



## TENS Unit Order and Documentation Requirements

Medicare, and other insurance providers who follow Medicare guidelines, requires that a physician, NP, CNS or PA has had a Face-to-Face (F2F) examination with the patient that documents that the patient was evaluated and/or treated for a condition that supports the need for the prescribed equipment. This can be an inpatient admit H&P, discharge note or progress note, or an outpatient chart note. The date of the F2F exam may be no older than 6 months prior to the prescription date.

A Written Order Prior to Delivery (WOPD) is also required; the WOPD cannot be completed until after the F2F exam, and must be received by the supplier prior to dispensing the equipment. This order must contain:

- Patient's name
  - Physician's name
  - Date of the order and the start date, if start date is different from order date
  - Detailed description of the item(s)
  - Ordering Practitioner's National Provider Identifier (NPI)
  - Signature of ordering practitioner and signature date.
- Signature and date stamps are not allowed. Signatures must be legible and/or physician's name must also be printed.

**TENS Unit Coverage Criteria:** A TENS Unit is covered for the treatment of patients with chronic, intractable pain or acute post-operative pain when ONE of the following coverage criteria 1-3 is met. The qualifying criteria for the prescribed equipment must be documented in the F2F notes. **The physician ordering the TENS unit and related supplies must be the treating physician for the disease or condition justifying the need for the TENS unit.**

1. Acute post-operative pain: Coverage is limited to 30 days from the day of surgery. Payment will be made only as a rental. There must be information in the medical record documenting:
  - Date and Nature of the surgery
  - Location and severity of pain
2. Chronic pain ***other than low back pain***: must meet all criteria A-C
  - A. The presumed etiology of the pain must be a type that typically responds to TENS therapy (this does NOT include headache, abdominal pain, pelvic pain or TMJ pain); and
  - B. The pain must have been present **for at least 3 months**; and
  - C. Other appropriate treatment modalities have been tried and failed.

➤ **There must be information in the medical record describing:**

  - Location and severity of pain
  - Duration of time the patient has had the pain
  - Presumed etiology of the pain
  - Prior treatment and results of that treatment

➤ The TENS unit ***must be used by the patient on a trial basis*** for a minimum of 30 days, but not to exceed 60 days. The trial period will be paid as a rental. ***The trial period must be monitored by the treating physician*** to determine if the TENS unit is helping to control the patient's pain. For coverage of a purchase at the end of the trial period, ***the treating physician must determine that the patient is likely to benefit*** from use of a TENS unit over a long period of time. ***This information must be documented in the patient medical record.***
3. Chronic Low Back Pain (CLBP) is only covered if the patient is enrolled in an approved clinical study and has a qualifying diagnosis.

\*\*\*Physicians who have patients with Medicare/Medicare replacement insurances are also required to complete a Certificate of Medical Necessity for purchase of the equipment; this will be faxed to the doctor for completion once all qualifying documentation has been received by the supplier.\*\*\*

*Thank you for making Rice Home Medical part of your healthcare team. Please call 320-235-8434 with questions.*