

# Transcutaneous Electrical Nerve/Joint Stimulators (for Tennessee Only)

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[➔ Instructions for Use](#)

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## Related Community Plan Policies

- [Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies and Repairs/Replacements \(for Tennessee Only\)](#)
- [Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation \(for Tennessee Only\)](#)

## Commercial Policy

- [Transcutaneous Electrical Nerve/Joint Stimulators](#)

## Application

This Coverage Determination Guideline applies to Medicaid only plans in the state of Tennessee.

## Coverage Rationale

A transcutaneous electrical nerve stimulator (TENS) is considered Medically Necessary for treatment of acute post-operative pain or chronic, intractable pain (other than low back pain).

A TENS is a device that utilizes electrical current delivered through electrodes placed on the surface of the skin to decrease the 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.

### Acute Post-Operative Pain

TENS is considered Medically Necessary for treatment of acute post-operative pain.

- Coverage is limited to 30 days (one month's rental) from the day of surgery
- Benefits are limited to the rental fee only
- A TENS unit will be denied as not Medically Necessary for acute pain (less than three months duration) other than for post-operative pain

### Chronic Pain Other Than Low Back Pain

TENS is considered Medically Necessary for chronic, intractable pain other than chronic low back pain when all of the following criteria is met:

- The presumed etiology of the pain responds to TENS therapy. Examples of conditions for which TENS therapy is not considered to be Medically Necessary are (not all-inclusive):
  - Headache
  - Visceral abdominal pain

- Pelvic pain
- Temporomandibular joint (TMJ) pain
- The pain has been present for at least three months
- Other appropriate treatment modalities have been tried and failed

When used for the treatment of chronic, intractable pain, the member must use the TENS unit on a trial basis for a minimum of one month (30 days), but not to exceed two months. The trial period will be a rental period only. The trial period must be monitored by the treating provider to determine the effectiveness of the TENS unit in modulating the pain. For consideration of purchase, the treating provider must determine that the member 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 member's needs.

## Supplies

Separate allowance will be made for replacement supplies when they are Medically 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
- Replacement of lead wires (A4557) more often than every 12 months

A TENS supply allowance (A4595) 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).

## Conductive Garment

A conductive garment (E0731) used with a TENS unit is Medically Necessary and covered only if all of the following conditions are met:

- It has been prescribed by the treating provider for use in delivering covered TENS treatment; and
- One of the medical indications outlined below is met:
  - The member 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 member 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 member has a documented medical condition, such as skin problems, that preclude the application of conventional electrodes, adhesive tapes, and lead wires
  - The member 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 member has a documented skin problem prior to the start of the trial period; and
- The TENS is reasonable and necessary for the member

## Chronic Low Back Pain

TENS therapy for Chronic Low Back Pain (CLBP) is not considered Medically Necessary.

## Transcutaneous Electrical Joint Stimulation

Transcutaneous Electrical Joint Stimulation is not considered Medically Necessary.

## Definitions

Check the definitions within the member benefit plan document that supersede the definitions below.

**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](http://www.myuhc.com) or the telephone number on your ID card. They are also available to Physicians and other health care professionals on 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 federal, state, or contractual requirements 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

### Diagnosis Associated with Chronic Low Back Pain (CLBP)

TENS therapy for CLBP is not considered Medically Necessary.

Diagnosis Code	Description
M40.36	Flatback syndrome, lumbar region

Diagnosis Code	Description
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
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

Diagnosis Code	Description
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
M51.31	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
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
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

Diagnosis Code	Description
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
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

Diagnosis Code	Description
S32.019F	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
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

Diagnosis Code	Description
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
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



Diagnosis Code	Description
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
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 fractureS32.052B
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

Diagnosis Code	Description
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	Traumatic rupture of lumbar intervertebral disc, subsequent encounter
S33.100S	Traumatic rupture of lumbar intervertebral disc, sequela
S33.101A	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
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
S33.141D	Dislocation of L4/L5 lumbar vertebra, initial encounter
S33.141S	Dislocation of L4/L5 lumbar vertebra, subsequent encounter
S33.5XXA	Dislocation of L4/L5 lumbar vertebra, sequela

Diagnosis Code	Description
S33.5XXD	Sprain of ligaments of lumbar spine, initial encounter
S33.5XXS	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
S39.092S	Other injury of muscle, fascia and tendon of lower back, sequela
Z00.6	Encounter for examination for normal comparison and control in clinical research program

## References

Centers for Medicare and Medicaid Services (CMS). Refer to the Local Coverage Determinations (LCDs) for [Transcutaneous Electrical Nerve Stimulators](#) (L33802) and [Transcutaneous Electrical Joint Stimulators](#) (L34821). Accessed January 14, 2021.

Noridian Healthcare Solutions: [NCD 10.2 Transcutaneous Electrical Nerve Stimulation \(TENS\) for Acute Post-Operative Pain](#).

UnitedHealthcare Insurance Company Generic Certificate of Coverage 2018.

## Guideline History/Revision Information

Date	Summary of Changes
07/01/2021	<ul style="list-style-type: none"> <li>Reformatted policy; services previously addressed in the Coverage Determination Guideline titled <i>Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies and Repairs/Replacements (for Tennessee Only)</i></li> </ul>

## 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.