

CLINICIAN CHECKLIST FOR TRANSCUTANEOUS ELECTRICAL NERVE STIMULATORS

Policy References:

- [Local Coverage Determination \(LCD\) \(L33802\)](#)
- [Policy Article \(A52520\)](#)

Documentation References: [Standard Documentation Requirements Policy Article \(A55426\)](#)

The supplier must be able to provide all of these items on request:

[Standard Written Order \(SWO\)](#)

Medical records from treating practitioner as noted below

Medical records should contain:

TENS for Acute Post-Operative Pain

Only covered for 30 days from the day of surgery

Record indicates date of the surgery, nature of surgery, and location and severity of pain

TENS for Chronic Pain Other than Low Back Pain

Etiology of pain is generally accepted as responding to TENS therapy

Pain has been present for at least three months

Documentation that other appropriate treatment modalities have been tried and failed

Must initially be ordered on a trial basis for minimum of 30 days but not to exceed two months

If use exceeds 60 days, document that the beneficiary is likely to derive significant therapeutic benefit from continuous use of the unit over a longer period of time

TENS for Chronic Low Back Pain (CLBP)

TENS therapy for Chronic Low Back Pain (CLBP) will be denied as not reasonable and necessary

TENS with Four Leads

Document why two leads are insufficient to meet the beneficiary's needs

If ordering more than two units per month, document medical necessity and provide that information to the supplier along with the order

TENS with Two Leads

If ordering more than one unit per month, document medical necessity and provide that information to the supplier along with the order