I. Description
Transcutaneous electrical nerve stimulator (TENS) is an electronic device that is used to relieve chronic intractable pain, post-surgical pain, and pain associated with active or post-trauma injury unresponsive to other standard pain therapies. It consists of an electrical pulse generator connected by wire to two or more electrodes, which are applied to the surface of the skin at the site of the pain.

II. Criteria/Guidelines
A. A TENS is covered (subject to Limitations/Exclusions and Administrative Guidelines) when ordered by a physician and used on a trial basis for the following conditions:
   1. Acute pain resulting from surgery and used as an adjunct or as an alternative to pain medication, or
   2. Chronic intractable pain, when the following criteria are met:
      a. The pain must have been present for at least three months, and
      b. Standard treatment modalities have been tried and failed and/or are contraindicated.
B. A TENS is covered (subject to Limitations/Exclusions and Administrative Guidelines) for purchase when the physician has reevaluated the patient at the end of the one to two month trial period and has documented the following in the medical record:
   1. How often the patient is using the TENS and typical duration of use each time.
   2. The patient has responded to use with a decrease in pain medication and/or restoration of function.
   3. The patient is likely to derive significant therapeutic benefit from continuous use over a long period of time.
C. A conductive garment is covered (subject to Limitations/Exclusions and Administrative Guidelines) when any one of the following indications is met:
   1. There are multiple sites or the area is too large 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, or
2. The areas or sites to be stimulated are inaccessible with the use of conventional electrodes, adhesive tapes and lead wires, or
3. The patient requires electrical stimulation beneath a cast to treat chronic intractable pain, or
4. The patient has a documented medical condition, such as skin problems, that preclude the application of conventional electrodes, adhesive tapes and lead wires.

III. Limitations/Exclusions
   A. TENS for acute post-operative pain is subject to the following limitations:
      1. Treatment is generally limited to one month from the date of surgery. Coverage for TENS longer than a month will be determined on a case-by-case basis based upon documentation supporting medical necessity provided by the ordering physician.
      2. Payment will be made only for rental of the TENS.
   B. The use of a TENS for the treatment of chronic intractable pain is subject to the following limitations:
      1. A TENS unit will be allowed on a trial basis for a minimum of one month but not to exceed two months.
      2. The trial period will be paid as a rental which may count toward the eventual purchase cost.
   C. Suppliers are responsible for monitoring utilization of TENS units and supplies. Suppliers must discontinue billing when rental items or ongoing supply items are no longer used by the patient.
   D. TENS is not covered for conditions not accepted as responding to TENS therapy including, but not limited to, the treatment of headache, visceral abdominal pain, pelvic pain, and temporomandibular joint pain.
   E. TENS is contraindicated for use in pregnant women and patients with pacemakers.
   F. Pulsed electrical stimulation devices, including transcutaneous electrical joint stimulation devices, HCPCS code E0762 (e.g., Bionicare) are not covered. This device is not known to be effective in improving health outcomes.

IV. Administrative Guidelines
   A. Precertification is required for the initial one to two month trial. Precertification requests must include all of the following documentation from the medical record:
      1. Location, duration and etiology of the pain.
      2. Other treatment modalities that were used, including names and dosages of medication, the length of time that each type of treatment was used, and the results.
   B. Precertification is required for purchase of TENS after the initial trial period.
      1. Precertification requests must include all of the following documentation from the medical record:
         a. The patient has been reevaluated at the end of the trial period
         b. How often the patient is using TENS and typical duration of use
         c. Current medications used for the treatment of pain.
Transcutaneous Electrical Nerve Stimulation (TENS)

Transcutaneous Electrical Nerve Stimulation (TENS)

The purpose of this Medical Policy is to provide a guide to coverage. This Medical Policy is not intended to dictate to providers how to practice medicine. Nothing in this Medical Policy is intended to discourage or prohibit providing other medical advice or treatment deemed appropriate by the treating physician.

Benefit determinations are subject to applicable member contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.

This Medical Policy has been developed through consideration of the medical necessity criteria under Hawaii’s Patients’ Bill of Rights and Responsibilities Act (Hawaii Revised Statutes §432E-1.4), generally accepted standards of medical practice and review of medical literature and government approval status. HMSA has determined that services not covered under this Medical Policy will not be medically necessary under Hawaii law in most cases. If a treating physician disagrees with

d. Current functional limitations due to pain
e. The patient is likely to derive significant therapeutic benefit from continuous use over a long period of time

2. The order for TENS and a completed Certificate of Medical Necessity (CMN) must be signed and dated by the ordering physician and must be kept on file by the supplier.

C. To precertify, please complete HMSA’s Precertification Request Form and mail or fax the form as indicated.

D. During the rental of a TENS unit, supplies are included in the rental allowance. If a TENS unit is purchased, the allowance includes lead wires and one month’s supply of electrodes, conductive paste or gel (if needed) and batteries. Separate allowance will be made for replacement supplies when they are medically appropriate.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>64550</td>
<td>Application of surface (transcutaneous) neurostimulator</td>
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<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>E0720</td>
<td>TENS, two lead, localized stimulation</td>
</tr>
<tr>
<td>E0730</td>
<td>Transcutaneous electrical nerve stimulation device (TENS), four or more leads, for multiple nerve stimulation</td>
</tr>
<tr>
<td>E0731</td>
<td>Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient’s skin by layers of fabric)</td>
</tr>
<tr>
<td>A4557</td>
<td>Lead wires, (e.g., apnea monitor), per pair</td>
</tr>
<tr>
<td>A4595</td>
<td>Electrical stimulator supplies, 2 lead, per month, (e.g., TENS, NMES) *</td>
</tr>
</tbody>
</table>

*Codes A4556 (Electrodes, [e.g., apnea monitor], per pair), A4558 (Conductive paste or gel), and A4630 (Replacement batteries, for medically appropriate TENS owned by patient) are not valid for claim submission. A4595 should be used instead.

V. Important Reminder

The purpose of this Medical Policy is to provide a guide to coverage. This Medical Policy is not intended to dictate to providers how to practice medicine. Nothing in this Medical Policy is intended to discourage or prohibit providing other medical advice or treatment deemed appropriate by the treating physician.

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This Medical Policy has been developed through consideration of the medical necessity criteria under Hawaii’s Patients’ Bill of Rights and Responsibilities Act (Hawaii Revised Statutes §432E-1.4), generally accepted standards of medical practice and review of medical literature and government approval status. HMSA has determined that services not covered under this Medical Policy will not be medically necessary under Hawaii law in most cases. If a treating physician disagrees with
HMSA’s determination as to medical necessity in a given case, the physician may request that HMSA reconsider the application of the medical necessity criteria to the case at issue in light of any supporting documentation.

VI. References