

# **TENS Units & Electrodes**

## **A Simple Guide to Coding and Billing**

## **Description:**

**TENS units** -- TENS is effectively used to treat all types of chronic and acute pain. Just about anything for which you would take an aspirin, Tylenol, or any other pain medication can probably be effectively relieved with a TENS unit.

The TENS stimulator is a battery-powered device which transmits an electrical impulse through lead wires and surface electrodes to underlying nerves. The stimulator converts the direct current of the battery into pulses of stimulation. The current travels through electrodes and into the skin stimulating specific nerve pathways to produce a tingling or massaging sensation that reduces the perception of pain.

When used as directed; TENS is a safe, non-invasive, drug-free method of pain management. It is used to offer a better quality of life for people with pain.

## **Insurance Coding:**

The information provided below is based on the Medicare Local Carrier Determination (LCD) for **Kansas** for purposes of providing an example of coding and requirements. Please check the LCD for your state and call all your private insurers to ask if they have a policy for use of TENS and if they have preferred modifiers for rental and purchase.

When coding for TENS units and electrodes, it is suggested that the codes below are used for each of the types of equipment specified.

You will want to use the correct modifier when coding to indicate whether the item is being rented or purchased by the patient. Some insurance companies will only pay for the purchase of the item after a rental of the item has previously been billed. In most cases, rental modifiers are "R" or "RR" and most purchase modifiers are "P" or "40". Check with the appropriate insurance for exact modifiers. **For Kansas DME supplier Noridian modifier "RR" is used when the TENS Unit is a rental item and "NU" is used when the TENS Unit is a purchased product.**

### **TENS Unit – E0730**

**Electrodes – A4595 (other states may require use of A4556 and A4556 cannot be billed to Medicare but is used by many insurance companies for TENS electrodes instead of A4595. When verifying benefits with all insurers except for Medicare be sure to ask if you should use A4556 or A4595 when billing electrodes)**

**\*Please note that for Medicare, a TENS unit must be rented for the first month. The Medicare rental modifier is "RR". When the unit is purchased, utilize the purchase modifier for new equipment "NU". The item is still considered new equipment after the rental as long as the same patient renting the unit is purchasing the unit and the unit had not been previously used by another patient.**

## **Insurance Billing:**

It is always recommended that prior to distributing a TENS unit to the patient, a call is made to the insurance company to verify the eligibility of the patients and that the patient's policy benefits cover the specific insurance code(s) listed above for the item(s) being prescribed, and if the item may be distributed to the patient as a purchase or if the item needs to be billed as a rental item.

Once verified, the items may be distributed to the patient. You will then submit the initial claim for the rental or purchase of the unit as a paper claim accompanied with the completed and signed:

1. **RX**
2. **Document of Medical Necessity**
3. **Dispensing Chart Notes**
4. **Patient Receipt** (attached).

You will want to keep a copy of all these for the patient's chart.

### **Suggested billing amounts**

TENS Unit (Rental) -- \$225

TENS Unit (Purchase) -- \$495

Electrodes -- \$50 (per pack of A4595 or A4556)

### **Below is an example of sample billing for a TENS unit for Medicare (in Kansas):**

If billing **rental** of the unit first, billing will be as follows:

Day 1 – Bill for TENS unit rental - E0730 “RR” for \$225 (send paper claim in with Letter of Medical Necessity)

Day 31 – Bill for TENS unit purchase - E0730 “NU” and “KX” for \$495 (send claim either by paper or electronically)

Day 31 - Bill for up to 2 packs of electrodes per month (can only bill one month at a time) - A4595 for \$50/unit (send claim either by paper or electronically)

### **SPECIAL MEDICARE BILLING NOTES**

If billing Medicare: in Section C of CMS848 (see attached), the only things that need to be listed are the following:

TENS 3000 4-lead, dual channel TENS unit

Supplier's Charge: \$495

Medicare Allowance: \$342.26

In most cases you would need to use 4 leads rather than 2. In order to ensure that the stimulating current is effectively blocking the pain signal, four leads are much more effective in providing this result as there may be more than one set of nerves carrying pain signals from the area of pain.

## Coverage Topic

### Transcutaneous Electrical Nerve Stimulators (TENS)

#### NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES

For an item addressed in this policy to be covered by Medicare, a written signed and dated order must be received by the supplier prior to delivery of the item. If the supplier delivers the item prior to receipt of a written order, it will be denied as noncovered. If the written order is not obtained prior to delivery, payment will not be made for that item even if a written order is subsequently obtained. If a similar item is subsequently provided by an unrelated supplier who has obtained a written order prior to delivery, it will be eligible for coverage.

During the rental of a TENS unit, supplies for the unit are included in the rental allowance; there is no additional allowance for electrodes, lead wires, batteries, etc. If a TENS unit (E0720 or E0730) is purchased, the allowance includes lead wires and one month's supply of electrodes, conductive paste or gel (if needed) and batteries.

#### MEDICARE DOCUMENTATION REQUIREMENTS

Section 1833(e) of the Social Security Act preclude payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider". It is expected that the patient's medical record will reflect the need for the care provided. The patient's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available upon request.

An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available upon request. Items delivered before a signed written order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.

For a purchased TENS unit, a Certificate of Medical Necessity (CMN), which has been completed, signed and dated by the treating physician, must be kept on file by the supplier and made available upon request. The CMN may act as a substitute for a written order if it contains all the required elements of an order. The CMN for TENS is CMS Form 848 (DME Form 06.03B). The initial claim must include an electronic copy of the CMN.

A CMN is not needed for a TENS rental.

When billing for quantities of supplies greater than those described in the policy as the usual maximum amounts, there must be a clear documentation in the patient's medical records corroborating the medical necessity of this amount. The patient's medical records that corroborate the order and any additional

documentation that pertains to the medical necessity of items and quantities billed must be provided upon request.

Refer to the Supplier Manual for more information on documentation requirements.

## CODING GUIDELINES

A transcutaneous electrical nerve stimulator (TENS) (E0720, E0730) is a device which utilizes electrical current delivered through electrodes placed on the surface of the skin to decrease the patient's 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.

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).

\*\*\* In most states A4556 cannot be billed to Medicare but is used by some other insurance companies for TENS electrodes instead of A4595 (as we see in the New Jersey LCD). When verifying benefits for private insurers check both codes and then use the one that is a covered benefit. (note: this does include batteries)

The description for A4556: Electrodes, (e.g., apnea monitor), per pair (note: this does not include supplies such as batteries)

### Ordering information:

Order from [www.tensnet.net](http://www.tensnet.net).

1. Tens Unit...TENS 3000
2. Electrodes (K120TC Electrodes (2" x 2") - pack of 4)
3. 9- volt batteries.

# Rx: TENS unit & Accessories

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Patient's Name: Mr. Ms. \_\_\_\_\_ HICN: \_\_\_\_\_ DOB: \_\_\_\_\_

## Quantity, Product and HCPC Codes

- 1 TENS Unit (E0730)** - Effectively used to treat all types of chronic and acute pain. The TENS stimulator is a battery-powered device which transmits an electrical impulse through lead wires and surface electrodes to underlying nerves. The stimulator converts the direct current of the battery into pulses of stimulation. The current travels through electrodes and into the skin stimulating specific nerve pathways to produce a tingling or massaging sensation that reduces/eliminates the perception of pain. TENS is a safe, non-invasive, drug-free method of pain management. It is used to offer a better quality of life for people with pain.
- 12 Electrode Packs – 4 per pack (A4556)** - Used to transmit the electrical current from the unit to the surface of the skin.

## Dx (check applicable)

- 355.0 - Sciatica
- 355.5 - Tarsal tunnel syndrome
- 355.71 - Causalgia of lower limb/foot
- 713.5 - Arthropathy associated with neurological disorders
- 715.17 - Primary localized osteoarthritis, ankle and foot
- 718.47 - Joint contracture foot/ankle
- 719.47 - Pain in Joint, Ankle, Foot
- 719.57 - Stiffness joint, ankle and foot
- 726.70 – Metatarsalgia
- 726.71 - Achilles bursitis or tendonitis
- 726.72 - Tibialis tendonitis
- 726.90 - Capsulitis
- 727.06 - Tenosynovitis of foot and ankle
- 727.1 - Bunion
- 727.67 - Achilles Tendonitis
- 728.71 - Plantar Fasciitis
- 729.1 - Unspecified myalgia and myositis
- 729.2 - Unspecified Neuralgia and radiculitis
- 729.4 - Unspecified fasciitis
- 729.5 - Pain in soft tissue of limbs
- 735.0 - Hallux Valgus
- 735.2 - Hallux Rigidus
- 735.4 - Hammertoe
- 782.0 - Hyperesthesia
- 838.04 - Plantar flexed Metatarsal
- 845.00 - Ankle Sprain NOS
- 845.10 - Foot Sprain NOS

**Duration of usage:** More than 6 months

### Therapeutic objective(s):

- Decrease pain
- Increase blood circulation

Signature: \_\_\_\_\_ NPI: \_\_\_\_\_ Date: \_\_\_\_\_

# Document of Medical Necessity - TENS unit & Accessories

## Patient Information

Patient's Name: Mr. Ms. \_\_\_\_\_ HICN: \_\_\_\_\_ DOB: \_\_\_\_\_

Prognosis: Good

Duration of usage: More than 6 months

## Quantity, Product and HCPC Codes

- 1 **TENS Unit (E0730)** - Effectively used to treat all types of chronic and acute pain. The TENS stimulator is a battery-powered device which transmits an electrical impulse through lead wires and surface electrodes to underlying nerves. The stimulator converts the direct current of the battery into pulses of stimulation. The current travels through electrodes and into the skin stimulating specific nerve pathways to produce a tingling or massaging sensation that reduces/eliminates the perception of pain. TENS is a safe, non-invasive, drug-free method of pain management. It is used to offer a better quality of life for people with pain.
- 

**I hereby certify that Mr./Ms. \_\_\_\_\_ qualifies for and will benefit from the product(s) designated above based on the following criteria:**

- Significant pain due to tendon injury or ankle / foot joint deformity.

### **The Goal of this therapy:**

- Improve mobility
- Increase blood circulation

### **This patient requires the product indicated above because:**

- The patient is experiencing chronic, intractable pain as a result of the indicated condition
- The pain has been present since surgery (less than 30 days from surgery)
- Other methods of pain relief therapy have been tried (i.e. medication) however no side effects are experienced with the prescribed modality.

## **Certification Statement:**

This patient is being treated under a comprehensive plan of care for the stated condition I certify that the above prescribed is medically necessary for the patient overall well being. In my opinion the TENS unit and electrodes are both reasonable and necessary in reference to accepted standards of medical practice in the treatment of the patient condition and/or rehabilitation.

Dr. \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ NPI: \_\_\_\_\_ Date: \_\_\_\_\_

# Document of Medical Necessity - TENS unit & Accessories

## Patient Information

**Patient's Name:** Mr. Ms. \_\_\_\_\_ **HICN:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Prognosis:** Good

**Duration of usage:** More than 6 months

## Quantity, Product and HCPC Codes

- TENS Unit (E0730)** - Effectively used to treat all types of chronic and acute pain. The TENS stimulator is a battery-powered device which transmits an electrical impulse through lead wires and surface electrodes to underlying nerves. The stimulator converts the direct current of the battery into pulses of stimulation. The current travels through electrodes and into the skin stimulating specific nerve pathways to produce a tingling or massaging sensation that reduces/eliminates the perception of pain. TENS is a safe, non-invasive, drug-free method of pain management. It is used to offer a better quality of life for people with pain.
  - TENS unit supplies for purchased unit – (A4595)** - Used to transmit the electrical current from the unit to the surface of the skin.
- 

**I hereby certify that Mr./Ms. \_\_\_\_\_ qualifies for and will benefit from the product(s) designated above based on the following criteria:**

- Significant pain due to tendon injury or ankle / foot joint deformity.

### **The Goal of this therapy:**

- Improve mobility
- Increase blood circulation

### **This patient requires the product indicated above because:**

- The patient is experiencing chronic, intractable pain as a result of the indicated condition
- The pain has been present for a minimum three months.
- Other methods of pain relief therapy have been tried (i.e. medication) however no side effects are experienced with the prescribed modality.

## **Certification Statement:**

This patient is being treated under a comprehensive plan of care for the stated condition I certify that the above prescribed is medically necessary for the patient overall well being. In my opinion the TENS unit and electrodes are both reasonable and necessary in reference to accepted standards of medical practice in the treatment of the patient condition and/or rehabilitation.

**Dr.** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **NPI:** \_\_\_\_\_ **Date:** \_\_\_\_\_





# Dispensing Chart Notes – TENS unit & Accessories

## Patient Information

Patient's Name: Mr. Ms. \_\_\_\_\_ HICN: \_\_\_\_\_ DOB: \_\_\_\_\_

## Dx (check applicable)

- |   |  |
|---|--|
| <input type="checkbox"/> 355.0 - Sciatica   |  |
| <input type="checkbox"/> 355.5 - Tarsal tunnel syndrome                             |  |
| <input type="checkbox"/> 355.71 - Causalgia of lower limb/foot                      |  |
| <input type="checkbox"/> 357.2 - Diabetic Neuropathy                                |  |
| <input type="checkbox"/> 713.5 - Arthropathy associated with neurological disorders |  |
| <input type="checkbox"/> 715.17 - Primary localized osteoarthritis, ankle and foot  |  |
| <input type="checkbox"/> 718.47 - Joint contracture foot/ankle                      | <input type="checkbox"/> 729.1 - Unspecified myalgia and myositis      |
| <input type="checkbox"/> 719.47 - Pain in Joint, Ankle, Foot                        | <input type="checkbox"/> 729.2 - Unspecified neuralgia and radiculitis |
| <input type="checkbox"/> 719.57 - Stiffness joint, Ankle and Foot                   | <input type="checkbox"/> 729.4 - Unspecified fasciitis                 |
| <input type="checkbox"/> 726.70 - Metatarsalgia                                     | <input type="checkbox"/> 729.5 - Pain in soft tissue of limbs          |
| <input type="checkbox"/> 726.71 - Achilles bursitis or tendonitis                   | <input type="checkbox"/> 735.0 - Hallux Valgus                         |
| <input type="checkbox"/> 726.72 - Tibialis tendonitis                               | <input type="checkbox"/> 735.2 - Hallux Rigidus                        |
| <input type="checkbox"/> 726.90 - Capsulitis  | <input type="checkbox"/> 735.4 - Hammertoe                             |
| <input type="checkbox"/> 727.06 - Tenosynovitis of foot and ankle                   | <input type="checkbox"/> 782.0 - Hyperesthesia                         |
| <input type="checkbox"/> 727.1 - Bunion   | <input type="checkbox"/> 838.04 - Plantar flexed Metatarsal            |
| <input type="checkbox"/> 727.67 - Achilles Tendonitis                               | <input type="checkbox"/> 845.00 - Ankle Sprain NOS                     |
| <input type="checkbox"/> 728.71 - Plantar Fasciitis                                 | <input type="checkbox"/> 845.10 - Foot Sprain NOS                      |

## Dispensing Chart Notes

**S)** Patient presents for fitting of a TENS unit and electrodes to manage the pain associated with the indicated diagnosis. The device transmits an electrical impulse through lead wires and surface electrodes to underlying nerves. The stimulator converts the direct current of the battery into pulses of stimulation. The current travels through electrodes and into the skin stimulating specific nerve pathways to produce a tingling or massaging sensation that reduces/eliminates the perception of pain. The TENS unit is utilized in an attempt to reduce the amount of prescription medication taken, reduce side effects, and increase daily quality of life.

**O)** Upon analysis, the device appears to be providing beneficial pain relief that is comfortable and uninhibitive,

**A)** The patient was able to apply and use easily and properly.

**P)** The goals and function of this device were explained in detail to the patient. The patient was shown how to properly apply, wear, and care for the device. I certify that the device is medically necessary for the patients' overall well being. In my opinion the TENS unit and electrodes are both reasonable and necessary in reference to accepted standards of medical practice in the treatment of the patients' condition and/or rehabilitation. The device is suitable for the patient's condition and not substandard. No guarantees were given and precautions

reviewed. Written instructions and warrantee information were given and the list of the twenty-one (21) Durable Medical Equipment Supplier Guidelines. All questions were answered.

**Product List**

**Quantity, Product and HCPC Codes**

**TENS Unit (E0730)** - Effectively used to treat all types of chronic and acute pain. The TENS stimulator is a battery-powered device which transmits an electrical impulse through lead wires and surface electrodes to underlying nerves. The stimulator converts the direct current of the battery into pulses of stimulation. The current travels through electrodes and into the skin stimulating specific nerve pathways to produce a tingling or massaging sensation that reduces/eliminates the perception of pain. TENS is a safe, non-invasive, drug-free method of pain management. It is used to offer a better quality of life for people with pain.

**Signature:** \_\_\_\_\_ **NPI:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Dispensing Chart Notes – TENS unit & Accessories

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- 1 TENS unit supplies for purchased unit – (A4595)** - Used to transmit the electrical current from the unit to the skin.

**Signature:** \_\_\_\_\_ **NPI:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Patient Receipt – TENS Unit & Accessories

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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Patient's Name: Mr. Ms. \_\_\_\_\_ HICN: \_\_\_\_\_ DOB: \_\_\_\_\_

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## Product Information

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### Instructions for Use

You have received this TENS unit and electrodes to help manage your pain. A TENS unit can be used as needed for pain relief. Ensure that the required 9-volt battery is charged and that electrodes are replaced when they no longer adhere to the surface of your skin. Apply the electrodes as illustrated in the accompanying electrode placement chart. Please alert our office if there are any signs of skin irritation. Do not use the unit if you are pregnant or use a pacemaker. The skin area where you will be placing the electrodes should be clean and dry to ensure maximum use of the electrodes. If your level of pain does not subside, please contact our office immediately.

### Material failure warranty coverage

- Hardware, plastic and metal component of TENS unit is covered at no-charge for 90 days.

I have read the posted Complaint Resolution Policy and have been provided with a copy of the 21 Medicare Supplier Standards.

I certify that I have received the item(s) indicated. The physician has reviewed the instructions for proper use and care and provided me with written instructions. I understand that failure to properly care for these items will result in the warranty being voided. This could result in my responsibility for future repair or replacement costs if my insurance policy will not cover such costs. The physician has instructed me to call the office if I have any difficulties or problems with the device.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original in patient's chart, copy to patient**

# Patient Receipt – TENS Unit & Accessories

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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Patient's Name: Mr. Ms. \_\_\_\_\_ HICN: \_\_\_\_\_ DOB: \_\_\_\_\_

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Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original in patient's chart, copy to patient**

### **TENS UNIT Parameter Settings**

#### **Pulse Rate (Hz or pulses per second) and Pulse Width**

It has been found that an optimal setting of 80 or 120 Hz with a pulse width of 100  $\mu$ S has good effect for most patients and is a good first choice for pain-gating. Usually, the larger the area being treated, the greater you will want to set the pulse width (i.e. foot = 100  $\mu$ S; leg = 150  $\mu$ S ; back = 200  $\mu$ S)

#### **Treatment Time**

Typically, the onset of pain relief starts after 20 - 30 minutes. Generally, TENS is used for longer periods of normally 1 hour and 30 minutes per session. With some patients it can be much longer. Since there is very little "carry over" effect with a TENS unit, patients can use at their own discretion as pain relief is needed.





## Knee Pain

### Suggested Electrode Placement

**4 - pad placement**

**Place electrode pads at least 2" apart as indicated in diagram**



## Lower Leg Pain

### Suggested Electrode Placement

**4 - pad placement**

**Place electrode pads at least 2" apart as indicated in diagram**



### Suggested Treatment Parameters

**Mode: Continuous**

**Pulse rate: 80-100 Hz**

**Pulse width/duration: 50-100  $\mu$ s**

**Amplitude: Low to moderate level stimulation**

**Treatment Time: Throughout the day as needed**

**Mode: Modulated**

**Pulse rate: 100-120 Hz**

**Pulse width/duration: 50-150  $\mu$ s**

**Amplitude: Low to moderate level stim**

**Treatment Time: Throughout the day as needed**

**You can use either of these parameters. It is recommended that both parameters are used to prevent your body from becoming accommodated to any one particular setting.**

# CERTIFICATE OF MEDICAL NECESSITY CMS-848 — TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR (TENS)

<b>SECTION A Certification Type/Date: INITIAL REVISED RECERTIFICATION</b>		<b>DME 06.03B</b>
PATIENT NAME, ADDRESS, TELEPHONE and HIC NUMBER PHONE HICN		SUPPLIER NAME, ADDRESS, TELEPHONE and NSC or applicable NPI NUMBER/LEGACY NUMBER PHONE NSC or NPI #
PLACE OF SERVICE	HCPCS CODE	PT DOB Sex (M/F) Ht. (in) Wt (lbs.)
NAME and ADDRESS of FACILITY <i>if applicable</i> (see reverse)	_____	PHYSICIAN NAME, ADDRESS, TELEPHONE and applicable NPI NUMBER or UPIN PHONE UPIN or NPI #
	_____	
	_____	
<b>SECTION B Information in this Section May Not Be Completed by the Supplier of the Items/Supplies.</b>		
EST. LENGTH OF NEED (# OF MONTHS): _____ 1-99 (99=LIFETIME)		DIAGNOSIS CODES (ICD-9): _____
ANSWERS	ANSWER QUESTIONS 1-6 for purchase of TENS (Circle Y for Yes, N for No,)	
Y    N	1. Does the patient have chronic, intractable pain?	
_____ Months	2. How long has the patient had intractable pain? (Enter number of months, 1 - 99.)	
1   2   3   4   5	3. Is the TENS unit being prescribed for any of the following conditions? (Circle appropriate number) 1 -Headache 2 - Visceral abdominal pain 3 - Pelvic pain 4 -Temporomandibular joint (TMJ) pain 5 - None of the above	
Y    N	4. Is there documentation in the medical record of multiple medications and/or other therapies that have been tried and failed?	
Y    N	5. Has the patient received a TENS trial of at least 30 days?	
____/____/____	6. What is the date that you reevaluated the patient at the end of the trial period?	
NAME OF PERSON ANSWERING SECTION B QUESTIONS, IF OTHER THAN PHYSICIAN (Please Print):		
NAME: _____ TITLE: _____ EMPLOYER: _____		
<b>SECTION C Narrative Description of Equipment and Cost</b>		
(1) Narrative description of all items, accessories and options ordered; (2) Supplier's charge; and (3) Medicare Fee Schedule Allowance for each item, accessory, and option. (see instructions on back)		
<b>TENS 3000 TENS unit</b> <b>Supplier's Charge: \$495</b> <b>Medicare Allowance: \$342.26</b>		
<b>SECTION D PHYSICIAN Attestation and Signature/Date</b>		
I certify that I am the treating physician identified in Section A of this form. I have received Sections A, B and C of the Certificate of Medical Necessity (including charges for items ordered). Any statement on my letterhead attached hereto, has been reviewed and signed by me. I certify that the medical necessity information in Section B is true, accurate and complete, to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact in that section may subject me to civil or criminal liability. PHYSICIAN'S		
SIGNATURE _____		DATE ____/____/____

## LCD for Transcutaneous Electrical Nerve Stimulators (TENS) (L11495)

### Contractor Information

**Contractor Name** [back to top](#)

[Noridian Administrative Services](#)

**Contractor Number** [back to top](#)

19003

**Contractor Type** [back to top](#)

DME MAC

### LCD Information

**LCD ID Number** [back to top](#)

L11495

**LCD Title** [back to top](#)

Transcutaneous Electrical Nerve Stimulators (TENS)

**Contractor's Determination Number** [back to top](#)

TENS

**AMA CPT / ADA CDT Copyright Statement** [back to top](#)

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## **CMS National Coverage Policy** [back to top](#)

CMS Manual System, Pub. 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Sections 10.2, 160.7.1, 160.13, 280.13.

## **Primary Geographic Jurisdiction** [back to top](#)

Alaska  
American Samoa  
Arizona  
California - Entire State  
Guam  
Hawaii  
Iowa  
Idaho  
Kansas  
Missouri - Entire State  
Montana  
North Dakota  
Nebraska  
Nevada  
Oregon  
South Dakota  
Utah  
Washington  
Wyoming  
Northern Mariana Islands

## **Oversight Region** [back to top](#)

Region X

## **DME Region LCD Covers** [back to top](#)

Jurisdiction D

### **Original Determination Effective Date** [back to top](#)

For services performed on or after 10/01/1993

### **Original Determination Ending Date** [back to top](#)

### **Revision Effective Date** [back to top](#)

For services performed on or after 01/01/2007

### **Revision Ending Date** [back to top](#)

## **Indications and Limitations of Coverage and/or Medical Necessity** [back to top](#)

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.

A transcutaneous electrical nerve stimulator (TENS) is covered for the treatment of patients with chronic, intractable pain or acute post-operative pain who meet the coverage rules listed below.

When a TENS unit is used for acute post-operative pain, the medical necessity is usually limited to 30 days from the day of surgery. Payment for more than one month is determined by individual consideration based upon supportive documentation provided by the attending physician. Payment will be made only as a rental. A TENS unit will be denied as not medically

necessary for acute pain (less than three months duration), other than post-operative pain.

For chronic pain, the medical record must document the location of the pain, the duration of time the patient has had the pain, and the presumed etiology of the pain. The pain must have been present for at least three months. Other appropriate treatment modalities must have been tried and failed, and the medical record must document what treatment modalities have been used. The presumed etiology of the pain must be a type that is accepted as responding to TENS therapy. Examples of conditions for which a TENS unit are not considered to be medically necessary are (not all-inclusive): headache, visceral abdominal pain, pelvic pain, and temporomandibular joint (TMJ) pain.

When used for the treatment of chronic, intractable pain, the TENS unit must be used by the patient on a trial basis for a minimum of one month (30 days), but not to exceed two months. The trial period will be paid as a rental. The trial period must be monitored by the physician to determine the effectiveness of the TENS unit in modulating the pain. For coverage of a purchase, the physician must determine that the patient is likely to derive significant therapeutic benefit from continuous use of the unit over a long period of time. The physician's records must document a reevaluation of the patient at the end of the trial period, must indicate how often the patient used the TENS unit, the typical duration of use each time, and the results.

A TENS unit may be used with either 2 leads or 4 leads, depending on the characteristics of the patient's pain. If it is ordered for use with 4 leads, the medical record must document why 2 leads are insufficient to meet the patient's needs.

Separate allowance will be made for replacement supplies when they are medically necessary and are used with a TENS unit that has been purchased and/or approved by Medicare. If 2 TENS leads are medically necessary, then a maximum of one unit of Code A4595 would be allowed per month; if 4 TENS leads are necessary, a maximum of two units per month would be allowed. If the use of the TENS unit is less than daily, the frequency of billing for the TENS supply code should be reduced proportionally.

Replacement of lead wires (A4557) more often than every 12 months would rarely be medically necessary.

Quantities of supplies greater than those described in the policy as the usual maximum amounts, in the absence of documentation clearly explaining the medical necessity of the excess quantities, will be denied as not medically necessary.

A conductive garment (E0731) used with a TENS unit is rarely medically necessary, but may be covered if all of the following conditions are met:

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

b) 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

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

d) the patient 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:

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

If the criteria above are not met for E0731, it will be denied as not medically necessary.

The physician ordering the TENS unit must be the attending physician or a consulting physician for the disease or condition resulting in the need for the TENS unit.

**Coverage Topic** [back to top](#)

Durable Medical Equipment  
Transcutaneous Electrical Nerve Stimulators (TENS)

## Coding Information

**Bill Type Codes:** [back to top](#)

**Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.**

0

TBD

Revenue Codes: [back to top](#)

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

CPT/HCPCS Codes [back to top](#)

The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS:

EY - No physician or other health care provider order for this item or service.

KX – Specified required documentation on file.

EQUIPMENT:

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)

SUPPLIES:

A4557 LEAD WIRES, (E.G., APNEA MONITOR), PER PAIR

A4595 ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E.G. TENS, NMES)



## **ICD-9 Codes that Support Medical Necessity** [back to top](#)

Not specified.

## **Diagnoses that Support Medical Necessity** [back to top](#)

Not specified.

## **ICD-9 Codes that DO NOT Support Medical Necessity** [back to top](#)

Not specified.

## **ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation** [back to top](#)

## **Diagnoses that DO NOT Support Medical Necessity** [back to top](#)

Not specified.

## **General Information**

### **Documentation Requirements** [back to top](#)

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider". It is expected that the patient's medical records will reflect the need for the care provided. The patient's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available upon request.

An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available upon request. Items delivered before a

signed written order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.

For a purchased TENS unit, a Certificate of Medical Necessity (CMN), which has been completed, signed and dated by the treating physician, must be kept on file by the supplier and made available upon request. The CMN may act as a substitute for a written order if it contains all the required elements of an order. The CMN for TENS is CMS Form 848 (DME Form 06.03B). The initial claim must include an electronic copy of the CMN.

A CMN is not needed for a TENS rental.

A claim for code E0731 must be accompanied by the brand name and model number of the conductive garment. Documentation supporting the medical necessity for the E0731 must be kept in the supplier's files and be available upon request. If all the coverage criteria described in the Indications and Limitations of Coverage section have been met for E0731, a KX modifier must be added to the code.

When billing for quantities of supplies greater than those described in the policy as the usual maximum amounts, there must be clear documentation in the patient's medical records corroborating the medical necessity of this amount. The patient's medical records that corroborate the order and any additional documentation that pertains to the medical necessity of items and quantities billed must be provided upon request.

Refer to the Supplier Manual for more information on documentation requirements.

**Appendices** [back to top](#)

**Utilization Guidelines** [back to top](#)

Refer to Indications and Limitations of Coverage and/or Medical Necessity.

**Sources of Information and Basis for Decision** [back to top](#)

Reserved for future use.

## Advisory Committee Meeting Notes [back to top](#)

### Start Date of Comment Period [back to top](#)

04/16/1993

### End Date of Comment Period [back to top](#)

05/31/1993

### Start Date of Notice Period [back to top](#)

08/01/1993

### Revision History Number [back to top](#)

TENS006

### Revision History Explanation [back to top](#)

Revision Effective Date: 01/01/2007

HCPCS CODES AND MODIFIERS:

Revised: E0720, E0730.

DOCUMENTATION REQUIREMENTS:

Removed DMERC references.

Removed reference to HCFA Form; changed to read "CMS" Form.

Provided new DME Form number.

Revised instructions for use of CMN.

LCD ATTACHMENTS:

Attached newly revised CMN Form for TENS.

Revision Effective Date: 03/01/2006

In accordance with Section 911 of the Medicare Modernization Act of 2003, this policy was transitioned to DME PSC Electronic Data Systems Corp. (77006) from DMERC CIGNA

Government Services (05655).

Revision Effective Date: 01/01/2006

LMRP converted to an LCD and Policy Article.

INDICATIONS AND LIMITATIONS OF COVERAGE:

Added Medical Necessity denial if criteria for E0731 are not met.

DOCUMENTATION REQUIREMENTS:

Added KX modifier to be used with E0731 if criteria are met.

Removed requirement to submit additional documentation with claim.

Revision Effective Date: 04/01/2003

HCPCS CODES AND MODIFIERS:

Revised: A4595 and E0730, effective 01/01/2003.

Added EY modifier.

INDICATIONS AND LIMITATIONS OF COVERAGE:

Added: Standard language concerning coverage of items without an order.

Added: Language regarding the medical necessity for use of a greater quantity of supplies and the need for the items being documented in patient's medical records.

DOCUMENTATION REQUIREMENTS:

Added: Standard language concerning use of EY modifier for items without an order.

Added: Items billed in excess quantities and the requirement.

The revision dates listed below are the dates the revisions were published and not necessarily the effective dates for the revisions.

01/01/2002 - The revisions include changes in coverage and payment rules, coding guidelines, and documentation requirements, as well as elimination of availability for prior authorization for this item.

10/01/1996 – HCPCS code K0118 crosswalked to A4595. Incorporated Indications section into Coverage and Payment Rules section. Revised Coverage and Payment Rules section.

12/01/1993 – Corrected HAO to HAO in Documentation section.

3/1/2008- In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC Noridian Administrative Services (19003) LCD L11495 from DME PSC Electronic Data Systems Corp. (77006) LCD L11495.

**Reason for Change** [back to top](#)

**Last Reviewed On Date** [back to top](#)

**Related Documents** [back to top](#)

**Article(s)**

[A37074 - Transcutaneous Electrical Nerve Stimulators \(TENS\) - Policy Article - Effective January 2006](#)

**LCD Attachments** [back to top](#)

[Certificate of Medical Necessity - Transcutaneous Electrical Nerve Stimulators \(TENS\)](#) (PDF - 42,305 bytes)

**Last Modified: 10/10/2008 8:45:36 AM**

**Article for Transcutaneous Electrical Nerve Stimulators (TENS) - Policy Article - Effective January 2006 (A37074)**

### Contractor Information

**Contractor Name** [back to top](#)

[Noridian Administrative Services](#)

**Contractor Number** [back to top](#)

19003

**Contractor Type** [back to top](#)

DME MAC

## Article Information

**Article ID Number** [back to top](#)

A37074

**Article Type** [back to top](#)

Article

**Key Article** [back to top](#)

Yes

**Article Title** [back to top](#)

Transcutaneous Electrical Nerve Stimulators (TENS) - Policy Article - Effective January 2006

**Primary Geographic Jurisdiction** [back to top](#)

Alaska  
American Samoa  
Arizona  
California - Entire State  
Guam  
Hawaii  
Iowa  
Idaho  
Kansas  
Missouri - Entire State  
Montana  
North Dakota  
Nebraska  
Nevada  
Oregon  
South Dakota  
Utah  
Washington  
Wyoming  
Northern Mariana Islands

**DME Region Article Covers** [back to top](#)

Jurisdiction D

**Original Article Effective Date** [back to top](#)

01/01/2006

**Article Revision Effective Date** [back to top](#)

03/01/2006

**Article Text** [back to top](#)

## **NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES**

For an item addressed in this policy to be covered by Medicare, a written signed and dated order must be received by the supplier prior to delivery of the item. If the supplier delivers the item prior to receipt of a written order, it will be denied as noncovered. If the written order is not obtained prior to delivery, payment will not be made for that item even if a written order is subsequently obtained. If a similar item is subsequently provided by an unrelated supplier who has obtained a written order prior to delivery, it will be eligible for coverage.

During the rental of a TENS unit, supplies for the unit are included in the rental allowance; there is no additional allowance for electrodes, lead wires, batteries, etc. If a TENS unit (E0720 or E0730) is purchased, the allowance includes lead wires and one month's supply of electrodes, conductive paste or gel (if needed), and batteries.

## **CODING GUIDELINES**

A transcutaneous electrical nerve stimulator (TENS) (E0720, E0730) is a device which utilizes electrical current delivered through electrodes placed on the surface of the skin to decrease the patient's 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.

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).

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

For code A4557, one unit of service is for lead wires going to two electrodes. If all the lead wires of a 4 lead TENS unit needed to be replaced, billing would be for two units of service.

There should be no billing and there will be no separate allowance for replacement electrodes

(A4556), conductive paste or gel (A4558), replacement batteries (A4630), or a battery charger used with a TENS unit.

Other supplies, including but not limited to the following, will not be separately allowed: adapters (snap, banana, alligator, tab, button, clip), belt clips, adhesive remover, additional connecting cable for lead wires, carrying pouches, or covers.

Suppliers should contact the Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC) for guidance on the correct coding of these items.

**Coverage Topic** [back to top](#)

Transcutaneous Electrical Nerve Stimulators (TENS)

### Coding Information

**No Coding Information has been entered in this section of the article.**

### Other Information

**Other Comments** [back to top](#)

3/1/2008- In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC Noridian Administrative Services (19003) Article A37074 from DME PSC Electronic Data Systems Corp. (77006) Article A37074.

**Revision History Explanation** [back to top](#)

03/01/2006 - In accordance with Section 911 of the Medicare Modernization Act of 2003, this article was transitioned to DME PSC Electronic Data Systems Corp. (77006) from DMERC CIGNA Government Services (05655).

3/1/2008- In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC Noridian Administrative Services (19003) Article A37074 from DME PSC Electronic Data Systems Corp. (77006) Article A37074.

**Related Documents** [back to top](#)



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316-269-3338 office  
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1515 S. Clifton Ste. 103  
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316-687-3338 office

613 N. Main St.  
El Dorado, KS 67042  
316-320-3338 office  
316-322-8192 fax

## Patient Receipt – TENS Unit & Accessories

---

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_ CHART# \_\_\_\_\_

---

### Product Information Quantity, Product and HCPC Codes

1 **TENS Unit (E0730)** - Effectively used to treat all types of chronic and acute pain. The TENS stimulator is a battery-powered device which transmits an electrical impulse through lead wires and surface electrodes to underlying nerves. The stimulator converts the direct current of the battery into pulses of stimulation. The current travels through electrodes and into the skin stimulating specific nerve pathways to produce a tingling or massaging sensation that reduces/eliminates the perception of pain. TENS is a safe, non-invasive, drug-free method of pain management. It is used to offer a better quality of life for people with pain.

\_\_\_\_\_ **TENS unit supplies for purchased unit – (A4595)** - Used to transmit the electrical current from the unit to the skin

### Instructions For Use

You have received this TENS unit and electrodes to help manage your pain. A TENS unit can be used as needed for pain relief. Ensure that the required 9-volt battery is charged and that electrodes are replaced when they no longer adhere to the surface of your skin. Apply the electrodes as illustrated in the accompanying electrode placement chart. Please alert our office if there are any signs of skin irritation. Do not use the unit if you are pregnant or use a pacemaker. The skin area where you will be placing the electrodes should be clean and dry to ensure maximum use of the electrodes. If your level of pain does not subside, please contact our office immediately.

### Material failure warrantee coverage

Hardware, plastic and metal component of TENS unit is covered at no-charge for 90 days.

I have read the posted Complaint Resolution Policy and have been provided with a copy of the 21 Medicare Supplier Standards.

I certify that I have received the item(s) indicated. The physician has reviewed the instructions for proper use and care and provided me with written instructions. I understand that failure to properly care for these items will result in the warranty being voided. This could result in my responsibility for future repair or replacement costs if my insurance policy will not cover such costs. The physician has instructed me to call the office if I have any difficulties or problems with the device.

---

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_ CHART# \_\_\_\_\_

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316-322-8192 fax**

### **TENS UNIT Parameter Settings**

#### **Pulse Rate (Hz or pulses per second) and Pulse Width**

It has been found that an optimal setting of 80 or 120 Hz with a pulse width of 100  $\mu$ S has good effect for most patients and is a good first choice for pain-gating. Usually, the larger the area being treated, the greater you will want to set the pulse width (ie. foot = 100  $\mu$ S; leg = 150  $\mu$ S ; back = 200  $\mu$ S)

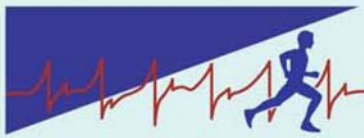
#### **Treatment Time**

Typically, the onset of pain relief starts after 20 - 30 minutes. Generally, TENS is used for longer periods of normally 1 hour and 30 minutes per session. With some patients it can be much longer. Since there is very little "carry over" effect with a TENS unit, patients can use at their own discretion as pain relief is needed.

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## **TENS Protocols**

### **Foot Pain**

**Foot Pain can result from sports injuries, overuse, trauma or repetitive injury. TENS can be used to decrease pain and increase functional mobility.**

### **Suggested Electrode Placement** (for all foot injuries)

#### **4 - pad placement**

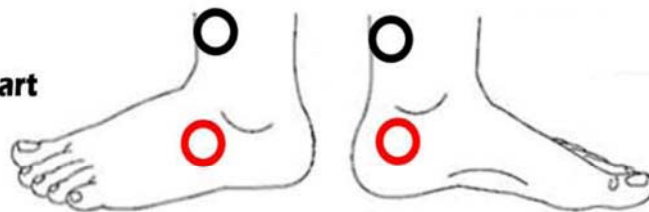
**Place electrode pads at least 2" apart  
as indicated in diagram**



### **Suggested Electrode Placement** (for all ankle injuries)

#### **4 - pad placement**

**Place electrode pads at least 2" apart  
as indicated in diagram**



### **Suggested Treatment Parameters**

**Mode: Continuous**

**Pulse rate: 80-100 Hz**

**Pulse width/duration: 50-100  $\mu$ s**

**Amplitude: Low to moderate level stimulation**

**Treatment Time: Throughout the day as needed**

**Mode: Modulated**

**Pulse rate: 100-120 Hz**

**Pulse width/duration: 50-150  $\mu$ s**

**Amplitude: Low to moderate level stim**

**Treatment Time: Throughout the day as needed**

**You can use either of these parameters. It is recommended that both parameters are used to prevent your body from becoming accommodated to any one particular setting.**

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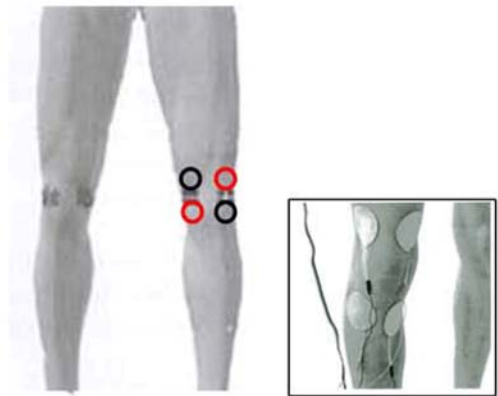
## **TENS Protocols**

### **Knee Pain**

#### **Suggested Electrode Placement**

**4 - pad placement**

**Place electrode pads at least 2" apart  
as indicated in diagram**



### **Lower Leg Pain**

#### **Suggested Electrode Placement**

**4 - pad placement**

**Place electrode pads at least 2" apart  
as indicated in diagram**



#### **Suggested Treatment Parameters**

**Mode: Continuous**  
**Pulse rate: 80-100 Hz**  
**Pulse width/duration: 50-100  $\mu$ s**  
**Amplitude: Low to moderate level stimulation**  
**Treatment Time: Throughout the day as needed**

**Mode: Modulated**  
**Pulse rate: 100-120 Hz**  
**Pulse width/duration: 50-150  $\mu$ s**  
**Amplitude: Low to moderate level stim**  
**Treatment Time: Throughout the day as needed**

**You can use either of these parameters. It is recommended that both parameters are used to prevent your body from becoming accommodated to any one particular setting.**

# ACUTE MUSCLE AND LIGAMENT TEAR - ANKLE

## ➤ Setting

**MODE:** C Mode

**PULSE WIDTH:** 100

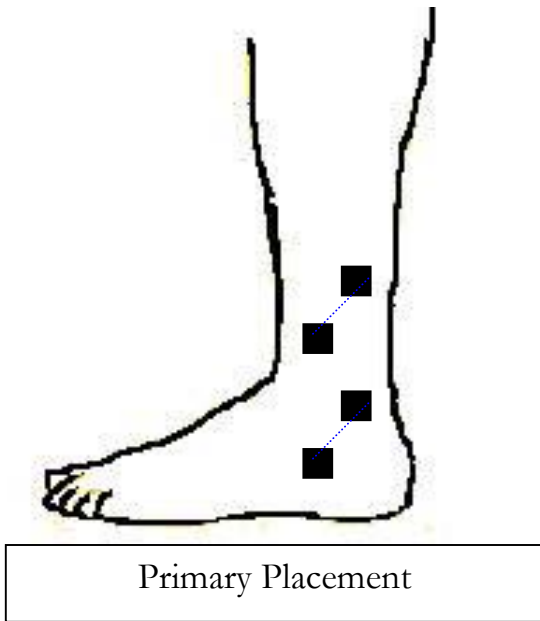
**PULSE RATE:** 100Hz

**OUTPUT:** Adjust to the most comfortable intensity level.

## ➤ Treatment Session

24 hours is available until initial relief.

30 minutes, 3 times daily thereafter.



Place one set of electrodes on medial side and one set on lateral side

# POST-PODIATRIC SURGERY (involving lateral toes)

## ➤ Setting

**MODE:** C Mode

**PULSE WIDTH:** 100 - 150

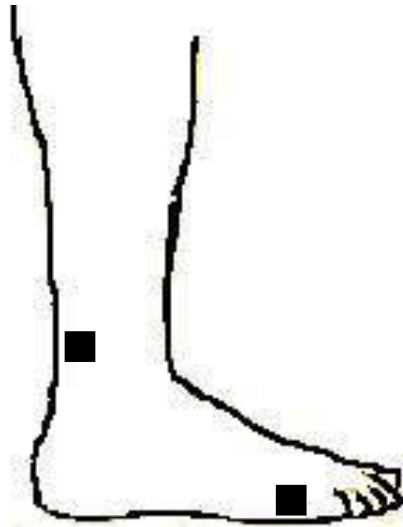
**PULSE RATE:** 100Hz

**OUTPUT:** Adjust to the most comfortable intensity level.

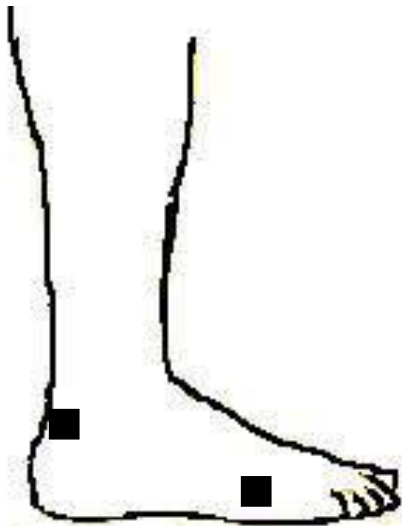
## ➤ Treatment Session

24 hours is available for the first 4 days.

4 hours daily thereafter.



Primary Placement



Alternate Placement

# KNEE PAIN – POST-OP

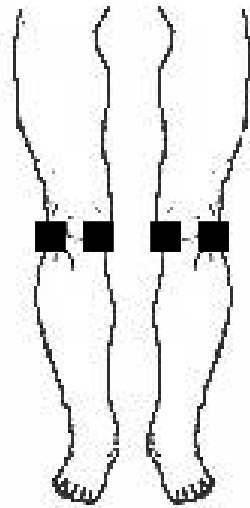
## ➤ Setting

**MODE:** M Mode

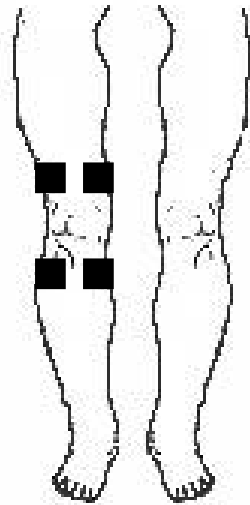
**PULSE WIDTH:** 100 - 150

**PULSE RATE:** 120Hz

**OUTPUT:** Adjust to the most comfortable intensity level.



Primary Placement



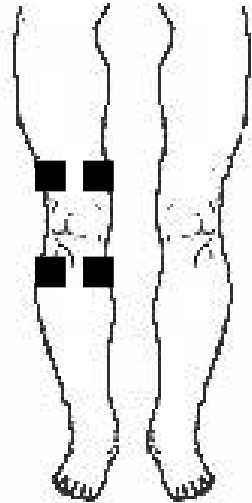
Alternate Placement

## ➤ Treatment Session

24 hours is available until initial relief.

30 minutes, 3 times daily thereafter.

# DEGENERATIVE ARTHRITIS - KNEE PAIN



Primary Placement

## ➤ Setting

**MODE:** C Mode

**PULSE WIDTH:** 220

**PULSE RATE:** 80Hz

**OUTPUT:** Adjust to the most comfortable intensity level.

## ➤ Treatment Session

24 hours is available until initial relief.

30 minutes, 3 times daily thereafter.



# RECURRENT PATELLAR SUBLAXATION

## ➤ Setting

**MODE:** C Mode

**PULSE WIDTH:** 220

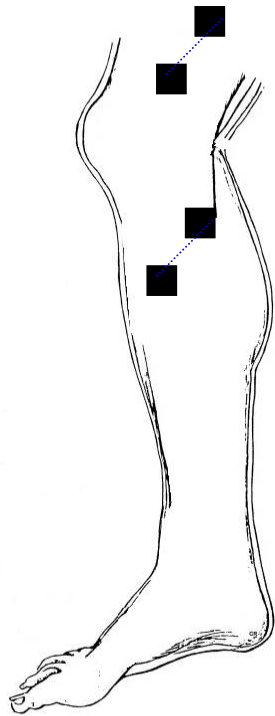
**PULSE RATE:** 80Hz

**OUTPUT:** Adjust to the most comfortable intensity level.

## ➤ Treatment Session

24 hours is available for the first 4 days.

4 hours daily thereafter.



Primary Placement

Place one set of electrodes on medial side and  
one set on lateral side

# LOW EXTREMITY PAIN (REFLEX SYMPATHETIC DYSTROPHY)

## ➤ Setting

**MODE:** C Mode or M Mode

**PULSE WIDTH:** 160

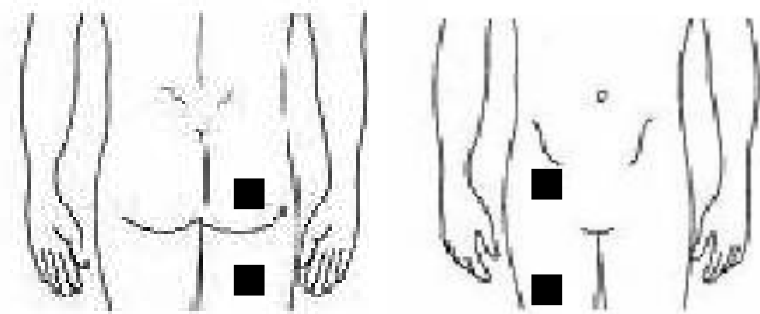
**PULSE RATE:** 30 - 80Hz

**OUTPUT:** Adjust to the most comfortable intensity level.

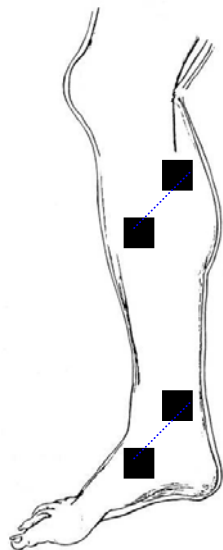
## ➤ Treatment Session

24 hours is available until initial relief.

30 minutes, 3 times daily thereafter.



Primary Placement



Alternate Placement  
Place one set on each side of leg.

# LOWER LEG PAIN (DIABETIC NEUROPATHY)

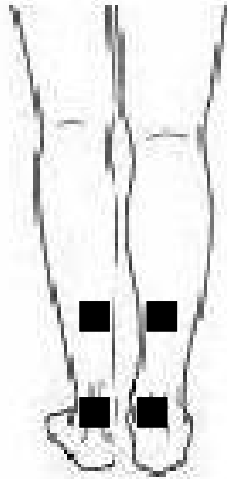
## ➤ Setting

**MODE:** M Mode

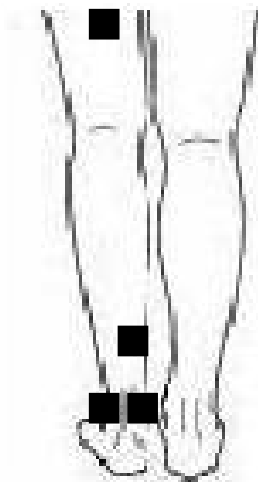
**PULSE WIDTH:** 100 - 160

**PULSE RATE:** 60 - 100Hz

**OUTPUT:** Adjust to the most comfortable intensity level.



Primary Placement



Alternate Placement

## ➤ Treatment Session

24 hours is available until initial relief.

30 minutes, 3 times daily thereafter.