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Eli's Rehab Report

3 Steps Take the Tension Out of Your TENS Unit Coding

Bonus: Learn how to navigate TENS trial periods

When you code for transcutaneous electrical nerve stimulation (TENS), you'll likely be using one of three codes--64550, 97014 or 97032--but knowing when to use them is the key to unlocking reimbursement.

What happens: A TENS unit is a device that transmits small electrical pulses to the electrodes attached to the skin, which transmit an electrical pulse to the underlying peripheral nerves your physiatrist wants to stimulate. The provider should document the stimulation's effectiveness in relieving the patient's pain.

Step 1: Survey the CPT Coding Options

Possible codes to report to your physiatrist's services include:

• **CPT 64550** --Application of surface (transcutaneous) neurostimulator

• 97014--Application of a modality to one or more areas; electrical stimulation (unattended)

• 97032--Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes.

To apply these codes correctly, follow this expert advice.

When to use 64550: Your physiatrist provides the initial application of a neurostimulator (such as a TENS unit). He places electrodes on the skin, and the patient takes the unit home where she will operate it. In other words, she will change the voltage and so on. You should report 64550 for this service because "64550 represents the initial application before the patient leaves the office," says **Donna M. Beaulieu, ACS-FP, CPC, CCP, CRP**, compliance officer at Quality Physician Services LLC, in Stockbridge, Ga.

When to use 97014 and 97032: You should use 97014 and 97032 to report electrical stimulation treatment applied by the provider in, for example, the physician's office or other facility (such as a physical therapy department). "These two codes refer to physical therapy modalities," Beaulieu says.

Note: Code 97014 is not a time-based code, and you should report it only one time, regardless of the number of areas treated with electrical stimulation.

Red flag: Notice how the descriptor for 97032 specifies "each 15 minutes." That means 97032 is a time-based code, and you may report one unit for each 15 minutes the provider spends face-to-face with the patient. For example, if the physiatrist documents 22 minutes performing 97032, use the 8-minute rule to determine that you should report only one unit of this code. Note: For a free PDF of the 8-minute rule, e-mail the editor at suzannel@eliresearch.com.

Also, keep in mind that payers will only reimburse for 97032 for electrical stimulation treatments that require "constant attendance" and, therefore, direct patient-to-provider contact, according to CPT.

Step 2: Understand Trial Periods

Before you launch into full-fledged TENS coding, you first need to know about the trial period. Your physiatrist's

documentation that the TENS unit is likely to provide significant therapeutic benefit from continuous use over a long time period will determine whether a payer purchases a permanent unit.

"A TENS trial basis consists of a minimum of 30 days of a rental period for the device and is not to exceed two months," Beaulieu says. Many payers will cover TENS for this amount of time but must have medical-necessity documentation for a prolonged period or purchase of a unit for the patient. The physiatrist may furnish the equipment necessary for the evaluation, or the patient may be directed to a medical supplier to rent the unit.

Heads up: "From what I understand from Medicare, you have to show that the patient's pain has been present at least three months and that other appropriate forms of therapy have failed," says **Terra Lewis,** billing manager at Doctor's Practice Management in Clarksville, Tenn. "You also have to have a certificate of medical necessity (CNM) on file and have to enter referring-physician information on the claim."

Note: You can find more information about the rental/purchase information online at www.empi.com/products/tens/medicare.pdf and www.cms.hhs.gov/forms/cms848.pdf.

Step 3: Home in on Your TENS HCPCS

For the TENS device, you'd use one of the following HCPCS codes: E0720 (TENS, two lead, localized stimulation) or E0730 (TENS, four or more leads, for multiple nerve stimulation). "We append modifier RR (Rental) to E0720 to indicate that we're renting this machine," Lewis says.

HCPCS codes for TENS supplies include A4595 (Electrical stimulator supplies, 2 lead, per month [e.g., TENS, NMES]) or E0731 (Form-fitting conductive garment for delivery of TENS or NMES [with conductive fibers separated from the patient's skin by layers of fabric]). Payers will cover the replacement of lead wires (A4557) when they are inoperative due to damage and the TENS unit is still medically necessary.

Keep in mind: "You should not code the HCPCS codes for the actual TENS device if your physician does not provide the equipment or supplies; the DME supplier would use these codes to bill for the device," Beaulieu says.