Local Coverage Determination (LCD): Transcutaneous Electrical Joint Stimulation Devices (TEJSD) (L34821)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

## Contractor Information

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<th>CONTRACT NUMBER</th>
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**LCD Information**

**Document Information**

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<td>For services performed on or after 10/01/2015</td>
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**Original ICD-9 LCD ID**

- L28551
- L28616
- L28524
- L28492

**LCD Title**

Transcutaneous Electrical Joint Stimulation Devices (TEJSD)

**Proposed LCD in Comment Period**

N/A

**Original Effective Date**

For services performed on or after 10/01/2015

**Revision Effective Date**

For services performed on or after 01/01/2017

**Revision Ending Date**

N/A

**Retirement Date**

N/A

**Notice Period Start Date**

06/12/2014

**Notice Period End Date**
CMS National Coverage Policy

Coverage Guidance

Coverage Indications, Limitations, 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.

The purpose of a Local Coverage Determination (LCD) is to provide information regarding “reasonable and
necessary" criteria based on Social Security Act § 1862(a)(1)(A) provisions.

In addition to the "reasonable and necessary" criteria contained in this LCD there are other payment rules, which are discussed in the following documents, that must also be met prior to Medicare reimbursement:

- The LCD-related Standard Documentation Requirements Article, located at the bottom of this policy under the Related Local Coverage Documents section.
- The LCD-related Policy Article, located at the bottom of this policy under the Related Local Coverage Documents section.
- Refer to the Supplier Manual for additional information on documentation requirements.
- Refer to the DME MAC web sites for additional bulletin articles and other publications related to this LCD.

For the items addressed in this LCD, the "reasonable and necessary" criteria, based on Social Security Act § 1862(a)(1)(A) provisions, are defined by the following coverage indications, limitations and/or medical necessity.

DEFINITIONS

For purposes of this LCD the terms “arthritis”, “degenerative joint disease”, and “osteoarthritis” are used interchangeably and refer to the disease osteoarthritis. Arthritis due to other etiologies such as rheumatoid disease, gout, psoriasis, etc. (not all-inclusive) is not included by the use of these terms.

Transcutaneous electrical joint stimulation is administered by a noninvasive device that delivers electrical stimulation intended to reduce the level of pain and symptoms associated with arthritis in a joint. Devices that provide electrical stimulation have considerable variation in the parameters of the current, how the current is applied, etc. This LCD is applicable regardless of the individual characteristics of any given device.

INDICATIONS

There is insufficient published clinical evidence to establish that treatment with TEJSD (HCPCS code E0762) meets the requirements to be considered reasonable and necessary for the treatment of osteoarthritis or any other condition. Claims for TEJSD (code E0762) will be denied as not reasonable and necessary.

There is insufficient published clinical evidence to establish that treatment with other electro-magnetic devices such as transcutaneous electrical stimulation devices (TENS), neuromuscular stimulators (NMES), functional electrical stimulators (FES), light treatment devices (any type), infrared treatment devices (any type), etc. (not all-inclusive), singly or in any combination, meet the requirements to be considered reasonable and necessary for the treatment of osteoarthritis. Claims for these items will be denied as not reasonable and necessary.

TEJSD COMBINED WITH AN ORTHOSIS (Brace)

TEJSD is currently supplied as a stand-alone device or for use concurrently or in combination with a brace. Braces are separate DMEPOS items with independent coverage requirements that are unrelated to the coverage of TEJSD. When TEJSD is used concurrently or in combination with any type of brace, there no reimbursement possible for the TEJSD device. Refer to the applicable LCD and related Policy Article for information about the payment requirements for reimbursement of braces.
ACCESSORIES / SUPPLIES

Claims for supplies used with a base item are not payable when the base item is not covered. Since code E0762 is not considered to be reasonable and necessary (see above), claims for codes A4465, A4495, A4557, and A4595 to be used with code E0762 will be denied as not reasonable and necessary.

There is no evidence of effectiveness of a TEJSD (E0762) when used with a conductive garment (E0731). Claims for code E0731 billed for use with an E0762 will be denied as not reasonable and necessary.

CODING

Refer to the related Policy Article CODING GUIDELINES section for additional information regarding coding of E0762.

GENERAL

A Detailed Written Order (DWO) (if applicable) must be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving a completed DWO, the claim shall be denied as not reasonable and necessary.

For Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) base items that require a Written Order Prior to Delivery (WOPD), the supplier must also obtain a DWO before submitting a claim for any associated options, accessories, and/or supplies that are separately billed. In this scenario, if the supplier bills for associated options, accessories, and/or supplies without first receiving a completed DWO, the claim shall be denied as not reasonable and necessary.

A WOPD (if applicable) must be received by the supplier before a DMEPOS item is delivered to a beneficiary. If a supplier delivers a DMEPOS item without first receiving a completed WOPD, the claim shall be statutorily denied. Refer to the LCD-related Policy Article, located at the bottom of this policy under the Related Local Coverage Documents section.

An item/service is correctly coded when it meets all the coding guidelines listed in CMS HCPCS guidelines, LCDs, LCD-related Policy Articles, or DME MAC articles. Claims that do not meet coding guidelines shall be denied as not reasonable and necessary/incorrectly coded.

Proof of delivery (POD) is a Supplier Standard and DMEPOS suppliers are required to maintain POD documentation in their files. Proof of delivery documentation must be made available to the Medicare contractor upon request. All services that do not have appropriate proof of delivery from the supplier shall be denied as not reasonable and necessary.

Coding Information
**Bill Type Codes:**

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.

N/A

**Revenue Codes:**

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.

N/A

**CPT/HCPCS Codes**

**Group 1 Paragraph:**

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

**HCPCS CODES:**

**EQUIPMENT:**

**Group 1 Codes:**

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<th>CODE</th>
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<td>E0762</td>
<td>TRANSCUTANEOUS ELECTRICAL JOINT STIMULATION DEVICE SYSTEM, INCLUDES ALL ACCESSORIES</td>
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**Group 2 Paragraph:**

**SUPPLIES:**

**Group 2 Codes:**
## General Information

### Associated Information

**DOCUMENTATION REQUIREMENTS**

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 beneficiary's medical records will reflect the need for the care provided. The beneficiary'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.

### GENERAL DOCUMENTATION REQUIREMENTS

In order to justify payment for DMEPOS items, suppliers must meet the following requirements:

- Prescription (orders)
- Medical Record Information (including continued need/use if applicable)
- Correct Coding
- Proof of Delivery
Refer to the LCD-related Standard Documentation Requirements article, located at the bottom of this policy under the Related Local Coverage Documents section for additional information regarding these requirements.

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

Refer to the DME MAC web sites for additional bulletin articles and other publications related to this LCD.

**POLICY SPECIFIC DOCUMENTATION REQUIREMENTS**

Items covered in this LCD have additional policy-specific requirements that must be met prior to Medicare reimbursement.

Refer to the LCD-related Policy article, located at the bottom of this policy under the Related Local Coverage Documents section for additional information.

**Miscellaneous**

**Appendices**

**Utilization Guidelines**

Refer to Coverage Indications, Limitations and/or Medical Necessity

**Sources of Information and Basis for Decision**

N/A

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**Revision History Information**

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<th>REVISION HISTORY EXPLANATION</th>
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| 01/01/2017            | R5                      | **Revision Effective Date: 01/01/2017**  
**COVERAGE INDICATIONS, INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:**  
Removed: Standard Documentation Language  
Added: New reference language and directions to Standard Documentation Requirements  
Added: General Requirements  
**DOCUMENTATION REQUIREMENTS:**  
Removed: Standard Documentation Language  
Added: General Documentation Requirements  
Added: New reference language and directions to |  
• Provider Education/Guidance |
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<td><strong>Effective July 1, 2016 oversight for DME MAC LCDs is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the LCDs.</strong></td>
<td>Change in Assigned States or Affiliated Contract Numbers</td>
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<td>10/01/2015</td>
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<td><strong>Revision Effective Date: 10/31/2014 Sources of Information and Basis for Decision:</strong> Removed: Non-working Medscape link #10</td>
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<td>10/01/2015</td>
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<td><strong>Revision Effective Date: 10/31/2014 COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:</strong> Revised: Standard Documentation Language to add covered prior to a beneficiary’s Medicare eligibility Revised: Standard Documentation Language for WOPD to make consistent with ACA requirements <strong>DOCUMENTATION REQUIREMENTS:</strong> Revised: Standard Documentation Language for WOPD to make consistent with ACA requirements Revised: Standard Documentation Language to add who can enter date of delivery date on the POD Added: Instructions for Equipment Retained from a Prior Payer</td>
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<td>10/01/2015</td>
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<td><strong>Revision Effective Date: 10/01/2014</strong> Draft LCD promoted to final</td>
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Associated Documents

Attachments
N/A

Related Local Coverage Documents
Article(s)
A55426 - Standard Documentation Requirements for All Claims Submitted to DME MACs
A52713 - Transcutaneous Electrical Joint Stimulation Devices (TEJSD) - Policy Article

Related National Coverage Documents
N/A

Public Version(s)
Updated on 05/04/2017 with effective dates 01/01/2017 - N/A
Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

Keywords
N/A
END OF LOCAL COVERAGE DETERMINATION
Per the Code of Federal Regulations, 42 C.F.R § 426.325, only those portions of the currently effective Local Coverage Determination (LCD) that are based on section 1862(a)(1)(A) of the Social Security Act, may be challenged through an acceptable complaint as described in 42 C.F.R § 426.400. Also, per 42 C.F.R § 426.325 items that are not reviewable, and therefore cannot be challenged, include the Policy Article. Please note the distinction of the documents when reviewing the materials.
## Contractor Information

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## Article Information

### General Information

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**Article Title**

Transcutaneous Electrical Joint Stimulation Devices (TEJSD) - Policy Article

**AMA CPT / ADA CDT / AHA NUBC Copyright Statement**

CPT codes, descriptions and other data only are
NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES

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. Information provided in this policy article relates to determinations other than those based on Social Security Act §1862(a)(1)(A) provisions (i.e. "reasonable and necessary").

A Transcutaneous Electrical Joint Stimulation Device (TEJSD) is covered under the Durable Medical Equipment benefit (Social Security Act §1861(s)(6)). In order for a beneficiary’s equipment to be eligible for reimbursement the reasonable and necessary (R&N) requirements set out in the related Local Coverage Determination must be met. In addition, there are specific statutory payment policy requirements, discussed below, that also must be met.

The DME benefit limits the coverage of DME items to those used the beneficiary’s home. Provision of TEJSD to
beneficiaries in a Place of Service or facility considered to be other than home will be denied as statutorily non-covered. This includes a TEJSD incorporated into or used with any type brace (see below).

Braces are covered under the Braces benefit (Social Security Act § 1861(s)(9)). Coverage of items under the Braces benefit is not limited to the home.

Use of a TEJSD with a brace does not change the benefit category for the TEJSD device or of the brace. A TEJSD/brace combination does not extend the DME Benefit limitation of use in the home.

Refer to the applicable brace Local Coverage Determination and related Policy Article for information about coverage requirements for braces.

**REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO 42 CFR 410.38(g)**

42 CFR 410.38(g) requires a face-to-face evaluation and a specific written order prior to delivery for specified HCPCS codes. CMS provides a list of the specified codes, which is periodically updated, located [here](#).

Claims for the specified items subject to 42 CFR 410.38(g) that do not meet the requirements specified in the LCD-related Standard Documentation Requirements Article will be denied as statutorily noncovered – failed to meet statutory requirements.

If the supplier delivers the item prior to receipt of a written order, it will be denied as statutorily 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.

**POLICY SPECIFIC DOCUMENTATION REQUIREMENTS**

In addition to policy specific documentation requirements, there are general documentation requirements that are applicable to all DMEPOS policies. These general requirements are located in the DOCUMENTATION REQUIREMENTS section of the LCD.

Refer to the LCD-related Standard Documentation Requirements article, located at the bottom of this Policy Article under the Related Local Coverage Documents section for additional information regarding GENERAL DOCUMENTATION REQUIREMENTS and the POLICY SPECIFIC DOCUMENTATION REQUIREMENTS discussed below.

**CODING GUIDELINES**

A transcutaneous electrical joint stimulation device (TEJSD) coded (E0762) is a noninvasive device that delivers electrical stimulation intended to reduce the level of pain and symptoms associated with arthritis in a joint. TEJSD may have variation in the parameters of the current, how the current is applied, etc.

A TEJSD coded E0762 must be distinguished from other electrical stimulators (e.g., neuromuscular stimulators, functional electrical stimulators and transcutaneous electrical nerve stimulators, etc.) which also have unique HCPCS
codes and are used to directly stimulate muscles and/or nerves. The appropriate applicable HCPCS code for these devices must be used.

TEJSD is sometimes provided in combination with an orthosis (brace). When these items are provided in combination, the TEJSD and brace are always coded separately, using the codes assigned to each individual product. Braces designed to accommodate placement of electrodes and/or lead wires, that contain integrated electrodes and/or lead wires, storage for the TEJSD, etc. are considered braces, not supplies or accessories to the TEJSD and must be coded with the HCPCS code that appropriately describes the brace.

If the electronics are incorporated into a brace, the item is no longer considered a brace. Rather it is DME if it meets the benefit requirements for the DME Benefit or is statutorily non-covered (no benefit) if it does not.

Code A4465 is used for replacement only of any wrap/strap used to position and hold electrodes used with TEJSD in place. Use of this code for replacement of wraps/straps used with a brace is incorrect coding.

The 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 (any type, single use or rechargeable), and a battery charger (if rechargeable batteries are used). One unit of service includes all necessary supplies for one month’s prescribed use of the device. Separate billing for individual supplies is considered unbundling.

Codes A4556 (Electrodes, [e.g., apnea monitor], per pair) and A4558 (Conductive paste or gel), are not valid for claim submission to the DME MAC. Code A4595 should be used instead.

For code A4557, one unit of service is for lead wires going to two electrodes.

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.

The only products which may be billed using code E0762 are those for which a written Coding Verification Review has been made by the Pricing, Data Analysis and Coding (PDAC) Contractor and subsequently published on the appropriate Product Classification List. Suppliers may not submit claims using E0762 for any other item.

Claims for unlisted items using HCPCS code E0762 will be denied as incorrect coding.

Suppliers should contact the PDAC for guidance on the correct coding of these items.

### Coding Information

**Bill Type Codes:**

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.
Revenue Codes:
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
N/A

ICD-10 Codes that are Covered
N/A

ICD-10 Codes that are Not Covered
N/A

Revision History Information

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<td>R5</td>
<td>03/07/2019: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This is an article and not a local coverage determination.</td>
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| 01/01/2017            | R4                      | Revision Effective Date: 01/01/2017  
NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:  
Added: 42 CFR 410.38(g) requirements  
POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:  
Added: Direction to the Standard Documentation Requirements Language Article  
RELATED LOCAL COVERAGE DOCUMENTS:  
Added: LCD-related Standard Documentation Requirements Language Article |
| 07/01/2016            | R3                      | Effective July 1, 2016 oversight for DME MAC Articles is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the Articles. |
**REVISION HISTORY**

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| 10/01/2015            | R2                      | Revision Effective Date: 10/31/2014  
NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:  
Removed: “When required by state law” from ACA new prescription requirements  
CODING GUIDELINES:  
Added: Statement regarding incorrect coding when billing unlisted claims for HCPCS E0762 |
| 10/01/2015            | R1                      | **Revision Effective Date: 10/01/2014**  
Draft policy article promoted to final |

**Associated Documents**

**Related Local Coverage Document(s)**

Article(s)
A55426 - Standard Documentation Requirements for All Claims Submitted to DME MACs

LCD(s)
L34821 - Transcutaneous Electrical Joint Stimulation Devices (TEJSD)

**Related National Coverage Document(s)**

N/A

**Statutory Requirements URL(s)**

N/A

**Rules and Regulations URL(s)**

N/A

**CMS Manual Explanations URL(s)**

N/A

**Other URL(s)**

N/A

**Public Version(s)**

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