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TENS Coding Procedure

TENS

Transcutaneous Electrical Nerve Stimulation (TENS) is a trusted, clinically-proven, noninvasive therapy used for the management of, and relief from, chronic (long-term) intractable pain and post-surgical and post-trauma acute pain.

Indications for TENS

- Relief of chronic (long-term) intractable pain
- Reduce Muscle Guarding
- Relief of post-surgical acute pain
- Relief of post-trauma acute pain

Documentation – To ensure the likelihood of reimbursement, justification of medical necessity for TENS must be substantiated; the following documentation should be provided to both CriterionMed and the patient's insurance provider:

- Letter of Medical Necessity (prescription, diagnosis codes, ABN, etc.)
- Treatment Records should include (if applicable):
 1. Therapy History – including records relative to treatment
 2. Presenting Symptoms and Complaints
 3. Diagnosis of Condition(s)
 4. Lab Test Results
 5. X-Rays/MRIs
 6. Patient Follow-Up Progress (i.e. successful use, compliance, etc.)
 7. Recommended Plan of Care

Ultimately, the clinician must exercise his or her own judgement when documenting treatment plans assessment.

Please contact Criterion if any of the above forms are required. A Criterion Representative will contact you directly if additional information regarding claims submission is required.

Conditions	ICD-10 Code
Conditions - Neck and Back	
Cervical Spondylosis	M47812
Cervical Disc Degeneration	M5030
Cervical Disc Displacement	M5020
Cervical Radiculopathy	M5412
Cervicalgia	M542
Cervicothoracic Radiculopathy	M5413
Dorsalgia/Back Pain	M549
Ligament Strain in Thoracic Spine	S233XXA
Lumbago	M545
Lumbar Disc Degeneration	M5136
Lumbar Disc Displacement	M5126
Lumbar Radiculopathy	M5416
Lumbosacral Disc Degeneration	M5137
Lumbosacral Disc Displacement	M5127
Lumbosacral Radiculopathy	M5417
Lumbosacral Spondylosis	M47817
Neuralgia/Neuritis	M792
Other Back Symptoms	M5408
Pain in Thoracic Spine	M546
Post Laminectomy Syndrome	M961
Sciatica	M5430
Spinal Stenosis/Lumbar	M4806
Sprain/Lumbar Region	S335XXA
Thoracic Disc Degeneration	M5134
Thoracic Radiculopathy	M5414
Thoracolumbar Disc Degeneration	M5135
Thoracolumbar Radiculopathy	M5415
Conditions - Upper Extremity	
Joint Pain/Shoulder	M25519
Lateral Epicondylitis	M7710
Pain in Limb	M79609
Sprain/Rotator Cuff	S43429A
Sprain/Supraspinatus	S4380XA
Conditions - Lower Extremity	
Chondromalacia Patella	M2240
Joint Pain/Leg	M25569
Joint Pain/Pelvis	M25559
Local Osteoarthritis/Leg	M1710
Osteoarthritis/Leg	M179
Pain in Limb	M79609
Sprain/Cruciate Ligament (Knee)	S83509A
Other Conditions	
Muscle/Ligament DIS NEC	M629
Myalgia	M791
Myositis	M609
Post Surgical State	Z9889

Additional Billing Codes

- E0730 – Billing Code for the TENS unit itself.
- 97002 – Physical therapy re-evaluation
- 64550 – Application of surface (Transcutaneous) Neurostimulator – TENS/NMS. This is commonly referred to as “fitting.” The fitting process entails diagnosing, and instructing the patient as to where to place electrodes (box in area of treatment) and inform them of warning, etc.
- 97032 – Application of a modality to one or more areas; **electrical stimulation** (manual), each 8-20 minutes (per area) [Modality used to apply electrical current to a specific area. Attended electrical stimulation is also referred to as manual stimulation Attended stimulation calls for the application of stimulation for shorter or more specific time frames and at varying degrees of current.] *Example: If patient has two areas of pain (i.e. cervical and lumbar) you would spend 8-20 minutes on each area and bill for your time spent on each area.*
- 97014 – Electrical Stimulation (unattended) – (one or more areas) [The application of electrical stimulation to specific areas. The term unattended means that the patient is positioned and the appropriate type of stimulation is applied to an area, over a specific time period. Nerve and muscle stimulation can be useful in any disorder in which the patient has lost or never had adequate voluntary control over skeletal muscle. Until such time as the patient achieves useful control, it is most helpful to use this type of stimulation along with other interventions such as passive exercise.

Criterion has compiled all applicable coding information regarding Criterion Products for your convenience. The provider is responsible for determining coverage, submitting appropriate codes, modifiers, and charges for the services rendered. The clinician must use independent judgement when deciding which codes most accurately describe the products and/or services provided.

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Visit us on the web at www.CriterionMed.com for additional information.

Yes, we're social!

