Transcutaneous Electrical Nerve Stimulation (TENS) for Acute Post-Operative Pain (NCD 10.2)

Guideline Number: MPG314.07
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Terms and Conditions

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Related Medicare Advantage Policy Guidelines

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Related Medicare Advantage Reimbursement Policy

- Durable Medical Equipment Charges in a Skilled Nursing Facility Policy, Professional

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Policy Summary

See Purpose

Overview

Transcutaneous Electrical Nerve Stimulation (TENS) used for the relief of acute post-operative pain is covered under Medicare. TENS may be covered whether used as an alternative to drugs, or as an adjunct to the use of drugs, in the treatment of acute pain resulting from surgery.

TENS devices, whether disposable or durable, may be used in furnishing this service. When used for the purpose of treating acute post-operative pain, TENS devices are considered supplies. As such, they may be hospital supplies furnished to inpatients covered under Part A, or supplies incident to a physician's service when furnished in connection with surgery done on an outpatient basis, and covered under Part B.

Guidelines

It is expected that TENS, when used for acute post-operative pain, will be necessary for relatively short periods of time, usually 30 days or less. In cases when TENS is used for longer periods, ascertain whether TENS is no longer being used for acute pain but rather for chronic pain, in which case the TENS device may be covered as durable medical equipment.

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.

A TENS supply allowance 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).

There should be no billing and there will be no separate allowance for replacement electrodes, conductive paste or gel, replacement batteries, 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.

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)

Modifier	Description
KX	Requirements specified in the medical policy have been met

References

CMS National Coverage Determinations (NCDs)

NCD 10.2 Transcutaneous Electrical Nerve Stimulation (TENS) for Acute Post-Operative Pain
Reference NCDs: NCD 160.13 Supplies Used in the Delivery of Transcutaneous Electrical Nerve Stimulation (TENS) and Neuromuscular Electrical Stimulation (NMES); NCD 160.27 Transcutaneous Electrical Nerve Stimulation (TENS) for Chronic Low Back Pain (CLBP); 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

LCD	Article	Contractor	DME MAC
	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 Purchase 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

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** • Reformatted policy; transferred content to new template

11/11/2020	**Related Policies**
	• Removed reference link to the Medicare Advantage Policy Guideline titled *Supplies Used in the Delivery of Transcutaneous Electrical Nerve Stimulation (TENS) and Neuromuscular Electrical Stimulation (NMES) (NCD 160.13)*
	Policy Summary
	Coding Clarification
	• Added language to indicate:
	  ○ A transcutaneous electrical nerve stimulation (TENS) supply allowance 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)
	  ○ There should be no billing and there will be no separate allowance for replacement electrodes, conductive paste or gel, replacement batteries, 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)

Date	Summary of Changes
	▪ Belt clips ▪ Adhesive remover ▪ Additional connecting cable for lead wires ▪ Carrying pouches ▪ Covers **Applicable Codes** • Revised description for HCPCS codes A4556, A4557, and A4558 **Supporting Information** • Archived previous policy version MPG314.06

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.