

# TENS Units

## Face-to-Face Documentation Requirements

### Effective July 1, 2013

- **THE PATIENT'S MEDICAL RECORD MUST CONTAIN** sufficient documentation of the patient's medical condition to substantiate the necessity for the type and quantity of items ordered.
- A Physician, Physician Assistant (PA), Nurse Practitioner (NP), or Clinical Nurse Specialist (CNS) must have a Face-to-Face evaluation with the beneficiary prior to the written DME order and document the Face-to-Face evaluation in the patient's medical records.
- **THE FACE-TO-FACE EVALUATION MUST BE SIGNED OR CO-SIGNED BY A PHYSICIAN.**
- The Face-to-Face evaluation must occur during the six months prior to the written order for each item.

**A detailed written order for the item must be received before the delivery of the item can take place and must include minimally the following information:**

(See Face-to-Face quick reference guide)

- 1 Prescriber's NPI
- 2 Beneficiary name
- 3 Date of order
- 4 DME item ordered
- 5 Signature of prescriber
- 6 Date of prescriber's Signature

John Doe, M.D. Any Town, USA Phone: (555) 555-555		1 NPI# 1234767890
2 Name: William Smith	3 Date: 07/01/2013	
Address: 555 My Street, Any Town		DOB: 12/15/1960
Rx	4 TENS unit for trial	
Refills:	5 Signature of Prescriber: <i>John Doe, M.D.</i>	
6 Signature Date: 07/01/2013	Name (Printed): John Doe, M.D.	

### DOCUMENTATION IN MEDICAL RECORDS REQUIRED BY CMS

#### Documentation Requirements

- Duration of patient's condition
- Clinical course
- Prognosis
- Nature and extent of functional limitations
- Other therapeutic interventions and results

#### Key Items to Address

- Why does the patient require the item?
- Do the physical examination findings support the need for the item?
- Signs and symptoms that indicate the need for the item
- Diagnoses that are responsible for these signs and symptoms
- Other diagnoses that may relate to the need for the item

# TENS Units

## Face-to-Face Documentation Requirements

### ▶ HCPCS code(s) affected include the following:

E0720, E0730

### ▶ Coverage Criteria

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.

A TENS unit is covered for the treatment of patients with chronic, intractable pain or acute post-operative pain when one of the following criteria are met and documented in the patient's medical record:

#### • Acute Post-Operative Pain

- Coverage is limited to 30 days from the day of surgery. Payment will be made only as a rental.

#### • Chronic Pain Other Than Lower Back Pain

All of the following criteria must be met and documented in the patient's medical record:

- The presumed etiology of the pain must be a type that is accepted as responding to TENS therapy. Examples of conditions for which TENS therapy is not considered to be reasonable and necessary are (not all-inclusive):

- headache
- visceral abdominal pain
- pelvic pain
- temporomandibular joint (TMJ) pain

- The pain must have been present for at least three months

- Other appropriate treatment modalities must have been tried and failed.

#### • Chronic Low Back Pain (CLBP)

- TENS Therapy for CLBP is only covered when all of the following criteria are met and documented in the patient's medical record:

**The patient has one of the listed diagnoses:**

- Lumbosacral root lesions, not elsewhere classified
- Sacroiliitis, not elsewhere classified
- Lumbosacral spondylosis without myelopathy
- Thoracic or lumbar spondylosis with myelopathy-lumbar region
- Lumbar intervertebral disc without myelopathy
- Lumbosacral intervertebral disc
- Intervertebral disc disorder myelopathy – lumbar region
- Post laminectomy syndrome – lumbar region
- Other and unspecified disc disorders, lumbar region
- Spinal stenosis, lumbar region without neurogenic claudication
- Spinal stenosis, lumbar region with neurogenic claudication
- Lumbago

- Sciatica
- Thoracic or lumbosacral neuritis or radiculitis, unspecified, radicular syndrome or lower extremities
- Acquired spondylolysis
- Non-allopathetic lesions NEC (not elsewhere classified) – lumbar region
- Spondylosis, lumbosacral region
- Spondylolisthesis
- Fracture of vertebral column without mention of spiral cord injury, lumbar, closed
- Fracture of vertebral column with mention of spiral cord injury, lumbar, closed
- Sprains and strains of sacroiliac region – lumbosacral (joint) (ligament)
- Sprains and strains of sacroiliac ligament
- Sprains and strains of other and unspecified parts of back, lumbar
- Injury to nerve roots and spinal plexus, lumbar root

**The patient is enrolled in an approved clinical study that meets all of the requirements set forth by Medicare**