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Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: Tackle TENS Unit Coding With These

Learn why the correct codes are key to proper reimbursement.

Coding for transcutaneous electrical nerve stimulation (TENS) can present some challenges, but if you know which code to use, the process is a walk in the park. Catch on to the following coding clues below.

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 physician wants to stimulate. The provider should document the stimulation's effectiveness in relieving the patient's pain.

Tip 1: Survey the CPT Coding Options

Possible codes to report for your physician's services include:

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

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

• **CPT 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 physician 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, he 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 physician documents 22 minutes performing 97032, use the 8-minute rule to determine that you should report only one unit of this code. Bonus: For a free PDF of the 8-minute rule, e-mail editor Shayla Jackson at shaylaj@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.

Tip 2: Understand Trial Periods

Before you launch into full-fledged TENS coding, you first need to know about the trial period. Your physician's documentation that the TENS unit is likely to provide significant therapeutic benefit from continuous use over a long time

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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 payors 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 physician 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, TN. "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 and www.cms.hhs.gov/forms/cms848.pdf.

Tip 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.

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