

Transcutaneous Electrical Nerve Stimulation (TENS) for Chronic Low Back Pain (CLBP) (NCD 160.27)

Guideline Number: MPG315.08
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[Terms and Conditions](#)

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Related Medicare Advantage Policy Guidelines
<ul style="list-style-type: none"> Assessing Patient's Suitability for Electrical Nerve Stimulation Therapy (NCD 160.7.1) Transcutaneous Electrical Nerve Stimulation (TENS) for Acute Post-Operative Pain (NCD 10.2)

Related Medicare Advantage Reimbursement Policy
<ul style="list-style-type: none"> Durable Medical Equipment Charges in a Skilled Nursing Facility Policy, Professional

Related Medicare Advantage Coverage Summaries
<ul style="list-style-type: none"> Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid Pain Management and Pain Rehabilitation Stimulators: Electrical and Spinal Cord Stimulators

Policy Summary

[See Purpose](#)

Overview

Transcutaneous Electrical Nerve Stimulation (TENS) is a type of electrical nerve stimulator that is employed to treat chronic intractable pain. This stimulator is attached to the surface of the patient's skin over the peripheral nerve to be stimulated. It may be applied in a variety of settings (a physician's office, in the patient's home, or in an outpatient clinic).

For the purposes of this decision, chronic low back pain (CLBP) is defined as:

- An episode of low back pain that has persisted for three months or longer; and
- Is not a manifestation of a clearly defined and generally recognizable primary disease entity. For example, there are cancers that, through metastatic spread to the spine or pelvis, may elicit pain in the lower back as a symptom; and certain systemic diseases such as rheumatoid arthritis and multiple sclerosis manifest many debilitating symptoms of which low back pain is not the primary focus.

Guidelines

Nationally Non-Covered Indications

TENS is not reasonable and necessary for the treatment of CLBP under section 1862(a) (1)(A) of the Act. As of June 8, 2015, The Centers for Medicare & Medicaid Services (CMS) coverage for Transcutaneous Electrical Nerve Stimulation (TENS) for chronic low back pain (CLBP) under Coverage with Evidence Development (CED) expired.

Coding Clarification: A transcutaneous electrical nerve stimulator (TENS) 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.

TENS and any related supplies for chronic low back pain are not covered.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
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
E0720	Transcutaneous electrical nerve stimulation (TENS) device, 2 lead, localized stimulation
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)

References

CMS National Coverage Determinations (NCDs)

[NCD 160.27 Transcutaneous Electrical Nerve Stimulation \(TENS\) for Chronic Low Back Pain \(CLBP\)](#)

Reference NCDs: [NCD 160.13 Supplies Used in the Delivery of Transcutaneous Electrical Nerve Stimulation \(TENS\) and Neuromuscular Electrical Stimulation \(NMES\)](#); [NCD 10.2 Transcutaneous Electrical Nerve Stimulation \(TENS\) for Acute Post-Operative Pain](#); [NCD 160.7.1 Assessing Patient's Suitability for Electrical Nerve Stimulation Therapy](#)

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	DME MAC
L33802 Transcutaneous Electrical Nerve Stimulators TENS	A52520 Transcutaneous Electrical Nerve Stimulators (TENS) - Policy Article	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
	A55426 Standard Documentation Requirements for All Claims Submitted to DME MACs	Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MP, MT, ND, NE, NH, NJ, NV, NY, OR, PA, RI, SD, UT, VT, WA, WY

CMS Benefit Policy Manual

[Chapter 1: § 40 Supplies, Appliances, and Equipment](#)

[Chapter 6: § 80 Rental and Purchase of Durable Medical Equipment](#)

[Chapter 15: § 110 Durable Medical Equipment - General](#)

CMS Claims Processing Manual

[Chapter 20; § 30.1.2 Transcutaneous Electrical Nerve Stimulator \(TENS\)](#)

CMS Transmittal(s)

[Transmittal 2005, Change Request 10318, Dated 01/18/2018 \(ICD-10 and Other Coding Revisions to NCDs\)](#)

[Transmittal 2511, Change Request 7836, Dated 08/03/2012 \(Transcutaneous Electrical Nerve Stimulation \(TENS\) for Chronic Low Back Pain \(CLBP\)\)](#)

[Transmittal 2605, Change Request 7836, Dated 11/30/2012 \(Transcutaneous Electrical Nerve Stimulation \(TENS\) for Chronic Low Back Pain \(CLBP\)\)](#)

MLN Matters

[Article MM7836, Transcutaneous Electrical Nerve Stimulation \(TENS\) for Chronic Low Back Pain \(CLBP\)](#)

UnitedHealthcare Commercial Policy

[Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation](#)

Other(s)

[TENS for chronic low back pain, accessed on CMS website under Coverage of Evidence Development](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	Template Update <ul style="list-style-type: none">Reformatted policy; transferred content to new template
11/11/2020	Related Policies <ul style="list-style-type: none">Removed reference link to the Medicare Advantage Policy Guideline titled <i>Supplies Used in the Delivery of Transcutaneous Electrical Nerve Stimulation (TENS) and Neuromuscular Electrical Stimulation (NMES) (NCD 160.13)</i> Policy Summary Coding Clarification <ul style="list-style-type: none">Added language to indicate transcutaneous electrical nerve stimulation (TENS) and any related supplies for chronic low back pain are not covered Applicable Codes <ul style="list-style-type: none">Revised description for HCPCS codes A4556, A4557, and A4558 Supporting Information <ul style="list-style-type: none">Archived previous policy version MPG315.07

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this

resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).