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PROVIDER COMPLIANCE TIPS FOR TRANSCUTANEOUS ELECTRICAL NERVE STIMULATORS (TENS)

UPDATES

- Replaced the earlier year's data with 2019
- Updated Background
- Updated how to prevent denials

INTRODUCTION

This publication is meant to educate providers on coverage and proper billing for transcutaneous electrical nerve stimulators (TENS).

PROVIDER TYPES AFFECTED

The physician ordering the TENS unit and related supplies must be the treating physician for the disease or condition justifying the need for the TENS unit.

ICN MLN7788269 August 2020

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES
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BACKGROUND

The TENS is a type of electrical nerve stimulator used to treat chronic intractable pain. To stimulate, attach this stimulator to the surface of the patient's skin over the peripheral nerve. TENS are applied in a variety of settings (in the beneficiary's home, a physician's office, or in an outpatient clinic).

According to the 2019 Medicare Fee-for-Service (FFS) Supplemental Improper Payment Data, (as stated by data from codes no longer listed on the report) the Medicare FFS improper payment rate for TENS was 30.7 percent.

REASONS FOR DENIALS

For the 2018[1] reporting period, insufficient documentation accounted for 95.9 percent of improper payments for TENS. An additional error type for TENS in the 2018[1] reporting period included other (2.5 percent).

TO PREVENT DENIALS

The treating physician must complete, sign and date a Certificate of Medical Necessity (CMN CMS-848) to document the medical necessity and Medicare coverage related criteria for the TENS. Medicare requires the TENS CMN for purchases only and is no longer necessary for rentals.

Per Medicare's "Local Coverage Determination," L33802, TENS units are for the treatment of chronic, intractable pain, acute post-operative pain and Chronic Low Back Pain (CLBP) when certain criteria are met.

1. For chronic pain other than low back pain, there must be information in the medical record describing:
    - The location of the pain;
    - The duration of time the beneficiary has had the pain;
    - The presumed cause of the pain;
    - Prior treatment and the results of the treatment;
    - Reevaluation of the beneficiary at the end of the trial period, must indicate
        - How often the beneficiary used the TENS unit
        - The typical duration of use each time
        - The results (effectiveness of therapy)

2. For acute post-operative pain, there must be information in the medical record about:
    - The date of surgery
    - The nature of the surgery
    - The location and severity of the pain

CMS anticipates relatively short periods of necessity for TENS when used for acute post-operative pain. Coverage is limited to 30 days (one month's rental) from the date of surgery. Payment will be made only as a rental.

1 Most recent year of data available related to this service area

3. 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, such as rheumatoid arthritis. There must be information in the medical record describing:

   - Participation in an approved study (as described in NCD §160.27)
   - A qualifying diagnosis listed in the ICD-10 Codes (LCD L33802) that support medical necessity

For CLBP, providers must include the diagnosis describing the CLPB and the ClinicalTrials.gov identifier number in the narrative field on each claim.

The following Healthcare Common Procedure Coding System (HCPCS) Codes and Modifiers are applicable for TENS related equipment and supplies:

E0720
E0730
E0731
A4557
A4595

Modifiers EY, GA, GZ, KX and Q0 (zero)

RESOURCES

Table 1. Transcutaneous Electrical Nerve Stimulators (TENS) Resources

Resources	Website
2019 Medicare Fee-for-Service (FFS) Supplemental Improper Payment Data	https://www.cms.gov/files/document/2019-medicare-fee-service-supplemental-improper-payment-data.pdf
ClinicalTrials.gov	ClinicalTrials.gov
Local Coverage Determination (LCD): Transcutaneous Electrical Nerve Stimulators (TENS) (L33802)	https://med.noridianmedicare.com/documents/2230703/7218263/Transcutaneous+Electrical+Nerve+Stimulators+%28TENS%29%20LCD+and+PA/52e57b3b-fec4-4078-bcea-4ad556d06cef
National Coverage Determination (NCD) for Transcutaneous Electrical Nerve Stimulation (TENS) for Chronic Low Back Pain (CLBP) (160.27)	https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=354&ncdver=1&DocID=160.27&bc=gAAAABAAAAAA&

Please Contact your MAC for any updates or changes to the Policy Article (PA) and the LCD regarding policy and general documentation requirements.