



# WRITTEN ORDER PRIOR TO DELIVERY

Homecare Dimensions

Document #: **09.WDO.HCD.12b**  
Effective: **09/15/20069**

Rev.: **B**

Title: **Transcutaneous Electrical Nerve Stimulator**  
E0720, E0730, E0731

Page #: **1 of 2**

Initial Date of Medical Necessity: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Medicare #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ DOB: \_\_\_\_\_

Email: \_\_\_\_\_ Length of Need: \_\_\_\_\_ (99 = Lifetime)

**Diagnosis Code:** \_\_\_\_\_

**Medical Records:** The patient's medical record, **to be supplied with this order**, must contain sufficient documentation of the patient's medical condition to substantiate the necessity for the type and quantity of items ordered and for the frequency of use or replacement (if applicable). The Medical Records must support the treatment of chronic intractable pain or acute post-operative pain and meet the coverage criteria for that clinical disorder:

**Equipment Ordered:** TENS Units and accessories are billed using the specific codes listed in the Local Coverage Determination.

ORDERED	CODE	DETAILED DESCRIPTION OF ORDERED ITEMS
	<b>E0720</b>	Transcutaneous electrical nerve stimulation (TENS) device, two lead, localized stimulation
	<b>E0730</b>	Transcutaneous electrical nerve stimulation (TENS) device, four or more leads, for multiple nerve stimulation
	<b>E0731</b>	Form fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)
	<b>A4557</b>	Lead wires, (e.g., apnea monitor), per pair
	<b>A4595</b>	Electrical stimulator supplies, 2 lead, per month, (e.g. TENS, NMES)

Treating Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Treating Physician Name: \_\_\_\_\_ NPI: \_\_\_\_\_

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### **Indications and Limitations of Coverage and/or Medical Necessity**

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity.

#### **Acute Post-Operative Pain:**

The patient's medical record documents that the patient's pain is from an operation less than thirty-days from WOPD.

Medical records from attending physician support the use of TENS unit longer than thirty-days.

#### **Chronic Pain:**

For a TENS unit to be covered, the following must be documented:

- Location of the patient's pain
- Duration of the patient's pain has been at least three-months or longer.
- Presumed cause of the patient's pain
- Other appropriate modalities have been tried and failed

#### **Chronic intractable Pain:**

For a TENS unit to be covered, the following additional information must include:

- A trial period of no less than 30-days and no greater than 60-days
- Trial period monitored by treating physician to determine effectiveness of unit in modulating pain
- Re-evaluation of the patient at the completion of the trial period showing:
  - How often the patient used the TENS unit
  - Typical duration of each use
  - Results

**TENS Unit Leads:** Two or four-leads maybe used with the TENS unit, depending on the characteristics of the patient's pain. If a TENS unit is ordered with four-leads, the medical records must documents why two-leads are insufficient to meet the patient's needs.

**Conductive Garment (E0731):** The conductive garment is rarely medically necessary, however the garment may be covered if **ALL** of the following criteria is met:

- It has been prescribed by a physician for use in delivering covered TENS treatment; and
- One of the medical indications outlined below is met:

The patient 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; **or**

The patient 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; **or**

The patient has a documented medical condition, such as skin problems, that preclude the application of conventional electrodes, adhesive tapes, and lead wires; **or**

The patient requires electrical stimulation beneath a cast to treat chronic intractable pain.

A conductive garment is covered for use with a TENS device during the trial period provided that:

- The patient has a documented skin problem prior to the start of the trial period; **and**
- The item is medically necessary for the patient.

**TENS Unit CMN:** A CMN, which has been completed, signed and dated by the treating physician, is required for the purchase of the TENS unit after the trial period. The CMN may act as a substitute for a written order if it contains all the required elements of an order. A CMN is not needed for a TENS rental.

**End of Document**