


<b>MEDICAL POLICY</b>	<b>Transcutaneous Electrical Nerve Stimulators (TENS) and Related Supplies (Medicare Only)</b>
<b>Effective Date: 10/1/2021</b>	Medical Policy Number 299
 10/1/2021	Medical Policy Committee Approved Date: 4/2021; 9/2021
Medical Officer	Date

**See Policy CPT/HCPSC CODE section below for any prior authorization requirements**

**SCOPE:**

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

**APPLIES TO:**

Medicare Only

<b>MEDICARE POLICY CRITERIA</b>	
<p>The following Centers for Medicare &amp; 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.</p>	
Service	Medicare Guidelines
<i>Assessing Patient’s Suitability for Electrical Nerve Stimulation</i>	National Coverage Determination (NCD) for Assessing Patient's Suitability for Electrical Nerve Stimulation Therapy ( <a href="#">160.7.1</a> )
<i>Transcutaneous Electrical Nerve Stimulation (TENS)</i>	<ul style="list-style-type: none"> <li>• National Coverage Determination (NCD) for Transcutaneous Electrical Nerve Stimulation (TENS) for Acute Post-Operative Pain (<a href="#">10.2</a>)</li> <li>• National Coverage Determination (NCD) for Transcutaneous Electrical Nerve Stimulation (TENS) for Chronic Low Back Pain (CLBP) (<a href="#">160.27</a>)</li> <li>• Local Coverage Determination (LCD): Transcutaneous Electrical Nerve Stimulators (TENS) (<a href="#">L33802</a>) (For TENS devices used to treat headaches, see the list of “Examples of conditions for which TENS therapy is not considered to be reasonable and necessary are” within the LCD.)</li> <li>• Local Coverage Article: Transcutaneous Electrical Nerve Stimulators (TENS) - Policy Article (<a href="#">A52520</a>)</li> </ul>

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<i>Supplies Used in the Delivery of Transcutaneous Electrical Nerve Stimulation (TENS) and Neuromuscular Electrical Stimulation (NMES)</i>	National Coverage Determination (NCD) for Supplies Used in the Delivery of Transcutaneous Electrical Nerve Stimulation (TENS) and Neuromuscular Electrical Stimulation (NMES) ( <a href="#">160.13</a> )
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**BILLING GUIDELINES**

Acute Post-Operative Pain

When the TENS device is used for acute post-operative pain, payment of a TENS device will be made only as a rental. Coverage is limited to 30 days (one month's rental) from the day of surgery.

General Requirements for Chronic Pain and CLBP (Trial Period)

When used for the treatment of chronic pain other than low back pain the TENS unit must be used by the patient on a trial basis for a minimum of one month (30 days), but not to exceed two months. The trial period will be paid as a rental. For coverage of a purchase, the physician must determine that the patient is likely to derive significant therapeutic benefit from continuous use of the unit over a long period of time.

TENS used for CLBP as described does not require a trial rental period or an assessment of effectiveness by the treating physician. Upon the patient's enrollment into an approved study, the TENS is eligible for purchase.

Supplies

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.

Reimbursement for supplies is contingent upon use with a covered **TENS** unit. Claims for **TENS** supplies provided when there is no covered **TENS** unit will be denied as not reasonable and necessary.

Effective for claims with dates of service on or after June 8, 2012 supplies provided for use with a

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previously covered **TENS** unit used for CLBP (not as part of an approved study) are not eligible for reimbursement. These supply claims will be denied as not reasonable and necessary.

Coding Guidelines

A transcutaneous electrical nerve stimulator (TENS) (E0720, E0730) is a device that utilizes electrical current delivered through electrodes placed on the surface of the skin to decrease the patient's perception of pain by inhibiting the transmission of afferent pain nerve impulses and/or stimulating the release of endorphins. A TENS unit must be distinguished from other electrical stimulators (e.g., neuromuscular stimulators) which are used to directly stimulate muscles and/or motor nerves.

A TENS supply allowance (A4595) includes 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).

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.

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.

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.

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.

Suppliers should contact the Pricing, Data Analysis and Coding (PDAC) Contractor for guidance on the correct coding of these items.

Additional Billing Guidelines

The use of TENS in the clinic for treatment of all covered medical indications is anticipated to be brief since it is reasonable to assume that most patients can self-treat or apply this modality with caregiver assistance in their home once training has been completed. The medical record must clearly indicate medical necessity rationale for ongoing use of TENS in the clinic. The following is a clinical guide for appropriate coding for TENS application and instruction:

*TENS Application*

CPT® 64550 - Initial application including patient/caregiver instruction in the use of TENS.

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*Unattended Application*

HCPCS G0283 - Subsequent application of TENS following initial application. Presence of a qualified clinician is not necessary for the entire treatment session.

*TENS Application During Exercise*

CPT® 97110 or 97032 - The medical record must clearly indicate medical necessity for the rare use of TENS while the patient is performing therapeutic exercises. This service requires the constant presence of a qualified clinician for the entire treatment session. When time-based coding requirements are met, then either 97110 or 97032 may be billed, but not both.

*TENS Education*

CPT® 97535 - Additional patient and/or caregiver instruction is needed for TENS application beyond the initial instruction. This service requires the constant presence of a qualified clinician for the entire treatment session.

For complete billing guidelines, refer to Local Coverage Article: Transcutaneous Electrical Nerve Stimulators (TENS) - Policy Article ([A52520](#))<sup>5</sup>

*Nerivio (Theranica Bio-Electronics Ltd) Device*

Nerivio (Theranica Bio-Electronics Ltd) is used for the acute treatment of episodic and chronic migraine. This product uses a smartphone application to control stimulation intensity and track treatment efficacy.

**CPT/HCPCS CODES**

<b>Medicare Only</b>	
No Prior Authorization Required	
<u>NOTE:</u> The appearance of a code in this section does not necessarily indicate coverage.	
<b>TENS APPLICATION AND INSTRUCTION:</b>	
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
G0283	Therapeutic procedures to improve respiratory function, other than described by g0237, one on one, face to face, per 15 minutes (includes monitoring)

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<b>EQUIPMENT:</b>	
E0720	Transcutaneous electrical nerve stimulation (tens) device, two lead, localized stimulation
E0730	Transcutaneous electrical nerve stimulation (tens) device, four or more leads, for multiple nerve stimulation
E0731	Form fitting conductive garment for delivery of tens or nmes (with conductive fibers separated from the patient's skin by layers of fabric)
E0745	Neuromuscular stimulator, electronic shock unit
<b>SUPPLIES:</b>	
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
A4595	Electrical stimulator supplies, 2 lead, per month, (e.g., tens, nmes)
A4630	Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient
<b>Not Covered</b>	
K1023	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm

## INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

## REGULATORY STATUS

### Mental Health Parity Statement

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.

**REFERENCES**

1. Centers for Medicare & Medicaid Services. National Coverage Determination (NCD) for Assessing Patient's Suitability for Electrical Nerve Stimulation Therapy (160.7.1). Effective: 6/19/2006. <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=63>. Accessed 2/28/2021.
2. Centers for Medicare & Medicaid Services. National Coverage Determination (NCD) 10.2. Transcutaneous Electrical Nerve Stimulation (TENS) for Acute Post-Operative Pain. Effective: 6/8/2012. Implementation Date: 1/7/2013 <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=145>. Accessed 2/28/2021.
3. Centers for Medicare & Medicaid Services. National Coverage Determination (NCD) 160.27. Transcutaneous Electrical Nerve Stimulation (TENS) for Chronic Low Back Pain (CLBP). Effective: 6/8/2012. Implementation Date: 1/7/2013. <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=354>. Accessed 2/28/2021.
4. Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): Transcutaneous Electrical Nerve Stimulators (TENS) (L33802). Effective: 1/1/2020. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33802>. Accessed 2/28/2021.
5. Centers for Medicare & Medicaid Services. Local Coverage Article: Transcutaneous Electrical Nerve Stimulators (TENS) - Policy Article (A52520). Effective: 01/01/2020. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52520>. Accessed 2/28/2021.
6. Centers for Medicare & Medicaid Services. National Coverage Determination (NCD) for Supplies Used in the Delivery of Transcutaneous Electrical Nerve Stimulation (TENS) and Neuromuscular Electrical Stimulation (NMES) (160.13). Effective: 7/14/1988 <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=151>. Accessed 2/28/2021.