Piedmont Medical SOLUTIONS

TENS Unit/Supplies

Required Documentation for Insurance/Medicare

The Medical Record MUST document:

1. CHRONIC PAIN – No Acute Pain; and
2. Location of Pain (LOW BACK AND LOW BACK RELATED PAIN IS NOT COVERED); and
3. Duration of Pain must be > than 3 months; and
4. PAIN SCALE - Severity of the pain for EACH area TENS is being applied; and
5. Presumed etiology of the pain; and
6. Other treatment modalities tried and failed and their results.
7. Also needed is a statement - "A 4-Lead TENS is required because the pain is located in multiple sites or covers a large surface area (e.g., across shoulders and/or down the legs). (Insurance does not cover 2-Lead TENs).

TENS Follow-Up Requirements

The Medical Record MUST document:

Patient must return within 30-60 days from delivery of the TENS Unit for a follow-up visit which must document:

1. The TENS is beneficial to patient; and
2. How often the patient uses TENS. (i.e., 3 days a week, 2 times a day); and
3. The duration of each use (i.e., 20 minutes, 30 minutes); and
4. The results of the TENS Usage.

PAs are not allowed to order TENS for Medicare patients. If a PA writes for a TENS, a MD must sign behind them, with date and NPI#.