

Proper Billing of Supplies for Transcutaneous Electrical Nerve Stimulation Units

Proper coding of Transcutaneous Electrical Nerve Stimulation Units and necessary supplies eliminates additional costs to you and our members. Here are some tips to help ensure you and our members get what is needed.

When Renting TENS Units

One month of necessary supplies are included in the rental of a TENS unit. There is no need to order additional items such as electrodes, lead wires and batteries for the first month of use.

Trial Before Purchase

Our [Medical Policy MED201.040](#) recommends a trial use of a TENS unit used daily or near daily, for at least 30 days to establish efficacy of the treatment and compliance. The trial must be monitored by a physician. The ordering provider must deem the trial period successful, prior to ordering and dispensing a purchased TENS unit.

When Purchasing a TENS Unit

A purchased TENS unit includes lead wires, which usually last one year, and one month of necessary supplies including, all electrodes, conductive paste or gel (if needed) and batteries.

Appropriate Coding

Use Healthcare Common Procedure Coding System codes E0720 or E0730 for the unit purchase or rental.

For additional supplies after the first month of use, use HCPCS code A4595. It includes all required electrodes and items such as conductive paste or gel, tape or other adhesive, adhesive remover, skin preparation materials, batteries and a battery charger.

Units Billed for Supplies

- A4595: Replacement Supplies:
 - 2 Leads/ 1 unit per month
 - 4 Leads/ 2 units per month
- A4557: Replacement Lead wires
 - Lead wires- 2 electrode system/1 unit per year
 - Lead wires- 4 electrode system/2 units per year

The following codes are **NOT** valid for claim submission for the TENS durable medical equipment benefit.

- A4556 (Electrodes, [e.g., apnea monitor], per pair)
- A4558 (Conductive paste or gel)
- A4630 (Replacement batteries, medically necessary TENS owned by patient)



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Prescription Requirements

A prescription or order must be available if requested for DME rentals or purchase. The prescription or order must be signed by the member's treating, qualified health care provider. When a qualified health care provider completes and signs the prescription or order, they are attesting that the information indicated on the form is correct and that the requested services are necessary and appropriate. Provider's prescription or order must be renewed annually.

The prescription or order for DME should include:

- Member's name, date of birth
- Diagnosis (Dx)
- Type of equipment/supplies
- Provider's rationale
- Date of prescription/order
- Date and duration of expected use
- Quantity (if applicable)
- Provider name, address, and telephone number
- Legible provider signature and date

For more information on what a prescription or order should include for a TENS rental or purchase, refer to [Physical Medicine and Rehabilitation Services CPCP040](#).

The material presented is for informational/educational purposes only, is not intended to be medical advice or a definitive source for coding claims and is not a substitute for the independent medical judgment of a physician or other health care provider. Health care providers are encouraged to exercise their own independent medical judgment based upon their evaluation of their patients' conditions and all available information, and to submit claims using the most appropriate code(s) based upon the medical record documentation and coding guidelines and reference materials. References to other third-party sources or organizations are not a representation, warranty or endorsement of such organization. The fact that a service or treatment is described in this material, is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.