Transcutaneous Electrical Nerve/Joint Stimulators (for Indiana Only)

Guideline Number: CS351IN.03
Effective Date: July 1, 2021

Instructions for Use

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Related Policies

- Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements
- Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation

Application

This Coverage Determination Guideline only applies to the state of Indiana.

Coverage Rationale

Transcutaneous Electrical Nerve Stimulator (TENS)

A transcutaneous electrical nerve stimulator (TENS) is considered proven and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the InterQual® 2021, Apr. 2021 Release, CP: Durable Medical Equipment Transcutaneous Electrical Nerve Stimulation (TENS).

Click here to view the InterQual® criteria.

Transcutaneous Electrical Joint Stimulation (TEJSD)

Transcutaneous Electrical Joint Stimulation is not considered Medically Necessary. For medical necessity clinical coverage criteria, refer to the InterQual® 2021, Apr. 2021 Release, Medicare: Durable Medical Equipment Transcutaneous Electrical Joint Stimulation Devices (TEJSD).

Click here to view the InterQual® criteria.

Definitions

Medically Necessary: Health care services that are all of the following as determined by us or our designee:

- In accordance with Generally Accepted Standards of Medical Practice
- Clinically appropriate, in terms of type, frequency, extent, service site and duration, and considered effective for your sickness, injury, mental illness, substance-related and addictive disorders, disease or its symptoms
- Not mainly for your convenience or that of your doctor or other health care provider
- Not more costly than an alternative drug, service(s) service site or supply that is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of your sickness, injury, disease or symptoms

Generally Accepted Standards of Medical Practice are standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, relying primarily on controlled clinical trials, or, if not available, observational studies from more than one institution that suggest a causal relationship between the service or treatment and health outcomes.

If no credible scientific evidence is available, then standards that are based on Physician specialty society recommendations or professional standards of care may be considered. We have the right to consult expert opinion in determining whether health care services are Medically Necessary. The decision to apply Physician specialty society recommendations, the choice of expert and the determination of when to use any such expert opinion, shall be determined by us.

We develop and maintain clinical policies that describe the Generally Accepted Standards of Medical Practice scientific evidence, prevailing medical standards and clinical guidelines supporting our determinations regarding specific services. These clinical policies (as developed by us and revised from time to time), are available to covered persons through www.myuhc.com or the telephone number on the member's ID card. They are also available to Physicians and other health care professionals on www.UHCprovider.com.

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 policy 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, two-lead, localized stimulation
E0730	Transcutaneous electrical nerve stimulation (TENS) device, four or more leads, for multiple nerve stimulation
E0731	Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories

Guideline History/Revision Information

Date	Summary of Changes
07/01/2021	Coverage Rationale • Replaced references to "InterQual® 2020" with "InterQual® 2021" Supporting Information • Archived previous policy version CS351IN.02

Instructions for Use

This Coverage Determination Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this guideline, please

check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Coverage Determination Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Coverage Determination Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.