

# Transcutaneous Electrical Nerve Stimulation (TENS)

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- Related Medicare Advantage Reimbursement Policy**

  - [Durable Medical Equipment Charges in a Skilled Nursing Facility Policy, Professional](#)
- Related Medicare Advantage Coverage Summaries**

  - [Durable Medical Equipment \(DME\), Prosthetics, Corrective Appliances/Orthotics \(Non-Foot Orthotics\), Nutritional Therapy and Medical Supplies Grid](#)
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## Policy Summary

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### Overview

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 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.

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

A TENS is covered for the treatment of beneficiaries with chronic, intractable pain (other than chronic low back pain) or acute post-operative pain.

#### *Acute Post-Operative Pain*

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

A TENS unit will be denied as not reasonable and necessary for acute pain (less than three months duration) other than for post-operative pain.

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.

### ***Chronic Pain Other than Low Back Pain***

TENS is covered for chronic, intractable pain other than chronic low back pain when all of the following criteria must be met:

- The presumed etiology of the pain must be a type that is accepted as responding to TENS therapy. Examples of conditions for which TENS therapy is not considered to be reasonable and necessary are (not all-inclusive):
  - Headache
  - Visceral abdominal pain
  - Pelvic pain
  - Temporomandibular joint (TMJ) pain
- The pain must have been present for at least three months.
- Other appropriate treatment modalities must have been tried and failed.

TENS therapy for chronic pain that does not meet these criteria will be denied as not reasonable and necessary.

When used for the treatment of chronic, intractable pain, the TENS unit must be used by the beneficiary 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. The trial period must be monitored by the treating practitioner to determine the effectiveness of the TENS unit in modulating the pain. For coverage of a purchase, the treating practitioner must determine that the beneficiary is likely to derive significant therapeutic benefit from continuous use of the unit over a long period of time.

A 4-lead TENS unit may be used with either 2 leads or 4 leads, depending on the characteristics of the beneficiary's pain. If it is ordered for use with 4 leads, the medical record must document why 2 leads are insufficient to meet the beneficiary's needs.

### ***Chronic Low Back Pain (CLBP)***

TENS therapy for Chronic Low Back Pain will be denied as not reasonable and necessary.

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.

### **Supplies**

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).

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.

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.

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.

A conductive garment (E0731) used with a TENS unit is rarely reasonable and necessary, but is covered only if all of the following conditions are met:

- It has been prescribed by the treating practitioner for use in delivering covered TENS treatment.
- One of the medical indications outlined below is met:
  - The beneficiary cannot manage without the conductive garment because:
    - There is such a large area or so many sites to be stimulated, and
    - The stimulation would have to be delivered so frequently that it is not feasible to use conventional electrodes, adhesive tapes, and lead wires.
  - The beneficiary cannot manage without the conductive garment for the treatment of chronic intractable pain because the areas or sites to be stimulated are inaccessible with the use of conventional electrodes, adhesive tapes, and lead wires.
  - The beneficiary has a documented medical condition, such as skin problems, that preclude the application of conventional electrodes, adhesive tapes, and lead wires.
  - The beneficiary requires electrical stimulation beneath a cast to treat chronic intractable pain.

A conductive garment is not covered for use with a TENS device during the trial period unless:

- The beneficiary has a documented skin problem prior to the start of the trial period, and
- The TENS is reasonable and necessary for the beneficiary.

If the criteria above are not met for E0731, it will be denied as not 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.

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

HCPCS Code	Description
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

Diagnosis Code	Description
<b>Non-Covered</b>	
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

Diagnosis Code	Description
Non-Covered	
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
M51.36	Other intervertebral disc degeneration, lumbar region
M51.37	Other intervertebral disc degeneration, lumbosacral region
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
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
M54.5	Low back pain (Deleted 09/30/2021)
M54.50	Low back pain, unspecified (Effective 10/01/2021)
M54.51	Vertebrogenic low back pain (Effective 10/01/2021)
M54.59	Other low back pain (Effective 10/01/2021)
S32.000A	Wedge compression fracture of unspecified lumbar vertebra, initial encounter for closed fracture
S32.000B	Wedge compression fracture of unspecified lumbar vertebra, initial encounter for open fracture
S32.000D	Wedge compression fracture of unspecified lumbar vertebra, subsequent encounter for fracture with routine healing
S32.000G	Wedge compression fracture of unspecified lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.000K	Wedge compression fracture of unspecified lumbar vertebra, subsequent encounter for fracture with nonunion
S32.000S	Wedge compression fracture of unspecified lumbar vertebra, sequela
S32.001A	Stable burst fracture of unspecified lumbar vertebra, initial encounter for closed fracture

Diagnosis Code	Description
<b>Non-Covered</b>	
S32.001B	Stable burst fracture of unspecified lumbar vertebra, initial encounter for open fracture
S32.001D	Stable burst fracture of unspecified lumbar vertebra, subsequent encounter for fracture with routine healing
S32.001G	Stable burst fracture of unspecified lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.001K	Stable burst fracture of unspecified lumbar vertebra, subsequent encounter for fracture with nonunion
S32.001S	Stable burst fracture of unspecified lumbar vertebra, sequela
S32.002A	Unstable burst fracture of unspecified lumbar vertebra, initial encounter for closed fracture
S32.002B	Unstable burst fracture of unspecified lumbar vertebra, initial encounter for open fracture
S32.002D	Unstable burst fracture of unspecified lumbar vertebra, subsequent encounter for fracture with routine healing
S32.002G	Unstable burst fracture of unspecified lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.002K	Unstable burst fracture of unspecified lumbar vertebra, subsequent encounter for fracture with nonunion
S32.002S	Unstable burst fracture of unspecified lumbar vertebra, sequela
S32.008A	Other fracture of unspecified lumbar vertebra, initial encounter for closed fracture
S32.008B	Other fracture of unspecified lumbar vertebra, initial encounter for open fracture
S32.008D	Other fracture of unspecified lumbar vertebra, subsequent encounter for fracture with routine healing
S32.008G	Other fracture of unspecified lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.008K	Other fracture of unspecified lumbar vertebra, subsequent encounter for fracture with nonunion
S32.008S	Other fracture of unspecified lumbar vertebra, sequela
S32.009A	Unspecified fracture of unspecified lumbar vertebra, initial encounter for closed fracture
S32.009B	Unspecified fracture of unspecified lumbar vertebra, initial encounter for open fracture
S32.009D	Unspecified fracture of unspecified lumbar vertebra, subsequent encounter for fracture with routine healing
S32.009G	Unspecified fracture of unspecified lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.009K	Unspecified fracture of unspecified lumbar vertebra, subsequent encounter for fracture with nonunion
S32.009S	Unspecified fracture of unspecified lumbar vertebra, sequela
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

Diagnosis Code	Description
<b>Non-Covered</b>	
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

Diagnosis Code	Description
<b>Non-Covered</b>	
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



Diagnosis Code	Description
<b>Non-Covered</b>	
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

Diagnosis Code	Description
<b>Non-Covered</b>	
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

Diagnosis Code	Description
Non-Covered	
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
S39.002A	Unspecified injury of muscle, fascia and tendon of lower back, initial encounter
S39.002D	Unspecified injury of muscle, fascia and tendon of lower back, subsequent encounter
S39.002S	Unspecified injury of muscle, fascia and tendon of lower back, 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

Diagnosis Code	Description
Non-Covered	
S39.092S	Other injury of muscle, fascia and tendon of lower back, sequela

## References

### CMS National Coverage Determinations (NCDs)

[NCD 10.2 Transcutaneous Electrical Nerve Stimulation \(TENS\) for Acute Post-Operative Pain](#); [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 160.7.1 Assessing Patient's Suitability for Electrical Nerve Stimulation Therapy](#)

### CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	DME MAC
<a href="#">L33802 Transcutaneous Electrical Nerve Stimulators TENS</a>	<a href="#">A52520 Transcutaneous Electrical Nerve Stimulators (TENS) - Policy Article</a>	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
		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
	<a href="#">A55426 Standard Documentation Requirements for All Claims Submitted to DME MACs</a>	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
		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 Transmittals

[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 \(CLBP\)\)](#)

[Transmittal 12482, Change Request 11083, Dated 10/29/2021 \(International Classification of Diseases, 10th Revision \(ICD-10\) and Other Coding Revisions to National Coverage Determination \(NCDs\) – April 2022 \(CR 2 of 2 for April 2022\)\)](#)

### MLN Matters

[Article MM12482, International Classification of Diseases, 10th Revision \(ICD10\) and Other Coding Revisions to National](#)

**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
05/12/2022	<p><b>Title Change</b></p> <ul style="list-style-type: none"> <li>Previously titled <i>Transcutaneous Electrical Nerve Stimulation (TENS) for Acute Post-Operative Pain (NCD 10.2)</i></li> </ul> <p><b>Related Policies</b></p> <ul style="list-style-type: none"> <li>Removed reference link to the UnitedHealthcare Medicare Advantage Policy Guideline titled <i>Transcutaneous Electrical Nerve Stimulation (TENS) for Chronic Low Back Pain (CLBP) (NCD 160.27)</i></li> </ul> <p><b>Policy Summary</b></p> <p><i>Overview</i></p> <ul style="list-style-type: none"> <li>Added language (previously located in the <i>Guidelines</i> section) to indicate:             <ul style="list-style-type: none"> <li>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</li> <li>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</li> <li>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</li> </ul> </li> </ul> <p><b>Guidelines</b></p> <ul style="list-style-type: none"> <li>Added language to indicate:             <ul style="list-style-type: none"> <li>A TENS is covered for the treatment of beneficiaries with chronic, intractable pain (other than chronic low back pain), or acute post-operative pain</li> </ul> </li> </ul> <p><b>Acute Post-Operative Pain (new to policy)</b></p> <ul style="list-style-type: none"> <li>Added language to indicate:             <ul style="list-style-type: none"> <li>TENS is covered for acute post-operative pain</li> <li>Coverage is limited to 30 days (one month's rental) from the day of surgery; payment will be made only as a rental</li> <li>A TENS unit will be denied as not reasonable and necessary for acute pain (less than three months duration) other than for post-operative pain</li> </ul> </li> </ul> <p><b>Chronic Pain Other than Low Back Pain (new to policy)</b></p> <ul style="list-style-type: none"> <li>Added language to indicate:             <ul style="list-style-type: none"> <li>TENS is covered for chronic, intractable pain other than chronic low back pain when all of the following criteria must be met:                 <ul style="list-style-type: none"> <li>The presumed etiology of the pain must be a type that is accepted as responding to TENS therapy; examples of conditions for which TENS therapy is not considered to be reasonable and necessary are (not all-inclusive):                     <ul style="list-style-type: none"> <li>Headache</li> <li>Visceral abdominal pain</li> <li>Pelvic pain</li> <li>Temporomandibular joint (TMJ) pain</li> </ul> </li> <li>The pain must have been present for at least three months</li> </ul> </li> </ul> </li> </ul>

Date	Summary of Changes
	<ul style="list-style-type: none"> <li>▪ Other appropriate treatment modalities must have been tried and failed</li> <li>○ TENS therapy for chronic pain that does not meet these criteria will be denied as not reasonable and necessary</li> <li>○ When used for the treatment of chronic, intractable pain, the TENS unit must be used by the beneficiary on a trial basis for a minimum of one month (30 days), but not to exceed two months</li> <li>○ The trial period will be paid as a rental; the trial period must be monitored by the treating practitioner to determine the effectiveness of the TENS unit in modulating the pain</li> <li>○ For coverage of a purchase, the treating practitioner must determine that the beneficiary is likely to derive significant therapeutic benefit from continuous use of the unit over a long period of time</li> <li>○ A 4-lead TENS unit may be used with either 2 leads or 4 leads, depending on the characteristics of the beneficiary's pain; if it is ordered for use with 4 leads, the medical record must document why 2 leads are insufficient to meet the beneficiary's needs</li> </ul> <p><b><i>Chronic Low Back Pain (CLBP) (new to policy)</i></b></p> <ul style="list-style-type: none"> <li>● Added language [previously outlined in the UnitedHealthcare Medicare Advantage Policy Guideline titled [ <i>Transcutaneous Electrical Nerve Stimulation (TENS) for Chronic Low Back Pain (CLBP) (NCD 160.27)</i>] to indicate: <ul style="list-style-type: none"> <li>○ TENS therapy for Chronic Low Back Pain will be denied as not reasonable and necessary</li> <li>○ Chronic low back pain (CLBP) is defined as: <ul style="list-style-type: none"> <li>▪ An episode of low back pain that has persisted for three months or longer; and</li> <li>▪ 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</li> </ul> </li> </ul> </li> </ul> <p><b><i>Supplies</i></b></p> <ul style="list-style-type: none"> <li>● Added language to indicate: <ul style="list-style-type: none"> <li>○ HCPCS code A4595 (TENS supply allowance) is an all-inclusive code</li> <li>○ HCPCS 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; HCPCS code A4595 should be used instead</li> <li>○ 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</li> <li>○ 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: <ul style="list-style-type: none"> <li>▪ 2 TENS leads - a maximum of one unit of A4595 per month</li> <li>▪ 4 TENS leads - a maximum of two units of A4595 per month</li> </ul> </li> <li>○ If the use of the TENS unit is less than daily, the frequency of billing for the TENS supply code should be reduced proportionally</li> <li>○ Replacement of lead wires (HCPCS code A4557) more often than every 12 months would rarely be reasonable and necessary</li> <li>○ A conductive garment (HCPCS code E0731) used with a TENS unit is rarely reasonable and necessary, but is covered only if all of the following conditions are met: <ul style="list-style-type: none"> <li>▪ It has been prescribed by the treating practitioner for use in delivering covered TENS treatment</li> <li>▪ One of the medical indications outlined below is met: <ul style="list-style-type: none"> <li>- The beneficiary cannot manage without the conductive garment because: <ul style="list-style-type: none"> <li>● There is such a large area or so many sites to be stimulated, and</li> <li>● The stimulation would have to be delivered so frequently that it is not feasible to use conventional electrodes, adhesive tapes, and lead wires</li> </ul> </li> <li>- The beneficiary cannot manage without the conductive garment for the treatment of chronic intractable pain because the areas or sites to be stimulated are inaccessible with the use of conventional electrodes, adhesive tapes, and lead wires</li> </ul> </li> </ul> </li> </ul> </li> </ul>

Date	Summary of Changes
	<ul style="list-style-type: none"> <li>- The beneficiary has a documented medical condition, such as skin problems, that preclude the application of conventional electrodes, adhesive tapes, and lead wires</li> <li>- The beneficiary requires electrical stimulation beneath a cast to treat chronic intractable pain</li> <li>o A conductive garment is not covered for use with a TENS device during the trial period unless: <ul style="list-style-type: none"> <li>▪ The beneficiary has a documented skin problem prior to the start of the trial period, and</li> <li>▪ The TENS is reasonable and necessary for the beneficiary</li> </ul> </li> <li>o If the criteria above are not met for HCPCS code E0731, it will be denied as not reasonable and necessary</li> <li>o 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</li> </ul> <p><b>Applicable Codes</b></p> <p><i>Non-Covered Diagnosis Codes</i></p> <ul style="list-style-type: none"> <li>• Added list of applicable non-covered ICD-10 diagnosis codes: M40.36, M40.37, M40.46, M40.47, M40.56, M40.57, M41.26, M41.27, M41.56, M41.57, M42.16, M42.17, M43.06, M43.07, M43.16, M43.17, M43.26, M43.27, M43.5X6, M43.5X7, M43.8X6, M43.8X7, M47.16, M47.26, M47.27, M47.816, M47.817, M47.896, M47.897, M48.061, M48.062, M48.07, M48.16, M48.17, M48.26, M48.27, M48.36, M48.37, M48.8X6, M48.8X7, M51.06, M51.16, M51.17, M51.26, M51.27, M51.36, M51.37, M51.46, M51.47, M51.86, M51.87, M53.2X6, M53.2X7, M53.86, M53.87, M54.16, M54.17, M54.31, M54.32, M54.41, M54.42, M54.5, M54.50, M54.51, M54.59, S32.000A, S32.000B, S32.000D, S32.000G, S32.000K, S32.000S, S32.001A, S32.001B, S32.001D, S32.001G, S32.001K, S32.001S, S32.002A, S32.002B, S32.002D, S32.002G, S32.002K, S32.002S, S32.008A, S32.008B, S32.008D, S32.008G, S32.008K, S32.008S, S32.009A, S32.009B, S32.009D, S32.009G, S32.009K, S32.009S, S32.010A, S32.010B, S32.010D, S32.010G, S32.010K, S32.010S, S32.011A, S32.011B, S32.011D, S32.011G, S32.011K, S32.011S, S32.012A, S32.012B, S32.012D, S32.012G, S32.012K, S32.012S, S32.018A, S32.018B, S32.018D, S32.018G, S32.018K, S32.018S, S32.019A, S32.019B, S32.019D, S32.019G, S32.019K, S32.019S, S32.020A, S32.020B, S32.020D, S32.020G, S32.020K, S32.020S, S32.021A, S32.021B, S32.021D, S32.021G, S32.021K, S32.021S, S32.022A, S32.022B, S32.022D, S32.022G, S32.022K, S32.022S, S32.028A, S32.028B, S32.028D, S32.028G, S32.028K, S32.028S, S32.029A, S32.029B, S32.029D, S32.029G, S32.029K, S32.029S, S32.030A, S32.030B, S32.030D, S32.030G, S32.030K, S32.030S, S32.031A, S32.031B, S32.031D, S32.031G, S32.031K, S32.031S, S32.032A, S32.032B, S32.032D, S32.032G, S32.032K, S32.032S, S32.038A, S32.038B, S32.038D, S32.038G, S32.038K, S32.038S, S32.039A, S32.039B, S32.039D, S32.039G, S32.039K, S32.039S, S32.040A, S32.040B, S32.040D, S32.040G, S32.040K, S32.040S, S32.041A, S32.041B, S32.041D, S32.041G, S32.041K, S32.041S, S32.042A, S32.042B, S32.042D, S32.042G, S32.042K, S32.042S, S32.048A, S32.048B, S32.048D, S32.048G, S32.048K, S32.048S, S32.049A, S32.049B, S32.049D, S32.049G, S32.049K, S32.049S, S32.050A, S32.050B, S32.050D, S32.050G, S32.050K, S32.050S, S32.051A, S32.051B, S32.051D, S32.051G, S32.051K, S32.051S, S32.052A, S32.052B, S32.052D, S32.052G, S32.052K, S32.052S, S32.058A, S32.058B, S32.058D, S32.058G, S32.058K, S32.058S, S32.059A, S32.059B, S32.059D, S32.059G, S32.059K, S32.059S, S33.0XXA, S33.0XXD, S33.0XXS, S33.100A, S33.100D, S33.100S, S33.101A, S33.101D, S33.101S, S33.110A, S33.110D, S33.110S, S33.111A, S33.111D, S33.111S, S33.120A, S33.120D, S33.120S, S33.121A, S33.121D, S33.121S, S33.130A, S33.130D, S33.130S, S33.131A, S33.131D, S33.131S, S33.140A, S33.140D, S33.140S, S33.141A, S33.141D, S33.141S, S33.5XXA, S33.5XXD, S33.5XXS, S33.6XXA, S33.6XXD, S33.6XXS, S34.21XA, S34.21XD, S34.21XS, S34.22XA, S34.22XD, S34.22XS, S39.002A, S39.002D, S39.002S, S39.012A, S39.012D, S39.012S, S39.022A, S39.022D, S39.022S, S39.092A, S39.092D, and S39.092S</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>• Updated <i>References</i> section to reflect the most current information</li> <li>• Archived previous policy version MPG314.08</li> </ul>

## 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](#).