *See the next row for other TENS devices*	After review of this device, Medicare has determined this device does **not** meet the Medicare requirements to be considered DME. Therefore, this device is considered **not medically necessary**. *(Medicare Benefit Policy Manual, Chapter 15, §110.8 – DMEPOS Benefit Category Determinations, specifically the "Distal Transcutaneous Electrical Nerve Stimulator, Stimulates Peripheral Nerves of the Upper Arm" entry in the Benefit Category Determination table)*
Transcutaneous Electrical Nerve Stimulators (TENS) and Related Supplies (E0720, E0730, E0731 and supply A-codes)	TENS used for **assessing suitability for electrical nerve stimulation**: • NCD for Assessing Patient's Suitability for Electrical Nerve Stimulation Therapy (160.7.1) TENS used for **acute post-operative pain**: • NCD: Transcutaneous Electrical Nerve Stimulation (TENS) for Acute Post-Operative Pain (10.2) • LCD: Transcutaneous Electrical Nerve Stimulators (TENS) (L33802) • According to NCD 10.2, TENS for acute post-operative pain management is necessary for relatively short periods of time, usually 30-days or less. If needed for longer periods, review for chronic pain TENS used for **chronic low back pain (CLBP)**: • Medicare coverage of TENS for CLBP is no longer available. Per NCD 160.27, "Coverage under this section expires three years after the publication of this decision on the CMS website" and TENS is not reasonable and necessary for the treatment of CLBP under section 1862(a)(1)(A) of the Act. Therefore, TENS is **not medically necessary** for cLBP/CLBP. ○ NCD: Transcutaneous Electrical Nerve Stimulation (TENS) for Chronic Low Back Pain (CLBP) (160.27)

	○ LCD: Transcutaneous Electrical Nerve Stimulators (TENS) (L33802) ○ **Not medically necessary** diagnosis codes related to chronic low back pain (cLBP) can be found in Appendix I below. TENS used for **all other indications** (e.g., headaches, TMJ, chronic pain other than CLBP, ADHD, etc. – See "Important Notes" below): • LCD: Transcutaneous Electrical Nerve Stimulators (TENS) (L33802) • LCA: Transcutaneous Electrical Nerve Stimulators (TENS) – Policy Article (A52520) Form-fitting conductive garment used with TENS devices (E0731): • NCD: Supplies Used in the Delivery of Transcutaneous Electrical Nerve Stimulation (TENS) and Neuromuscular Electrical Stimulation (NMES) (160.13) • LCD: Transcutaneous Electrical Nerve Stimulators (TENS) (L33802) • According to LCD L33802, a conductive garment for TENS is rarely medically reasonable and necessary, but may be covered when criteria are met **IMPORTANT NOTES:** 1. For documentation requirements, see the Documentation Checklist for TENS. 2. TENS devices used to treat **headaches (e.g., Cefaly device)**: TENS used to treat headaches is addressed by the list of "Examples of conditions for which TENS therapy is not considered to be reasonable and necessary" within the LCD L33802. 3. TENS devices used to treat indications **other than pain** (e.g., attention deficit hyperactivity disorder [ADHD]; e.g., **Monarch external Trigeminal Nerve Stimulation (eTNS) System**), opioid withdrawal; e.g., Sparrow Ascent®; E0721, A4543): Medicare coverage of TENS found in the above NCDs and LCDs is limited to pain-related conditions. Therefore, TENS devices used to treat indications **other than** pain do not meet Medicare's criteria and are **not medically necessary**. 4. TENS devices sold over-the-counter (OTC) must be reported using HCPCS code A9270. These items are not considered "durable medical equipment" under Medicare and are non-covered. *(See the Medicare Pricing, Data Analysis and Coding (PDAC) contractor Web page for* Transcutaneous Electrical Nerve Stimulators (TENS) Sold Over-The-Counter – Coding Guidelines.*)*

Transcutaneous Magnetic Stimulation with Focused Low-Frequency Electromagnetic Pulse (Codes 0766T, 0767T, 0768T, 0769T)	Company medical policy for Electrical Stimulation Non-covered Therapies I. This service is considered **not medically necessary** for Medicare based on the Company medical policy. *See Policy Guidelines below.*
Vagus (vagal) nerve stimulation (VNS)	• **Implantable VNS:** National Coverage Determination (NCD): Vagus Nerve Stimulation (VNS) (160.18) • **All other VNS not addressed above:** Company medical policy for Vagus Nerve Stimulation ○ The following services are considered **not medically necessary** for Medicare, based on the Company medical policy: ▪ Noninvasive or non-implantable VNS (HCPCS E0735) ▪ Transcutaneous vagus nerve stimulation ▪ Percutaneous vagus nerve stimulation (CPT 64553) ▪ Integrated neurostimulation vagus nerve system (0908T, 0909T, 0911T, 0912T) **NOTE:** The NCD for VNS only provides coverage of implantable vagus nerve stimulators when used for certain seizure disorders and treatment resistant depression (TRD). This NCD does not indicate that VNS used for other indications are either non-covered, or at local MAC discretion. Therefore, they are considered "not fully established" and subject to Company internal coverage criteria. Removal-only codes (e.g., 0910T) are subject to separate criteria for removal of nerve stimulator below.
*Revision, Replacement or Removal of **Implanted** Nerve Stimulator Devices (e.g., deep brain, spinal cord, vagus nerve, etc.)*	For **removal only**: • Medicare Benefit Policy Manual, Chapter 16 – General Exclusions From Coverage, §10 - Services Related to and Required as a Result of Services Which Are Not Covered Under Medicare **NOTE:** Even if initial placement of a device did not meet medical necessity coverage criteria and the complication or subsequent medical condition is the result of a prior non-covered service, coverage may be allowed in certain circumstances for the removal of the device. For **revision/replacement**: • Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services, §10 - Prosthetic Devices, D. Supplies, Repairs, Adjustments, and Replacement

	NOTE: Device replacement may be medically necessary if it is required due to the end of battery life, or any other device-related malfunction. However, a device that did not meet medical necessity criteria when initially placed would have been non-covered, thus any revision or replacement to allow for the *continued* use of the non-covered device would not meet Medicare's general requirements for coverage. Replacement of previously placed medically necessary devices or their components that are nonfunctioning and irreparable (e.g., device malfunction, etc.) may be considered medically necessary in accordance with the above Medicare reference if the stimulator continues to be medically indicated and is no longer under manufacturer warranty or if the component is not included under the warranty. *(See "Policy Guidelines" below)*
*Replacement of **Nonimplanted** Nerve Stimulator Devices, Components, and Accessories (e.g., TENS, NMES, FES, IFC, etc.)*	• Replacement of TENS units and/or supplies: LCD: Transcutaneous Electrical Nerve Stimulators (TENS) (L33802) and related LCA (A52520) • Replacement of all other non-implanted electrical nerve stimulator devices: Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services, §10 - Prosthetic Devices, A. General **NOTE:** I. Replacement of **non-**functioning medically necessary electrical stimulation devices (those which met criteria for coverage) or their components may be **medically necessary** when Medicare's replacement requirements in the above manual are met (e.g., irreparable change in condition of device or component, etc.), the device is still providing therapeutic benefit to the patient, and the device or required component are not under manufacturer warranty. II. Replacement or upgrades of **functioning** electrical stimulation devices or components may be **medically necessary** if the device is no longer providing therapeutic benefit due to a change in the physiological condition of the member. III. Replacement or upgrades of **functioning** electrical stimulation devices or components are **not medically necessary** when Medicare's replacement criteria are not met. This includes upgrading to a new version when existing the existing device is still functioning and providing therapeutic benefit. These replacement or upgrade situations would be considered a "convenience." IV. Replacement of **non-**functioning **not** medically necessary electrical stimulation devices (those which did ***not*** meet criteria for coverage) or their components are also considered **not medically necessary**.

	See "Policy Guidelines" below

IMPORTANT NOTICE: While some services or items may appear medically indicated for an individual, they may also be a direct exclusion of Medicare or the member's benefit plan. Such excluded services or items by Medicare and member EOCs include, but are not limited to, services or procedures considered to be cosmetic, not medical in nature, or those considered not medically reasonable or necessary under *Title XVIII of the Social Security Act, §1862(a)(1)(A).* If there is uncertainty regarding coverage of a service or item, please review the member EOC or submit a pre-service organization determination request. Note that the Medicare Advance Beneficiary Notice of Noncoverage (ABN) form **cannot** be used for Medicare Advantage members. *(Medicare Advance Written Notices of Non-coverage. MLN006266 May 2021)*

POLICY CROSS REFERENCES

- Fecal Incontinence Treatments, MP228
- Sleep Disorder Treatment: Oral and Sleep Position Appliances, MP45
- Urinary Incontinence Treatments, MP231

The full Company portfolio of Medicare Medical Policies is available online and can be accessed here.

POLICY GUIDELINES

DOCUMENTATION REQUIREMENTS

In order to determine the medical necessity of the request, the following documentation must be provided at the time of the request. Medical records to include documentation of all of the following:

- Type of electrical stimulation (the CPT/HCPCS code[s] alone will ***not*** be considered sufficient).
- Name of device.
- Indication being treated, including location, severity and duration of symptoms.
- All medical records and clinical documentation pertinent to the request, including history, physical examination and treatment plan, as well as documentation of prior therapies or treatments (e.g., procedural or surgical interventions, medications, physical therapy, etc.) attempted and the results of those treatments.
- For TENS (E0720, E0730), the following are required:
    - For *acute post-operative pain* covered under criterion I of the related LCD, there must be information about:
        - The date of surgery
        - The nature of the surgery
        - The location and severity of the pain
    - For *chronic pain **other than** low back pain* covered under criterion II of the related LCD, there must be information in the medical record describing:
        - The location of the pain
        - The severity of the pain
        - The duration of time the beneficiary has had the pain
        - The presumed etiology of the pain
        - Prior treatment and results of that treatment
        - Reevaluation of the beneficiary at the end of the trial period, must indicate
        - How often the beneficiary used the TENS unit
        - The typical duration of use each time
        - The results (effectiveness of therapy)
    - **Leads:** HCPCS code **E0720** is for a **two**-lead TENS device, generally used for localized stimulation. HCPCS code **E0730** is for a **four**-lead TENS device, used for multiple nerve stimulation.
        - A 4-lead TENS unit may be used with either 2 leads or 4 leads, depending on the characteristics of the individual's pain. While not routinely reviewed for medical necessity or subject to prior authorization requirements, if a physician order is

made for a 4-lead TENS device, the medical documentation must support why 2 leads are insufficient to meet the member's clinical needs. *(Source: L33802)*

MEDICARE AND MEDICAL NECESSITY

For Medicare, only medically reasonable and necessary services or items which treat illness or injury are eligible for Medicare coverage, as outlined in *Title XVIII of the Social Security Act, §1862(a)(1)(A)*. MA organizations (MAOs) make medical necessity determinations based on coverage and benefit criteria, current standards of care, the member's unique personal medical history (e.g., diagnoses, conditions, functional status, co-morbidities, etc.), physician recommendations, and clinical notes, as well as involvement of a plan medical director, where appropriate. *(§ 422.101(c)(1))*

In addition:

> "MA organizations may create publicly accessible internal coverage criteria that are based on current evidence in widely used treatment guidelines or clinical literature when coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs. Current, widely-used treatment guidelines are those developed by organizations representing clinical medical specialties, and refers to guidelines for the treatment of specific diseases or conditions. Acceptable clinical literature includes large, randomized controlled trials or prospective cohort studies with clear results, published in a peer-reviewed journal, and specifically designed to answer the relevant clinical question, or large systematic reviews or meta-analyses summarizing the literature of the specific clinical question." *(§ 422.101(b)(6) and Medicare Managed Care Manual, Ch. 4, §90.5)*

The Plan's Medicare medical policy for *PHA Medicare Medical Policy Development and Application* (MP50) provides details regarding Medicare's definition of medical necessity and the hierarchy of Medicare references and resources during the development of medical policies, as well as the Plan's use of evidence-based processes for policy development.

Since there are not fully established coverage criteria for all types of electrical stimulation systems available in applicable Medicare statutes, regulations, NCDs or LCDs, then Company medical policy criteria for electrical stimulations will be applied when Medicare guidance is not available.

GENERAL

The main types of e-stim are:

- electrical **nerve** stimulation and
- electrical **muscle** stimulation and
- electrical nerve **field** stimulation.

The primary distinction between *nerve* stimulation and nerve *field* stimulation is that for nerve field stimulation, a "field" of pain is targeted, as opposed to targeting a specific nerve.

The stimulation approach can be transcutaneous, percutaneous, or implantable. Examples of each category are below (this is not an all-inclusive list).

Table 1. Electrical stimulation approach

Transcutaneous	Percutaneous	Implantable
• Transcutaneous electrical nerve stimulators (TENS) • Neuromuscular electrical stimulation (NMES) • Transcutaneous electronic modulation pain reprocessing (TEMPR), aka scrambler therapy • **Transcutaneous Electrical Acupoint Stimulation (TEAS) (aka, electrical acustimulation (e.g., ReliefBand®, PrimaBella™)**	• Percutaneous electrical nerve stimulation (PENS) • Percutaneous electrical nerve field stimulation (PENFS) • Percutaneous neuromodulation therapy (PNT)	• Peripheral nerve stimulation (PNS) • Peripheral nerve field stimulation (PNFS), aka peripheral subcutaneous field stimulation (PSFS) • Spinal cord stimulation (SCS) • Deep brain stimulation (DBS) • Vagus nerve stimulation (VNS) • Dorsal root ganglion (DRG) stimulator • Gastric electrical stimulation (GES)

Some electrical stimulation and electromagnetic systems have been reviewed by the Medicare Pricing, Data Analysis and Coding (PDAC) contractor and assigned to a specific HCPCS code, but not all. Table 2 provides examples of electrical stimulation and electromagnetic devices (this is not an all-inclusive list).

Table 2: Examples of Electrical Stimulation and Electromagnetic Devices

Device	Manufacturer	PDAC Assigned Code *(if applicable)*
Auricular Electrostimulation		
AcuStim	S.H.P. International	
P-Stim™ System	DyAnsys	A9270
E-pulse®	AMM Marketing	A9270
Electro Auricular Device (EAD)	Key Electronics	
P-Stim	Biegler Gmbh	
ANSiStim®	DyAnsys	
Stivax System	Biegler Gmbh	
Transcutaneous nerve stimulator (TENS) (supraorbital)		
Cefaly Dual	Cefaly Technology/STX-Med	Prior to 1/1/2024: K1016 As of 1/1/2024: E0733
Cranial Electrical Stimulation (CES)		
Alpha-Stim® Cs	Electromedical Products, Inc.	Prior to 1/1/2024: K1002 As of 1/1/2024: E0732
BR-2 Biorest	Biorest, Inc.	
Biotron18	Biotronics Corp.	
CES Ultra ™	Neuro-Fitness, LLC.	
Elexoma Medic	Redplane AG	
FM 10/C	Johari Digital Healthcare, Ltd	
HP-1 Healthpax or Nurtipax	Health Directions, Inc	
LB-2000	Life Balance Intl., Inc.	

LISS SBl202-B and SBl201-M	Medical Consultants Intl., Ltd	
NET-2000 Microcurrent Stimulator	Auri-Stim Medical, Inc.	
NF-1 Mindpeace	NeuroFitness	
NH 2002	Life Balance Intl., Inc.	
NTI-1000	Neurotek, Inc.	
TESA-1	Kalaco Scientific, Inc.	
Interferential Stimulation (IFS) or Interferential Current (IFC)		
BMLS02-6 and BMLS03-6	Biomedical Life Systems, Inc.	
IF-4000	Apex Medical Corporation	
IF-100507	Everlife Medical Equipment Co., Ltd.	
Medstar™ 100	MedNet Services. Inc.	
Netwave and RTM1000	Ryan Telemedicine	
RS-4i®	RS Medical	
Microcurrent Electrical Nerve Stimulation (MENS)		
Alpha-Stim PPM (personal pain manager)		
Inspirstar IS02 Microcurrent Stimulator	Inspirstar Inc.	
• Promax-MC, Microcurrent Device, Model MC-4440	Rehabilicare, Inc.	
H-Wave		
H-Wave		
Functional Electrical Stimulation (FES)/Neuromuscular Electrical Stimulator (NMES)		
Parastep® Ambulation System	Sigmedics	
ReWalk™	ReWalk™ Bionics Research Inc.	
NESS H200® ***(previously the Handmaster NMS I system)***		
WalkAide®	Innovative Neurotronics (formerly NeuroMotion, Inc.)	
Radio-frequency controlled NESS L300™	Bioness	
MyGait	Otto Bock HealthCare	
Foot Drop Stimulator	Odstock Medical Limited	
RT300	Restorative Therapies, Inc.	
Transcutaneous Electrical Modulation Pain Reprocessing (TEMPR)		
Calmare® Pain Therapy device	Competitive Technologies, Inc.	
External Trigeminal Nerve Stimulation (eTNS)		
Monarch external Trigeminal Nerve **Stimulation (eTNS)**	NeuroSigma	Prior to 1/1/2024: K1016 As of 1/1/2024: E0733
External Lower Limb Restless Leg Syndrome Stimulator		
NTX-100 Tonic Motor Activation **(TOMAC)** System (aka, the **Nidra™ Tonic Motor Activation System**)	Noctrix Health, Inc.	As of 10/1/2024: E0743
External Upper Limb Tremor Stimulator		
Cala ONE and Cala Trio	Cala Health, Inc.	

Implantable Peripheral Nerve Stimulation (PNS) and Peripheral Nerve Field Stimulation (PNFS) ***As implantable devices, these are not billable to DME MACs, and thus, a*** *PDAC* ***code is not applicable.***		
Bioness® StimRouter™	Bioness	N/A
StimQ Peripheral Nerve Stimulator (PNS)		N/A
SPRINT® Peripheral Nerve Stimulation System (SPRINT® PNS)	SPR Therapeutics, Inc.	N/A
Nalu™ Neurostimulation System		L8683 *(Neither the system nor the adhesive clips [reported with A4438 as of 4/1/2024] are billable to DME MACs, but may be reported to Part B MACs)*
StimRouter System		N/A
ReActiv8 Implantable Neurostimulation System		N/A
Percutaneous Neuromodulation Therapy (PNT) and Percutaneous Electrical Nerve Stimulation (PENS)		
Percutaneous Neuromodulation Therapy™	Vertis Neurosciences	
Deepwave® Percutaneous Neuromodulation Pain Therapy System	Biowave Corp.	
Percutaneous Electrical Nerve Field Stimulation (PENFS)		
IB-Stim (formerly Neruo-Stim)	Innovative Health Solutions	
Transcutaneous nerve stimulator (TENS) ***(Not otherwise specified)***		
A large number of TENS devices have received marketing clearance through the U.S. Food and Drug Administration over the past several decades; therefore, marketing clearance via the 510(k) process for new devices does not require data collection regarding clinical efficacy because these devices are considered substantially equivalent to predicate devices marketed to date.		As of the date of the most recent policy review, around 30 products have been assigned to HCPCS code E0720 by the Medicare PDAC contractor
Electromagnetic Therapy		
Active Knee Systems (any size)	Orthocor Medical, Inc.	E0761
Diapulse Wound Treatment System	Diapulse Corp. of America	E0761
Roma Pulsed Electromagnetic Field (PEMF) Therapy	IVIVI Technologies, Inc.	E0761
Provant	Regenesis Biomedical, Inc.	E0769

REPLACEMENT

Replacement of **implanted** electrical stimulation devices is subject to Medicare rules for *prosthetic* device replacement. Specifically, documentation must demonstrate both of the following (1 and 2):

1) One of the following (a or b):
   a) A change in physiological condition of the member and their current device does not adequately provide the necessary therapeutic benefit; or
   b) There is an irreparable change in the condition of the device or part of the device.
2) There is no warranty provision provided by the manufacturer to either replace or repair the current device.[3]

Replacement of **non-implanted** electrical stimulation devices are subject to Medicare rules for *DME* replacement. To be eligible for replacement, items must continue to be medically necessary (providing therapeutic benefit), be irreparably worn or damaged, and no longer under any manufacturer warranty that would cover the cost of the repair or replacement. Replacement of an entire device may also be allowed if a *component* is non-functional but is no longer available and cannot be replaced with comparable part.

If an electrical stimulation device is still functioning and providing therapeutic benefit, the clinical documentation must support the need for a new device, other than being a request for an upgrade. Replacement of supplies or components (e.g., leads, lead wires, etc.) is also allowed for electrical stimulation devices that continue to be medically necessary. Note that some supplies may have frequency and utilization limitations established by Medicare (e.g., TENS replacement supplies noted in LCD L33802, etc.).

REGULATORY STATUS

U.S. FOOD & DRUG ADMINISTRATION (FDA)

While clearance by the Food and Drug Administration (FDA) is a prerequisite for Medicare coverage, the 510(k) premarket clearance process does not in itself establish medical necessity. Medicare payment policy is determined by the interaction of numerous requirements, including but not limited to, the availability of a Medicare benefit category and other statutory requirements, coding and pricing guidelines, as well as national and local coverage determinations and clinical evidence.

BILLING GUIDELINES AND CODING

GENERAL

See associated local coverage articles (LCAs) for related billing and coding guidance, as well as additional coverage and non-coverage scenarios and frequency utilization allowances and limitations:

- LCA: Transcutaneous Electrical Nerve Stimulators (TENS) - Policy Article (A52520)
- LCA: External Upper Limb Tremor Stimulator Therapy – Policy Article (A59680)

AURICULAR ELECTROSTIMULATION

According to both Noridian and the Palmetto GBA PDAC Contractor websites[4,5], the P-Stim® and E-Pulse are to be reported with HCPCS code A9270 (Non-covered item or service). HCPCS code S8930 is also available, but S-codes are not payable by Medicare. In January 2020, Medicare released an article (SE20001) that advises providers to not use HCPCS code L8679 *(Implantable neurostimulator, pulse generator, any type)* for electroacupuncture devices because "Electro-acupuncture devices and implantable neurostimulators are two separate devices, and coding electro-acupuncture devices as implantable neurostimulators is incorrect."[6]

If a specific CPT code (e.g., 64555) is used incorrectly, or an unlisted code (e.g., 64999) is used instead of A9270 or S8930, the service is non-covered per the Medicare reference noted in the "Medicare Policy Criteria" section of the policy. CPT codes 97813 or 97814 are not specific to auricular electrostimulation, therefore, if they are billed for this service they will also be denied.

This coding and non-coverage rationale is applicable to all electro-acupuncture or auricular electrostimulation devices and is consistent with other Medicare contractors with published policies.[7,8]

CEFALY DEVICE

According to the Medicare Pricing, Data Analysis and Coding (PDAC) contractor, the Cefaly electrical pulse generator (EPG) and electrodes kit are reported with HCPCS code E0720, which is the HCPCS code used for TENS.

Between October 1, 2023 and December 31, 2023, the PDAC determined the **Cefaly Dual** system was to be reported with HCPCS code K1016. As of January 1, 2024, this device has been assigned to HCPCS code E0733.

IMPLANTABLE NEUROSTIMULATOR DEVICES

Pulse Generator HCPCS Codes

Effective January 1, 2014, HCPCS codes L8685, L8686, L8687, and L8688 (Implantable neurostimulator pulse generator codes) were removed from the 2014 DMEPOS fee schedule file to reflect the change in the coverage indicator to "invalid" for Medicare (Coverage indicator of "I")[9] and thus, these HCPCS codes are considered invalid for Medicare Advantage use as well. However, HCPCS code L8679 *(Implantable neurostimulator, pulse generator, any type)* was added to the HCPCS and DMEPOS fee schedule file effective January 1, 2014 to use for billing Medicare claims that were previously submitted under L8685, L8686, L8687 and L8688. While HCPCS codes L8685, L8686, L8687 and L8688 will be denied as not separately billable for Medicare or Medicare Advantage, HCPCS code L8679 can be used instead.

With respect to HCPCS code L8679, this code is specific to **implantable** devices. These neurostimulator devices are surgically implanted in the central nervous system (CNS) or targeted peripheral nerve. The use of L8679 for any type of **non-implantable** electrical stimulation device is incorrect coding.[6]

Electrode HCPCS Code

Effective April 1, 2014, HCPCS code L8680 *(Implantable neurostimulator electrode, each)* was also removed from the 2014 DMEPOS fee schedule file and the coverage indicator revised to not payable by Medicare (Coverage indicator of "I"). According to Medicare, practitioners (physicians) should not report for electrode(s) in conjunction with a lead implantation procedure furnished in any setting because Medicare considers payment for electrodes to be incorporated in the allowance for the surgical procedure (i.e., CPT code 63650).[10] Therefore, HCPCS codes L8680 will also be denied as not separately billable for Medicare or Medicare Advantage.

General

Coverage indicators assigned by Medicare to HCPCS codes can be found on the Medicare HCPCS Quarterly Updates website.

HCPCS CODE A9900

While HCPCS code A9900 is a miscellaneous code (i.e., it does not represent a single device or type of device), Medicare considers this code to be non-covered regardless of what it is used for. Therefore, this code will deny as not separately reimbursable.[11]

ELECTRICAL STIMULATION OR ELECTROMAGNETIC THERAPY DEVICES

According to NCD 270.1 and NCD 280.1, unsupervised use of ES or electromagnetic therapy for wound therapy will not be covered, including the use of these devices in the home setting. In addition, while Medicare allows coverage of the application of electrical stimulation or electromagnetic therapy for the treatment of wounds (G0281, G0329), separate reimbursement is not made for the device itself (E0761, E0769).[12] Therefore, these codes (E0761, E0769) will be denied as not medically necessary.

TENS UNITS

Medical Necessity

Consistent with non-coverage found in NCD 160.27, HCPCS codes E0720 and E0730 are considered **not medically necessary** for chronic low back pain (cLBP) (See Appendix I below). For three years, Medicare covered TENS for cLBP, and maintained a diagnosis code list for these indications (similar to the covered cLBP diagnosis code list used for acupuncture services addressed by NCD 30.3.3).

However, cLBP became **non**-covered for TENS for claims with dates of service on and after June 8, 2015. Therefore, claims for TENS submitted with these cLBP diagnoses are denied as not medically necessary.

TENS units (HCPCS E0720, E0730) billed with any other diagnosis code may require prior authorization or review. Please see the Plan's published prior authorization list for review requirements.

Billing

According to LCA A52520:

During the rental of a TENS unit, supplies for the unit are included in the rental allowance; there is no additional allowance for items such as electrodes, lead wires, and batteries. If a TENS unit (E0720 or E0730) is purchased, the allowance is all-inclusive of items such as lead wires and one month's supply of items such as electrodes, conductive paste or gel (if needed), and batteries.

There should be no billing and there will be no separate allowance for replacement electrodes (A4556), conductive paste or gel (A4558), replacement batteries (A4630), or a battery charger used with a TENS unit.

Codes A4556 (Electrodes, [e.g., apnea monitor], per pair), A4558 (Conductive paste or gel), and A4630 (Replacement batteries, medically necessary TENS owned by patient) are not valid for claim submission to the DME MAC. A4595 should be used instead.

Other supplies, including but not limited to the following, will not be separately allowed: adapters (snap, banana, alligator, tab, button, clip), belt clips, adhesive remover, additional connecting cable for lead wires, carrying pouches, or covers.

When supplies may be allowed to be billed (for purchased/patient-owned TENS units), the LCA states:

A TENS supply allowance (A4595), is an all-inclusive code and includes items such as electrodes (any type), conductive paste or gel (if needed, depending on the type of electrode), tape or other adhesive (if needed, depending on the type of electrode), adhesive remover, skin preparation materials, batteries (9 volt or AA, single use or rechargeable), and a battery charger (if rechargeable batteries are used).

For code A4557, one unit of service is for lead wires going to two electrodes. If all the lead wires of a 4 lead TENS unit needed to be replaced, billing would be for two units of service.

In addition to the above, the LCD L33802 also states the following:

Separate allowance will be made for replacement supplies when they are reasonable and necessary and are used with a covered TENS. Usual maximum utilization is:

- *2 TENS leads - a maximum of one unit of A4595 per month.*
- *4 TENS leads - a maximum of two units of A4595 per month.*

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

Replacement of lead wires (A4557) more often than every 12 months would rarely be reasonable and necessary.

CODES*		
CPT	0278T	Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes)
	~~0720T~~	**TERMED 12/31/2025**

		~~Percutaneous electrical nerve field stimulation, cranial nerves, without implantation~~
	0766T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, with identification and mapping of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve
	0767T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure)
	0783T	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment
	0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed
	0785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator
	0788T	Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 1-3 parameters
	0789T	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 4 or more parameters
	0882T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, minimum of 10 minutes; initial nerve (List separately in addition to code for primary procedure)
	0883T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, minimum of 10 minutes; each additional nerve (List separately in addition to code for primary procedure)
	0908T	Open implantation of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed
	0909T	Replacement of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed
	0910T	Removal of integrated neurostimulation system, vagus nerve
	0911T	Electronic analysis of implanted integrated neurostimulation system, vagus nerve; without programming by physician or other qualified health care professional
	0912T	Electronic analysis of implanted integrated neurostimulation system, vagus nerve; with simple programming by physician or other qualified health care professional
	0968T	Insertion or replacement of epicranial neurostimulator system, including electrode array and pulse generator, with connection to electrode array
	0969T	Removal of epicranial neurostimulator system

	1027T	Percutaneous insertion or replacement of neurostimulation catheter via left subclavian or left jugular vein into the superior vena cava, with verification of capture of phrenic nerves, mapping and programming, and delivery of transvenous phrenic neurostimulation therapy in ventilated patients, with repositioning when performed, including imaging guidance
	1057T	Insertion or replacement of subcutaneous neurostimulator pulse generators, with tunneling of 4 electrode arrays, bilateral supraorbital and occipital nerves, including all interrogation, programming, and imaging guidance, when performed
	1058T	Revision of implanted subcutaneous unilateral supraorbital and occipital neurostimulator system, including all interrogation, programming, and imaging guidance, when performed
	1059T	Removal of implanted subcutaneous unilateral supraorbital and occipital neurostimulator system
	1060T	Electronic analysis of implanted subcutaneous supraorbital-occipital neurostimulator pulse generator (eg, frequency, amplitude, pulse width, leads, electrode configuration); with complex programming by physician or other qualified health care professional
	1061T	Electronic analysis of implanted subcutaneous supraorbital-occipital neurostimulator pulse generator (eg, frequency, amplitude, pulse width, leads, electrode configuration); with simple programming by physician or other qualified health care professional
	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
	43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum
	43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum
	43659	Unlisted laparoscopy procedure, stomach
	43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open
	43882	Revision or removal of gastric neurostimulator electrodes, antrum, open
	43999	Unlisted procedure, stomach
	61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical
	61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical
	61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array
	61864	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)
	61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array
	61868	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus,

		subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)
	61880	Revision or removal of intracranial neurostimulator electrodes
	61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array
	61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays
	61888	Revision or removal of cranial neurostimulator pulse generator or receiver
	61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)
	61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)
	61892	Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed
	63650	Percutaneous implantation of neurostimulator electrode array, epidural
	63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural
	63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
	63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed
	63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
	63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed
	63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver
	63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array
	64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve
	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
	64567	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation
	64568	Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
	64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
	64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
	64575	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
	64585	Revision or removal of peripheral neurostimulator electrode array
	64590	Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver

	64595	Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array
	64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array
	64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure)
	64598	Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator
	64999	Unlisted procedure, nervous system
	95836	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days
	95970	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (ie, cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming
	95971	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional
	95972	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional
	95974	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour
	95975	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)

	95976	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional
	95977	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional
	95980	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming
	95981	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming
	95982	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming
	95983	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional
	95984	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)
	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
	97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

	97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes
HCPCS	A4438	Adhesive clip applied to the skin to secure external electrical nerve stimulator controller, each
	A4540	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm
	A4541	Monthly supplies for use of device coded at E0733
	A4542	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist
	A4543	Supplies for transcutaneous electrical nerve stimulator, for nerves in the auricular region, per month
	A4544	Electrode for external lower extremity nerve stimulator for restless legs syndrome
	A4556	Electrodes, (e.g., apnea monitor), per pair
	A4557	Lead wires, (e.g., apnea monitor), per pair
	A4558	Conductive gel or paste, for use with electrical device (e.g., TENS, NMES), per oz
	A4560	Neuromuscular electrical stimulator (NMES), disposable, replacement only
	A4593	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime
	A4594	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime, mouthpiece each
	A4595	Electrical stimulator supplies, 2 lead, per month, (e.g., TENS, NMES)
	A4596	Cranial electrotherapy stimulation (CES) system supplies and accessories, per month
	A4630	Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient
	A9270	Non-covered item or service
	A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code
	A9999	Miscellaneous DME supply or accessory, not otherwise specified
	C1607	Neurostimulator, integrated (implantable), rechargeable with all implantable and external components including charging system
	C1767	Generator, neurostimulator (implantable), non-rechargeable
	C1778	Lead, neurostimulator (implantable)
	C1787	Patient programmer, neurostimulator
	C1816	Receiver and/or transmitter, neurostimulator (implantable)
	C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system
	C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system
	C1823	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads
	C1826	Generator, neurostimulator (implantable), includes closed feedback loop leads and all implantable components, with rechargeable battery and charging system
	C1827	Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and external paired stimulation controller
	C1883	Adapter/extension, pacing lead or neurostimulator lead (implantable)
	C1897	Lead, neurostimulator test kit (implantable)

	C9807	Nerve stimulator, percutaneous, peripheral (e.g., sprint peripheral nerve stimulation system), including electrode and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)
	E0720	Transcutaneous electrical nerve stimulation (TENS) device, 2 lead, localized stimulation
	E0721	Transcutaneous electrical nerve stimulatory, stimulates nerves in the auricular region
	E0730	Transcutaneous electrical nerve stimulation (TENS) device, 4 or more leads, for multiple nerve stimulation
	E0731	Form fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)
	E0732	Cranial electrotherapy stimulation (CES) system, any type
	E0733	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve
	E0734	External upper limb tremor stimulator of the peripheral nerves of the wrist
	E0735	Non-invasive vagus nerve stimulator
	E0743	External lower extremity nerve stimulator for restless legs syndrome
	E0744	Neuromuscular stimulator for scoliosis
	E0745	Neuromuscular stimulator, electronic shock unit
	E0761	Non-thermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device
	E0762	Transcutaneous electrical joint stimulation device system, includes all accessories
	E0764	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program
	E0765	FDA approved nerve stimulator, for treatment of nausea and vomiting
	E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified
	E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified
	E1399	Durable medical equipment, miscellaneous
	G0281	Electrical stimulation, (unattended), to one or more areas, for chronic stage III and stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care
	G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281 *(Medicare Status "N" code)*
	G0283	Therapeutic procedures to improve respiratory function, other than described by G0237, one on one, face to face, per 15 minutes (includes monitoring)
	G0295	Electromagnetic therapy, to one or more areas, for wound care other than described in G0329 or for other uses *(Medicare Status "N" code)*
	G0329	Electromagnetic therapy, to one or more areas for chronic stage III and stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care
	L8678	Electrical stimulator supplies (external) for use with implantable neurostimulator, per month
	L8679	Implantable neurostimulator, pulse generator, any type

	L8680	Implantable neurostimulator electrode, each *(Medicare HCPCS Coverage indicator "I" – Use L8679)*
	L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only
	L8682	Implantable neurostimulator radiofrequency receiver
	L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver
	L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension *(Medicare HCPCS Coverage indicator "I" – Use L8679)*
	L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes *(Medicare HCPCS Coverage indicator "I" – Use L8679)*
	L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension *(Medicare HCPCS Coverage indicator "I" – Use L8679)*
	L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension *(Medicare HCPCS Coverage indicator "I" – Use L8679)*
	L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only
	L8695	External recharging system for battery (external) for use with implantable neurostimulator, replacement only
	S8130	Interferential current stimulator, 2 channel *(Medicare Status "I" code)*
	S8131	Interferential current stimulator, 4 channel *(Medicare Status "I" code)*
	S8930	Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with patient *(Medicare Status "I" code)*

***Coding Notes:**

- The code list above is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit. According to Medicare, "presence of a payment amount in the MPFS and the Medicare physician fee schedule database (MPFSDB) does not imply that CMS has determined that the service may be covered by Medicare." The issuance of a CPT or HCPCS code or the provision of a payment or fee amount by Medicare does **not** make a procedure medically reasonable or necessary or a covered benefit by Medicare. *(Medicare Claims Processing Manual, Chapter 23 - Fee Schedule Administration and Coding Requirements, §30 - Services Paid Under the Medicare Physician's Fee Schedule, A. Physician's Services)*
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.
- **See the non-covered and prior authorization lists on the Company Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website for additional information.**
- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as "medically unlikely edits" (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

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POLICY REVISION HISTORY

DATE	REVISION SUMMARY
1/2023	Q1 2023 code updates (converted to new format 2/2023)
4/2023	Q2 2023 code updates
5/2023	Interim update
10/2023	Annual review; Language revision due to policy changes from “Investigational” to “not medically necessary” for the Company *Electrical Stimulation: Non-Covered Therapies* and *Gastric Electrical Stimulation* policies, added codes for gastric electrical stimulation.
1/2024	Q1 2024 code updates and interim update; update title for Company spinal cord and dorsal root ganglion stimulation policy
4/2024	Interim update; add LCD for external upper limb tremor stimulator therapy
7/2024	Annual review and Q3 2024 code updates. Add table of example products.
10/2024	Q4 2024 code updates
1/2025	Q1 2025 code updates
7/2025	Annual review and Q3 2025 code updates.
10/2025	Q4 2025 code updates (10/24/2025: Replaced L37360 with L34328 and updated companion LCA due to Noridian JF consolidation with JE LCD policies) (11/24/2025: Replaced L36204 with L35136 due to Noridian JF consolidation with JE LCD policies)
1/2026	Q1 2026 code updates (3/6/2026: Replaced LCD L35457 with L35456 due to Noridian JF consolidation with JE LCD policies)
4/2026	Interim update. Re-add HCPCS L8678 & A4560 (codes were effective 4/2023)
7/2026	Interim update and Q3 2026 code updates. Add non-covered diagnosis code list for chronic low back pain and TENS units
9/2026	Annual review (June) - Add external lower extremity nerve stimulation for restless leg syndrome (RLS). Interim update (August) – Update language to remove the stimulation trial and psychological evaluation exceptions for the Reactiv8 system.
10/2026	Q4 2026 code updates (11/1/2026: Note retirement of LCD L35456 as of 11/1/26)

APPENDICES

Diagnosis codes for the noted services which are considered **not medically necessary** indications include but may not limited to any of the ICD-10 codes listed below.

According to NCD 160.27, cLBP was a covered indication for TENS by Medicare between the dates of 6/8/2012 and 6/8/2015. As of this date, TENS for cLBP is now **not medically necessary**.

Appendix I: Not medically necessary diagnoses for TENS when used for **chronic low back pain (cLBP)**. To determine what diagnosis codes are applicable for cLBP, *the Plan is using the same ICD-10 code list currently used for Medicare acupuncture coverage when used for cLBP conditions.*

CODE	DESCRIPTION
M40.36	Flatback syndrome, lumbar region
M40.37	Flatback syndrome, lumbosacral region
M40.46	Postural lordosis, lumbar region
M40.47	Postural lordosis, lumbosacral region
M40.56	Lordosis, unspecified, lumbar region
M40.57	Lordosis, unspecified, lumbosacral region
M41.26	Other idiopathic scoliosis, lumbar region
M41.27	Other idiopathic scoliosis, lumbosacral region
M41.56	Other secondary scoliosis, lumbar region
M41.57	Other secondary scoliosis, lumbosacral region
M42.16	Adult osteochondrosis of spine, lumbar region
M42.17	Adult osteochondrosis of spine, lumbosacral region
M43.06	Spondylolysis, lumbar region
M43.07	Spondylolysis, lumbosacral region
M43.16	Spondylolisthesis, lumbar region
M43.17	Spondylolisthesis, lumbosacral region
M43.26	Fusion of spine, lumbar region
M43.27	Fusion of spine, lumbosacral region
M43.5X6	Other recurrent vertebral dislocation, lumbar region
M43.5X7	Other recurrent vertebral dislocation, lumbosacral region
M43.8X6	Other specified deforming dorsopathies, lumbar region
M43.8X7	Other specified deforming dorsopathies, lumbosacral region
M47.16	Other spondylosis with myelopathy, lumbar region
M47.26	Other spondylosis with radiculopathy, lumbar region
M47.27	Other spondylosis with radiculopathy, lumbosacral region
M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region
M47.817	Spondylosis without myelopathy or radiculopathy, lumbosacral region
M47.896	Other spondylosis, lumbar region
M47.897	Other spondylosis, lumbosacral region
M48.061	Spinal stenosis, lumbar region without neurogenic claudication
M48.062	Spinal stenosis, lumbar region with neurogenic claudication
M48.07	Spinal stenosis, lumbosacral region
M48.16	Ankylosing hyperostosis [Forestier], lumbar region
M48.17	Ankylosing hyperostosis [Forestier], lumbosacral region
M48.26	Kissing spine, lumbar region
M48.27	Kissing spine, lumbosacral region

M48.36	Traumatic spondylopathy, lumbar region
M48.37	Traumatic spondylopathy, lumbosacral region
M48.8X6	Other specified spondylopathies, lumbar region
M48.8X7	Other specified spondylopathies, lumbosacral region
M51.06	Intervertebral disc disorders with myelopathy, lumbar region
M51.16	Intervertebral disc disorders with radiculopathy, lumbar region
M51.17	Intervertebral disc disorders with radiculopathy, lumbosacral region
M51.26	Other intervertebral disc displacement, lumbar region
M51.27	Other intervertebral disc displacement, lumbosacral region
M51.360	Other intervertebral disc degeneration, lumbar region with discogenic back pain only
M51.362	Other intervertebral disc degeneration, lumbar region with discogenic back pain and lower extremity pain
M51.370	Other intervertebral disc degeneration, lumbosacral region with discogenic back pain only
M51.372	Other intervertebral disc degeneration, lumbosacral region with discogenic back pain and lower extremity pain
M51.46	Schmorl's nodes, lumbar region
M51.47	Schmorl's nodes, lumbosacral region
M51.86	Other intervertebral disc disorders, lumbar region
M51.87	Other intervertebral disc disorders, lumbosacral region
M51.A1	Intervertebral annulus fibrosus defect, small, lumbar region
M51.A2	Intervertebral annulus fibrosus defect, large, lumbar region
M51.A4	Intervertebral annulus fibrosus defect, small, lumbosacral region
M51.A5	Intervertebral annulus fibrosus defect, large, lumbosacral region
M53.2X6	Spinal instabilities, lumbar region
M53.2X7	Spinal instabilities, lumbosacral region
M53.86	Other specified dorsopathies, lumbar region
M53.87	Other specified dorsopathies, lumbosacral region
M54.16	Radiculopathy, lumbar region
M54.17	Radiculopathy, lumbosacral region
M54.31	Sciatica, right side
M54.32	Sciatica, left side
M54.41	Lumbago with sciatica, right side
M54.42	Lumbago with sciatica, left side
M54.51	Vertebrogenic low back pain
M54.59	Other low back pain
S32.010A	Wedge compression fracture of first lumbar vertebra, initial encounter for closed fracture
S32.010B	Wedge compression fracture of first lumbar vertebra, initial encounter for open fracture
S32.010D	Wedge compression fracture of first lumbar vertebra, subsequent encounter for fracture with routine healing
S32.010G	Wedge compression fracture of first lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.010K	Wedge compression fracture of first lumbar vertebra, subsequent encounter for fracture with nonunion
S32.010S	Wedge compression fracture of first lumbar vertebra, sequela
S32.011A	Stable burst fracture of first lumbar vertebra, initial encounter for closed fracture
S32.011B	Stable burst fracture of first lumbar vertebra, initial encounter for open fracture
S32.011D	Stable burst fracture of first lumbar vertebra, subsequent encounter for fracture with routine healing

S32.011G	Stable burst fracture of first lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.011K	Stable burst fracture of first lumbar vertebra, subsequent encounter for fracture with nonunion
S32.011S	Stable burst fracture of first lumbar vertebra, sequela
S32.012A	Unstable burst fracture of first lumbar vertebra, initial encounter for closed fracture
S32.012B	Unstable burst fracture of first lumbar vertebra, initial encounter for open fracture
S32.012D	Unstable burst fracture of first lumbar vertebra, subsequent encounter for fracture with routine healing
S32.012G	Unstable burst fracture of first lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.012K	Unstable burst fracture of first lumbar vertebra, subsequent encounter for fracture with nonunion
S32.012S	Unstable burst fracture of first lumbar vertebra, sequela
S32.018A	Other fracture of first lumbar vertebra, initial encounter for closed fracture
S32.018B	Other fracture of first lumbar vertebra, initial encounter for open fracture
S32.018D	Other fracture of first lumbar vertebra, subsequent encounter for fracture with routine healing
S32.018G	Other fracture of first lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.018K	Other fracture of first lumbar vertebra, subsequent encounter for fracture with nonunion
S32.018S	Other fracture of first lumbar vertebra, sequela
S32.019A	Unspecified fracture of first lumbar vertebra, initial encounter for closed fracture
S32.019B	Unspecified fracture of first lumbar vertebra, initial encounter for open fracture
S32.019D	Unspecified fracture of first lumbar vertebra, subsequent encounter for fracture with routine healing
S32.019G	Unspecified fracture of first lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.019K	Unspecified fracture of first lumbar vertebra, subsequent encounter for fracture with nonunion
S32.019S	Unspecified fracture of first lumbar vertebra, sequela
S32.020A	Wedge compression fracture of second lumbar vertebra, initial encounter for closed fracture
S32.020B	Wedge compression fracture of second lumbar vertebra, initial encounter for open fracture
S32.020D	Wedge compression fracture of second lumbar vertebra, subsequent encounter for fracture with routine healing
S32.020G	Wedge compression fracture of second lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.020K	Wedge compression fracture of second lumbar vertebra, subsequent encounter for fracture with nonunion
S32.020S	Wedge compression fracture of second lumbar vertebra, sequela
S32.021A	Stable burst fracture of second lumbar vertebra, initial encounter for closed fracture
S32.021B	Stable burst fracture of second lumbar vertebra, initial encounter for open fracture
S32.021D	Stable burst fracture of second lumbar vertebra, subsequent encounter for fracture with routine healing
S32.021G	Stable burst fracture of second lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.021K	Stable burst fracture of second lumbar vertebra, subsequent encounter for fracture with nonunion

S32.021S	Stable burst fracture of second lumbar vertebra, sequela
S32.022A	Unstable burst fracture of second lumbar vertebra, initial encounter for closed fracture
S32.022B	Unstable burst fracture of second lumbar vertebra, initial encounter for open fracture
S32.022D	Unstable burst fracture of second lumbar vertebra, subsequent encounter for fracture with routine healing
S32.022G	Unstable burst fracture of second lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.022K	Unstable burst fracture of second lumbar vertebra, subsequent encounter for fracture with nonunion
S32.022S	Unstable burst fracture of second lumbar vertebra, sequela
S32.028A	Other fracture of second lumbar vertebra, initial encounter for closed fracture
S32.028B	Other fracture of second lumbar vertebra, initial encounter for open fracture
S32.028D	Other fracture of second lumbar vertebra, subsequent encounter for fracture with routine healing
S32.028G	Other fracture of second lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.028K	Other fracture of second lumbar vertebra, subsequent encounter for fracture with nonunion
S32.028S	Other fracture of second lumbar vertebra, sequela
S32.029A	Unspecified fracture of second lumbar vertebra, initial encounter for closed fracture
S32.029B	Unspecified fracture of second lumbar vertebra, initial encounter for open fracture
S32.029D	Unspecified fracture of second lumbar vertebra, subsequent encounter for fracture with routine healing
S32.029G	Unspecified fracture of second lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.029K	Unspecified fracture of second lumbar vertebra, subsequent encounter for fracture with nonunion
S32.029S	Unspecified fracture of second lumbar vertebra, sequela
S32.030A	Wedge compression fracture of third lumbar vertebra, initial encounter for closed fracture
S32.030B	Wedge compression fracture of third lumbar vertebra, initial encounter for open fracture
S32.030D	Wedge compression fracture of third lumbar vertebra, subsequent encounter for fracture with routine healing
S32.030G	Wedge compression fracture of third lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.030K	Wedge compression fracture of third lumbar vertebra, subsequent encounter for fracture with nonunion
S32.030S	Wedge compression fracture of third lumbar vertebra, sequela
S32.031A	Stable burst fracture of third lumbar vertebra, initial encounter for closed fracture
S32.031B	Stable burst fracture of third lumbar vertebra, initial encounter for open fracture
S32.031D	Stable burst fracture of third lumbar vertebra, subsequent encounter for fracture with routine healing
S32.031G	Stable burst fracture of third lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.031K	Stable burst fracture of third lumbar vertebra, subsequent encounter for fracture with nonunion
S32.031S	Stable burst fracture of third lumbar vertebra, sequela
S32.032A	Unstable burst fracture of third lumbar vertebra, initial encounter for closed fracture
S32.032B	Unstable burst fracture of third lumbar vertebra, initial encounter for open fracture

S32.032D	Unstable burst fracture of third lumbar vertebra, subsequent encounter for fracture with routine healing
S32.032G	Unstable burst fracture of third lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.032K	Unstable burst fracture of third lumbar vertebra, subsequent encounter for fracture with nonunion
S32.032S	Unstable burst fracture of third lumbar vertebra, sequela
S32.038A	Other fracture of third lumbar vertebra, initial encounter for closed fracture
S32.038B	Other fracture of third lumbar vertebra, initial encounter for open fracture
S32.038D	Other fracture of third lumbar vertebra, subsequent encounter for fracture with routine healing
S32.038G	Other fracture of third lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.038K	Other fracture of third lumbar vertebra, subsequent encounter for fracture with nonunion
S32.038S	Other fracture of third lumbar vertebra, sequela
S32.039A	Unspecified fracture of third lumbar vertebra, initial encounter for closed fracture
S32.039B	Unspecified fracture of third lumbar vertebra, initial encounter for open fracture
S32.039D	Unspecified fracture of third lumbar vertebra, subsequent encounter for fracture with routine healing
S32.039G	Unspecified fracture of third lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.039K	Unspecified fracture of third lumbar vertebra, subsequent encounter for fracture with nonunion
S32.039S	Unspecified fracture of third lumbar vertebra, sequela
S32.040A	Wedge compression fracture of fourth lumbar vertebra, initial encounter for closed fracture
S32.040B	Wedge compression fracture of fourth lumbar vertebra, initial encounter for open fracture
S32.040D	Wedge compression fracture of fourth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.040G	Wedge compression fracture of fourth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.040K	Wedge compression fracture of fourth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.040S	Wedge compression fracture of fourth lumbar vertebra, sequela
S32.041A	Stable burst fracture of fourth lumbar vertebra, initial encounter for closed fracture
S32.041B	Stable burst fracture of fourth lumbar vertebra, initial encounter for open fracture
S32.041D	Stable burst fracture of fourth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.041G	Stable burst fracture of fourth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.041K	Stable burst fracture of fourth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.041S	Stable burst fracture of fourth lumbar vertebra, sequela
S32.042A	Unstable burst fracture of fourth lumbar vertebra, initial encounter for closed fracture
S32.042B	Unstable burst fracture of fourth lumbar vertebra, initial encounter for open fracture
S32.042D	Unstable burst fracture of fourth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.042G	Unstable burst fracture of fourth lumbar vertebra, subsequent encounter for fracture with delayed healing

S32.042K	Unstable burst fracture of fourth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.042S	Unstable burst fracture of fourth lumbar vertebra, sequela
S32.048A	Other fracture of fourth lumbar vertebra, initial encounter for closed fracture
S32.048B	Other fracture of fourth lumbar vertebra, initial encounter for open fracture
S32.048D	Other fracture of fourth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.048G	Other fracture of fourth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.048K	Other fracture of fourth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.048S	Other fracture of fourth lumbar vertebra, sequela
S32.049A	Unspecified fracture of fourth lumbar vertebra, initial encounter for closed fracture
S32.049B	Unspecified fracture of fourth lumbar vertebra, initial encounter for open fracture
S32.049D	Unspecified fracture of fourth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.049G	Unspecified fracture of fourth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.049K	Unspecified fracture of fourth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.049S	Unspecified fracture of fourth lumbar vertebra, sequela
S32.050A	Wedge compression fracture of fifth lumbar vertebra, initial encounter for closed fracture
S32.050B	Wedge compression fracture of fifth lumbar vertebra, initial encounter for open fracture
S32.050D	Wedge compression fracture of fifth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.050G	Wedge compression fracture of fifth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.050K	Wedge compression fracture of fifth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.050S	Wedge compression fracture of fifth lumbar vertebra, sequela
S32.051A	Stable burst fracture of fifth lumbar vertebra, initial encounter for closed fracture
S32.051B	Stable burst fracture of fifth lumbar vertebra, initial encounter for open fracture
S32.051D	Stable burst fracture of fifth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.051G	Stable burst fracture of fifth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.051K	Stable burst fracture of fifth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.051S	Stable burst fracture of fifth lumbar vertebra, sequela
S32.052A	Unstable burst fracture of fifth lumbar vertebra, initial encounter for closed fracture
S32.052B	Unstable burst fracture of fifth lumbar vertebra, initial encounter for open fracture
S32.052D	Unstable burst fracture of fifth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.052G	Unstable burst fracture of fifth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.052K	Unstable burst fracture of fifth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.052S	Unstable burst fracture of fifth lumbar vertebra, sequela
S32.058A	Other fracture of fifth lumbar vertebra, initial encounter for closed fracture
S32.058B	Other fracture of fifth lumbar vertebra, initial encounter for open fracture

S32.058D	Other fracture of fifth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.058G	Other fracture of fifth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.058K	Other fracture of fifth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.058S	Other fracture of fifth lumbar vertebra, sequela
S32.059A	Unspecified fracture of fifth lumbar vertebra, initial encounter for closed fracture
S32.059B	Unspecified fracture of fifth lumbar vertebra, initial encounter for open fracture
S32.059D	Unspecified fracture of fifth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.059G	Unspecified fracture of fifth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.059K	Unspecified fracture of fifth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.059S	Unspecified fracture of fifth lumbar vertebra, sequela
S33.0XXA	Traumatic rupture of lumbar intervertebral disc, initial encounter
S33.0XXD	Traumatic rupture of lumbar intervertebral disc, subsequent encounter
S33.0XXS	Traumatic rupture of lumbar intervertebral disc, sequela
S33.100A	Subluxation of unspecified lumbar vertebra, initial encounter
S33.100D	Subluxation of unspecified lumbar vertebra, subsequent encounter
S33.100S	Subluxation of unspecified lumbar vertebra, sequela
S33.101A	Dislocation of unspecified lumbar vertebra, initial encounter
S33.101D	Dislocation of unspecified lumbar vertebra, subsequent encounter
S33.101S	Dislocation of unspecified lumbar vertebra, sequela
S33.110A	Subluxation of L1/L2 lumbar vertebra, initial encounter
S33.110D	Subluxation of L1/L2 lumbar vertebra, subsequent encounter
S33.110S	Subluxation of L1/L2 lumbar vertebra, sequela
S33.111A	Dislocation of L1/L2 lumbar vertebra, initial encounter
S33.111D	Dislocation of L1/L2 lumbar vertebra, subsequent encounter
S33.111S	Dislocation of L1/L2 lumbar vertebra, sequela
S33.120A	Subluxation of L2/L3 lumbar vertebra, initial encounter
S33.120D	Subluxation of L2/L3 lumbar vertebra, subsequent encounter
S33.120S	Subluxation of L2/L3 lumbar vertebra, sequela
S33.121A	Dislocation of L2/L3 lumbar vertebra, initial encounter
S33.121D	Dislocation of L2/L3 lumbar vertebra, subsequent encounter
S33.121S	Dislocation of L2/L3 lumbar vertebra, sequela
S33.130A	Subluxation of L3/L4 lumbar vertebra, initial encounter
S33.130D	Subluxation of L3/L4 lumbar vertebra, subsequent encounter
S33.130S	Subluxation of L3/L4 lumbar vertebra, sequela
S33.131A	Dislocation of L3/L4 lumbar vertebra, initial encounter
S33.131D	Dislocation of L3/L4 lumbar vertebra, subsequent encounter
S33.131S	Dislocation of L3/L4 lumbar vertebra, sequela
S33.140A	Subluxation of L4/L5 lumbar vertebra, initial encounter
S33.140D	Subluxation of L4/L5 lumbar vertebra, subsequent encounter
S33.140S	Subluxation of L4/L5 lumbar vertebra, sequela
S33.141A	Dislocation of L4/L5 lumbar vertebra, initial encounter
S33.141D	Dislocation of L4/L5 lumbar vertebra, subsequent encounter
S33.141S	Dislocation of L4/L5 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
S34.21XA	Injury of nerve root of lumbar spine, initial encounter
S34.21XD	Injury of nerve root of lumbar spine, subsequent encounter
S34.21XS	Injury of nerve root of lumbar spine, sequela
S34.22XA	Injury of nerve root of sacral spine, initial encounter
S34.22XD	Injury of nerve root of sacral spine, subsequent encounter
S34.22XS	Injury of nerve root of sacral spine, sequela
S39.012A	Strain of muscle, fascia and tendon of lower back, initial encounter
S39.012D	Strain of muscle, fascia and tendon of lower back, subsequent encounter
S39.012S	Strain of muscle, fascia and tendon of lower back, sequela
S39.022A	Laceration of muscle, fascia and tendon of lower back, initial encounter
S39.022D	Laceration of muscle, fascia and tendon of lower back, subsequent encounter
S39.022S	Laceration of muscle, fascia and tendon of lower back, sequela
S39.092A	Other injury of muscle, fascia and tendon of lower back, initial encounter
S39.092D	Other injury of muscle, fascia and tendon of lower back, subsequent encounter
S39.092S	Other injury of muscle, fascia and tendon of lower back, sequela