

MedStar Health, Inc. POLICY AND PROCEDURE MANUAL

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SUBJECT: Transcutaneous Electrical Nerve Stimulators (TENS)
INDEX TITLE: Medical Management
ORIGINAL DATE: January 2013

This policy applies to the following lines of business: (Check those that apply.)

COMMERCIAL	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> Fully Insured	<input type="checkbox"/> Individual Product	<input type="checkbox"/> Marketplace (Exchange)	<input checked="" type="checkbox"/> All
GOVERNMENT PROGRAMS	<input type="checkbox"/> MA HMO	<input type="checkbox"/> MA PPO	<input type="checkbox"/> MA C-SNP	<input type="checkbox"/> MA D-SNP	<input checked="" type="checkbox"/> MA All	
OTHER	<input checked="" type="checkbox"/> Self-funded/ASO					

I. POLICY

It is the policy of MedStar Health, Inc. to cover transcutaneous electrical nerve stimulators (TENS) as a Durable Medical Equipment benefit when it is medically necessary (Refer to CRM .015-Medical Necessity policy) as detailed in this policy and covered under the member's specific benefit plan.

For repairs and replacement information, refer to Durable Medical Equipment and Corrective Appliances policy.

II. DEFINITIONS

N/A

III. PURPOSE

The purpose of this policy is to define indications for coverage of transcutaneous electrical nerve stimulators (TENS).

IV. SCOPE

This policy applies to various MedStar Health departments as indicated by the Benefit and Reimbursement Committee. These include but are not limited to Medical Management, Benefit Configuration and Claims Departments.

V. PROCEDURE

A. Medical Description

TENS is a type of electrical nerve stimulator used to treat chronic intractable pain and post operative pain. The stimulator is attached to the surface of the skin over the peripheral nerve to be stimulated. TENS may be applied in a variety of settings (in an outpatient clinic, a physician's office, or in the patient's home).

B. Indications

TENS is covered for the treatment of the following conditions:

1. **Acute Post-Operative Pain** (limited to 30 days from the day of surgery) when all of the following are met:
 - Payment will be made only as a rental for one 30 day period.
 - Payment for more than **one month** is determined by individual consideration based upon supportive documentation provided by the attending physician

Or

2. **Chronic Intractable Pain** when all of the following are met:
 - The pain must have been present for at least **three months** prior to use of TENS unit
 - Other appropriate treatment modalities must have been tried and failed
 - Medical evidence supports type of pain responds to TENS therapy
 - The TENS unit must be used by the member on a trial basis for a minimum of **one month**, but not to exceed **two months**
 - The trial period:
 - Will be paid as a rental.
 - Must be monitored by the physician to determine the effectiveness of the TENS unit in modulating the pain
 - The medical record must document the following:
 - The location of the pain,
 - The duration of time the member has had the pain, and
 - The presumed etiology of the pain.
 - What treatment modalities have been tried and failed.

TENS Unit Purchase

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

1. The physician must determine that the member is likely to derive significant therapeutic benefit from continuous use of the unit over a long period of time.



And

2. The physician's records must document the following:
 - A re-evaluation of the member at the end of the trial period
 - How often the member used the TENS unit (i.e. Two to three times per week or daily)
 - The typical duration of use each time (i.e. number of hours per day or per TENS use)
 - The results of the use of the TENS unit (i.e. percent (%) of reduction in pain)

Lead Wire (A4557)

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

Replacement Supplies (A4595)

* **TENS Supplies** consist of the following:

- Electrodes (any type)
- Conductive paste/gel
- Tape/adhesive
- Adhesive remover
- Skin preparation materials
- Batteries (9 volt or AA, single use or rechargeable)
- Battery charger (when applicable)

Replacement supplies are to be billed as (A4595) and are allowed as follows:

1. For two lead TENS unit/device:
 - Supplies *(A4595) - one unit is allowed per one month
 2. For 4 lead TENS unit/device:
 - Supplies* (A4595) - one unit is allowed per one month
- Or
- When appropriate and supported by documentation per policy above- two units are allowed per one month

Replacement Lead Wires (A4557)

Replacement lead wires are allowed as follows:

1. For two lead TENS unit/device (E0720):
 - A4557- one unit (one pair) is allowed every 12 months
 2. For four lead TENS unit/device (E0730):
 - A4557- one unit (one pair) is allowed every 12 months
- OR



- When appropriate and supported by documentation per policy above, A4557- two units (two pair) are allowed every 12 months

(Refer to Durable Medical Equipment and Corrective Appliances policy)

C. Limitations/Exclusions

1. TENS Unit Rental Limitation:

- When a TENS unit is rented, supplies for the unit are included in the rental allowance; there is no additional allowance for electrodes, lead wires, batteries, etc.
- If the use of the TENS unit is less than daily, the frequency of billing for the TENS supply code should be reduced proportionally.

2. TENS Unit Purchase Limitation:

- When a TENS unit is purchased, the allowance includes lead wires and one month's supplies (electrodes, conductive paste or gel [if needed], and batteries).
- 3. A conductive garment used with a TENS unit is considered rarely medically necessary (**Refer to Variations Section E for Medicare Coverage**)
- 4. The physician ordering the TENS unit must be the attending physician or a consulting physician for the disease or condition resulting in the need for the TENS unit.
- 5. The following cannot be billed separately. These items are included in the two lead supply code (A4595)
 - Electrodes
 - Conductive paste/gel
 - Replacement batteries and battery charger
- 6. The following supplies are not separately allowed/payable:
 - Adapters (snap, banana, alligator, tab, button, clip)
 - Belt clips, adhesive remover
 - Additional connecting cable for lead wires
 - Carrying pouches, or covers
- 7. **Exclusions - Not medically necessary:**
 - Quantities of supplies greater than those described in the policy in the absence of documentation clearly explaining the medical necessity of the excess quantities.
 - A TENS unit for acute pain (less than three months duration) other than post-operative pain.
 - TENS unit for the following conditions (not all-inclusive):
 - Headache
 - Visceral abdominal pain



- Pelvic pain
 - Temporomandibular joint (TMJ) pain.
8. **Experimental and Investigational** and therefore not covered:
- Transcutaneous Electrical Joint Stimulation Device Systems (example: Bionicare)

 - Interferential Stimulators

D. Codes

The following codes for treatments and procedures applicable to this policy are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

<u>Codes</u>	<u>Description</u>
64550	Application of surface (transcutaneous) neurostimulator
A4595	Electrical stimulator supplies, two lead, per month
A4557	Lead wires, per pair
E0720	Transcutaneous electrical nerve stimulation TENS device, two lead, localized stimulation
E0730	Transcutaneous electrical nerve stimulation TENS device, four or more leads, for multiple nerve stimulation

Not Covered (Exception - Covered for Medicare)

E0731	Form fitting conductive garment for delivery of TENS or Neuromuscular electrical stimulator/NMES (with conductive fibers separated from the patient's skin by layers of fabric) (Refer to Variations Section E for Medicare Coverage)
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Included in the two lead Supply Code (A4595)

A4556	Replacement electrodes
A4558	Conductive paste or gel
A4630	Replacement batteries or a battery charger

NOT COVERED ICD-9 Coding:

339.00-	Headache syndromes
339.89	
524.6-	Temporomandibular joint disorders
524.69	
625.0-625.9	Pain and other symptoms associated with female genital organs



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789.0- Abdominal pain
789.09

NOT COVERED ICD-10 Coding:

G43.0-G44.89 Headache syndromes
M26.0-M27.9 Dentofacial anomalies and other disorders of jaw
N70.0-N77.1; Pain and other symptoms associated with female genital
N80.0-N98.9; organs
N99.0-N99.89
R10.0-R10.9 Abdominal and pelvic pain

**TENS therapy for Chronic Lower Back Pain for Medicare Advantage
Members must meet criteria outlined in Section E. (Variations) ICD-9 codes:**

720.2 Sacroiliitis, not elsewhere classified
721.3 Lumbosacral spondylosis without myelopathy
721.41 Spondylosis with myelopathy, thoracic region
722.10 Displacement of lumbar intervertebral disc without myelopathy
722.52 Degeneration of lumbar or lumbosacral intervertebral disc
722.73 Intervertebral disc disorder with myelopathy, lumbar region
722.83 Post laminectomy syndrome, lumbar region
722.93 Other and unspecified disc disorder, lumbar region
724.02 Spinal stenosis, lumbar region, without neurogenic claudication
724.03 Spinal stenosis, lumbar region, with neurogenic claudication
724.2 Lumbago
724.3 Sciatica
724.4 Thoracic or lumbosacral neuritis or radiculitis, unspecified
738.4 Acquired spondylolisthesis
739.3 Nonalopathic lesions, lumbar region
756.11 Spondylolysis, lumbosacral region
756.12 Spondylolisthesis
805.4 Closed fracture of lumbar vertebra without mention of spinal
cord injury
806.4 Closed fracture of lumbar spine with spinal cord injury
846.0 Sprain of lumbosacral (joint) (ligament)
846.1 Sprain of sacroiliac ligament
847.2 Sprain of lumbar

**TENS therapy for Chronic Lower Back Pain for Medicare Advantage
Members must meet criteria outlined in Section E. (Variations) ICD-10
codes:**

M43.00 Spondylolysis, site unspecified
M43.10 Spondylolisthesis, site unspecified



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M46.1	Sacroiliitis, not elsewhere classified
M46.47	Discitis, unspecified, lumbosacral region
M47.14	Other spondylosis with myelopathy, thoracic region
M47.817	Spondylosis without myelopathy or radiculopathy, lumbosacral region
M48.06	Spinal stenosis, lumbar region
M51.06	Intervertebral disc disorders with myelopathy, lumbar region
M51.26	Other intervertebral disc displacement, lumbar region
M51.27	Other intervertebral disc displacement, lumbosacral region
M51.36	Other intervertebral disc degeneration, lumbar region
M51.37	Other intervertebral disc degeneration, lumbosacral region
M51.86	Other intervertebral disc disorders, lumbar region
M51.87	Other intervertebral disc disorders, lumbosacral region
M54.14	Radiculopathy, thoracic region
M54.15	Radiculopathy, thoracolumbar region
M54.16	Radiculopathy, lumbar region
M54.17	Radiculopathy, lumbosacral region
M54.30	Sciatica, unspecified side
M54.5	Low back pain
M96.1	Post laminectomy syndrome, not elsewhere classified
M99.03	Segmental and somatic dysfunction of lumbar region
Q76.2	Congenital spondylolisthesis
S32.009A	Unspecified fracture of unspecified lumbar vertebra, initial encounter for closed fracture
S33.5XXA	Sprain of ligaments of lumbar spine, initial encounter
S33.6XXA	Sprain of sacroiliac joint, initial encounter
S33.8XXA	Sprain of other parts of lumbar spine and pelvis, initial encounter
S34.109A- S32.059A	Fracture of lumbar spine with spinal cord injury

E. Variations

Medicare Coverage:

The following criteria apply to Medicare members only:

1. A form-fitting garment (E0731) and medically related supplies are considered medically necessary under the following conditions:
 1. Form-fitting garment has FDA approval



2. Prescribed by a physician for use in delivering covered TENS treatment
3. **ONE** of the following medical conditions are documented:
 - i. Larger area or so many sites to be stimulated with stimulation delivered so frequently that it is not feasible to use conventional electrodes, adhesive tapes, and lead wires
 - ii. Area or sites to be stimulated are inaccessible with the use of conventional electrodes
 - iii. Documented skin condition that requires use of form-fitting garment
 - iv. Electrical stimulation beneath a cast either to treat disuse atrophy or chronic intractable pain
 - v. Rehabilitation strengthening where need for form-fitting garment is documented in written plan of rehabilitation

****Code E0731 is covered for Medicare when above listed conditions are met and documented**

2. TENS therapy for Chronic Lower Back Pain requires enrollment into an approved clinical study (**specific conditions defined in Reference #1 Section H**) and **ANY ONE** of the following conditions: listed in Section D. (codes) under: TENS therapy for Chronic Lower Back Pain for Medicare Advantage members.

F. Quality Audit

Quality Audit monitors policy compliance or billing accuracy at the request of the MedStar Health's Technology Assessment Committee or the Benefits Reimbursement Committee.

G. Records Retention

Records Retention for documents, regardless of medium, are provided within the MedStar Health Policy HS-LE0009 Records Retention, Management and Retirement, and as indicated in the Insurance Services Division Policy and Procedure CORP.028 Records Retention.

Unless otherwise mandated by Federal or State law, or unless required to be maintained for litigation purposes, any communications recorded pursuant to this Policy are maintained for a minimum of ten (10) years from the date of recording.

H. References

Medical Literature/Clinical Information



UPMC HEALTH PLAN

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1. Empi: Overview: TENS - A clinically proven method to reduce pain using electrical stimulus. ©2013 DJO Global. <http://www.djoglobal.com/our-brands/empi/information/healthcare-professionals/tens>

Regulatory/Government Source

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2. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) : No. 280.13- Transcutaneous Electrical Nerve Stimulators. Effective Date: 08/07/1995. http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=273&ncdver=1&DocID=280.13&ncd_id=280.13&ncd_version=1&basket=ncd%253A280%252E13%253A1%253ATranscutaneous+Electrical+Nerve+Stimulators+%2528TENS%2529&bc=gAAAAAGAAAAA%3d%3d
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- 10/02/2006.. http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part2.pdf
7. Medicare National Coverage Determinations Manual. Chapter 1, Part 2 (Sections 90-160.26). Section 160.13. Supplies Used in the Delivery of Transcutaneous Electrical Nerve Stimulation (TENS) and Neuromuscular Electrical Stimulation (NMES). Rev. 149. Issued: 11/02/2012. Implemented: 01/07/2013. http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part2.pdf
 8. Medicare National Coverage Determinations Manual. Chapter 1, Part 2 (Sections 90-160.26). Section 160.27. Transcutaneous Electrical Nerve Stimulation (TENS) for Chronic Low Back Pain (CLBP). Rev. 149. Issued: 11/02/2012. Implemented: 01/07/2013. http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part2.pdf
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