

Local Coverage Determination (LCD): Transcutaneous Electrical Joint Stimulation Devices (TEJSD) (L34821)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
CGS Administrators, LLC	DME MAC	17013 - DME MAC	J-B	Illinois Indiana Kentucky Michigan Minnesota Ohio Wisconsin
CGS Administrators, LLC	DME MAC	18003 - DME MAC	J-C	Alabama Arkansas Colorado Florida Georgia Louisiana Mississippi New Mexico North Carolina Oklahoma Puerto Rico South Carolina Tennessee Texas Virgin Islands Virginia West Virginia
Noridian Healthcare Solutions, LLC	DME MAC	16013 - DME MAC	J-A	Connecticut Delaware District of Columbia Maine Maryland Massachusetts New Hampshire New Jersey New York - Entire State Pennsylvania Rhode Island

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
				Vermont
Noridian Healthcare Solutions, LLC	DME MAC	19003 - DME MAC	J-D	Alaska American Samoa Arizona California - Entire State Guam Hawaii Idaho Iowa Kansas Missouri - Entire State Montana Nebraska Nevada North Dakota Northern Mariana Islands Oregon South Dakota Utah Washington Wyoming

LCD Information

Document Information

LCD ID

L34821

LCD Title

Transcutaneous Electrical Joint Stimulation Devices (TEJSD)

Proposed LCD in Comment Period

N/A

Source Proposed LCD

N/A

AMA CPT / ADA CDT / AHA NUBC Copyright Statement

CPT codes, descriptions and other data only are

Original Effective Date

For services performed on or after 10/01/2015

Revision Effective Date

For services performed on or after 01/01/2020

Revision Ending Date

N/A

Retirement Date

N/A

Notice Period Start Date

06/12/2014

Notice Period End Date

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CMS National Coverage Policy

N/A

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements.

The purpose of a Local Coverage Determination (LCD) is to provide information regarding “reasonable and necessary” criteria based on Social Security Act § 1862(a)(1)(A) provisions.

In addition to the “reasonable and necessary” criteria contained in this LCD there are other payment rules, which are discussed in the following documents, that must also be met prior to Medicare reimbursement:

- The LCD-related Standard Documentation Requirements Article, located at the bottom of this policy under the Related Local Coverage Documents section.
- The LCD-related Policy Article, located at the bottom of this policy under the Related Local Coverage Documents section.
- Refer to the Supplier Manual for additional information on documentation requirements.
- Refer to the DME MAC web sites for additional bulletin articles and other publications related to this LCD.

For the items addressed in this LCD, the "reasonable and necessary" criteria, based on Social Security Act § 1862(a)(1)(A) provisions, are defined by the following coverage indications, limitations and/or medical necessity.

DEFINITIONS

For purposes of this LCD the terms "arthritis", "degenerative joint disease", and "osteoarthritis" are used interchangeably and refer to the disease osteoarthritis. Arthritis due to other etiologies such as rheumatoid disease, gout, psoriasis, etc. (not all-inclusive) is not included by the use of these terms.

Transcutaneous electrical joint stimulation is administered by a noninvasive device that delivers electrical stimulation intended to reduce the level of pain and symptoms associated with arthritis in a joint. Devices that provide electrical stimulation have considerable variation in the parameters of the current, how the current is applied, etc. This LCD is applicable regardless of the individual characteristics of any given device.

INDICATIONS

There is insufficient published clinical evidence to establish that treatment with Transcutaneous Electrical Joint Stimulation Devices (TEJSD) (HCPCS code E0762) meets the requirements to be considered reasonable and necessary for the treatment of osteoarthritis or any other condition. Claims for TEJSD (code E0762) will be denied as not reasonable and necessary.

There is insufficient published clinical evidence to establish that treatment with other electro-magnetic devices such as transcutaneous electrical stimulation devices (TENS), neuromuscular stimulators (NMES), functional electrical stimulators (FES), light treatment devices (any type), infrared treatment devices (any type), etc. (not all-inclusive), singly or in any combination, meet the requirements to be considered reasonable and necessary for the treatment of osteoarthritis. Claims for these items will be denied as not reasonable and necessary.

TEJSD COMBINED WITH AN ORTHOSIS (Brace)

TEJSD is currently supplied as a stand-alone device or for use concurrently or in combination with a brace. Braces are separate DMEPOS items with independent coverage requirements that are unrelated to the coverage of TEJSD. When TEJSD is used concurrently or in combination with any type of brace, there no reimbursement possible for the TEJSD device. Refer to the applicable LCD and related Policy Article for information about the payment requirements for reimbursement of braces.

ACCESSORIES / SUPPLIES

Claims for supplies used with a base item are not payable when the base item is not covered. Since code E0762 is not considered to be reasonable and necessary (see above), claims for codes A4465, A4495, A4557, and A4595 to be used with code E0762 will be denied as not reasonable and necessary.

There is no evidence of effectiveness of a TEJSD (E0762) when used with a conductive garment (E0731). Claims for code E0731 billed for use with an E0762 will be denied as not reasonable and necessary.

CODING

Refer to the related Policy Article CODING GUIDELINES section for additional information regarding coding of E0762.

GENERAL

A Standard Written Order (SWO) must be communicated to the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving a completed SWO, the claim shall be denied as not reasonable and necessary.

For Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) base items that require a Written Order Prior to Delivery (WOPD), the supplier must have received a signed SWO before the DMEPOS item is delivered to a beneficiary. If a supplier delivers a DMEPOS item without first receiving a WOPD, the claim shall be denied as not reasonable and necessary. Refer to the LCD-related Policy Article, located at the bottom of this policy under the Related Local Coverage Documents section.

For DMEPOS base items that require a WOPD, and also require separately billed associated options, accessories, and/or supplies, the supplier must have received a WOPD which lists the base item and which may list all the associated options, accessories, and/or supplies that are separately billed prior to the delivery of the items. In this scenario, if the supplier separately bills for associated options, accessories, and/or supplies without first receiving a completed and signed WOPD of the base item prior to delivery, the claim(s) shall be denied as not reasonable and necessary.

An item/service is correctly coded when it meets all the coding guidelines listed in CMS HCPCS guidelines, LCDs, LCD-related Policy Articles, or DME MAC articles. Claims that do not meet coding guidelines shall be denied as not reasonable and necessary/incorrectly coded.

Proof of delivery (POD) is a Supplier Standard and DMEPOS suppliers are required to maintain POD documentation in their files. Proof of delivery documentation must be made available to the Medicare contractor upon request. All services that do not have appropriate proof of delivery from the supplier shall be denied as not reasonable and necessary.

Summary of Evidence

NA

Analysis of Evidence (Rationale for Determination)

NA

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS:

EY – No physician or other health care provider order for this item or service

HCPCS CODES:

EQUIPMENT:

Group 1 Codes:

CODE	DESCRIPTION
E0762	TRANSCUTANEOUS ELECTRICAL JOINT STIMULATION DEVICE SYSTEM, INCLUDES ALL ACCESSORIES

Group 2 Paragraph:

SUPPLIES:

Group 2 Codes:

CODE	DESCRIPTION
A4465	NON-ELASTIC BINDER FOR EXTREMITY
A4557	LEAD WIRES, (E.G., APNEA MONITOR), PER PAIR
A4595	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E.G., TENS, NMES)
E0731	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE FIBERS SEPARATED FROM THE PATIENT'S SKIN BY LAYERS OF FABRIC)

General Information

Associated Information

DOCUMENTATION REQUIREMENTS

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider". It is expected that the beneficiary's medical records will reflect the need for the care provided. The beneficiary's medical records include the treating practitioner's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available upon request.

GENERAL DOCUMENTATION REQUIREMENTS

In order to justify payment for DMEPOS items, suppliers must meet the following requirements:

- SWO
- Medical Record Information (including continued need/use if applicable)
- Correct Coding
- Proof of Delivery

Refer to the LCD-related Standard Documentation Requirements article, located at the bottom of this policy under the Related Local Coverage Documents section for additional information regarding these requirements.

Refer to the Supplier Manual for additional information on documentation requirements.

Refer to the DME MAC web sites for additional bulletin articles and other publications related to this LCD.

POLICY SPECIFIC DOCUMENTATION REQUIREMENTS

Items covered in this LCD have additional policy-specific requirements that must be met prior to Medicare reimbursement.

Refer to the LCD-related Policy article, located at the bottom of this policy under the Related Local Coverage Documents section for additional information.

Miscellaneous

Appendices

Utilization Guidelines

Refer to Coverage Indications, Limitations and/or Medical Necessity

Sources of Information

N/A

Bibliography

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
01/01/2020	R6	<p>Revision Effective Date: 01/01/2020</p> <p>GENERAL: Revised: Order information as a result of Final Rule 1713</p> <p>CODING INFORMATION: Removed: Field titled "Bill Type" Removed: Field titled "Revenue Codes" Removed: Field titled "ICD-10 Codes that Support Medical Necessity" Removed: Field titled "ICD-10 Codes that DO NOT Support Medical Necessity" Removed: Field titled "Additional ICD-10 Information"</p> <p>DOCUMENTATION REQUIREMENTS: Revised: "physician's" to "treating practitioner's"</p> <p>GENERAL DOCUMENTATION REQUIREMENTS: Revised: "Prescriptions (orders)" to "SWO"</p> <p><i>02/27/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713.</i></p>	<ul style="list-style-type: none"> • Provider Education/Guidance • Other
01/01/2017	R5	<p>Revision Effective Date: 01/01/2017</p> <p>COVERAGE INDICATIONS, INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY: Removed: Standard Documentation Language Added: New reference language and directions to Standard Documentation Requirements Added: General Requirements</p> <p>DOCUMENTATION REQUIREMENTS: Removed: Standard Documentation Language Added: General Documentation Requirements Added: New reference language and directions to Standard Documentation Requirements</p> <p>POLICY SPECIFIC DOCUMENTATION REQUIREMENTS: Removed: Standard Documentation Language Added: Direction to Standard Documentation</p>	<ul style="list-style-type: none"> • Provider Education/Guidance

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<p>Requirements</p> <p>Removed: Supplier Manual reference under Miscellaneous</p> <p>Removed: PIM reference under Appendices</p> <p>SOURCES OF INFORMATION AND BASIS FOR DECISION:</p> <p>Removed: Sources of Information</p> <p>RELATED LOCAL COVERAGE DOCUMENTS:</p> <p>Added: LCD-related Standard Documentation Requirements article</p>	
07/01/2016	R4	Effective July 1, 2016 oversight for DME MAC LCDs is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the LCDs.	<ul style="list-style-type: none"> Change in Assigned States or Affiliated Contract Numbers
10/01/2015	R3	<p>Revision Effective Date: 10/31/2014</p> <p>Sources of Information and Basis for Decision:</p> <p>Removed: Non-working Medscape link #10</p>	<ul style="list-style-type: none"> Other (Link no longer working)
10/01/2015	R2	<p>Revision Effective Date: 10/31/2014</p> <p>COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:</p> <p>Revised: Standard Documentation Language to add covered prior to a beneficiary's Medicare eligibility</p> <p>Revised: Standard Documentation Language for WOPD to make consistent with ACA requirements</p> <p>DOCUMENTATION REQUIREMENTS:</p> <p>Revised: Standard Documentation Language for WOPD to make consistent with ACA requirements</p> <p>Revised: Standard Documentation Language to add who can enter date of delivery date on the POD</p> <p>Added: Instructions for Equipment Retained from a Prior Payer</p>	<ul style="list-style-type: none"> Provider Education/Guidance
10/01/2015	R1	<p>Revision Effective Date: 10/01/2014</p> <p>Draft LCD promoted to final</p>	<ul style="list-style-type: none"> Other (Draft LCD promoted to final)

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

A55426 - Standard Documentation Requirements for All Claims Submitted to DME MACs

A52713 - Transcutaneous Electrical Joint Stimulation Devices (TEJSD) - Policy Article

Related National Coverage Documents

N/A

Public Version(s)

Updated on 02/21/2020 with effective dates 01/01/2020 - N/A

Updated on 05/04/2017 with effective dates 01/01/2017 - 12/31/2019

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

Keywords

N/A

END OF LOCAL COVERAGE DETERMINATION

Per the Code of Federal Regulations, 42 C.F.R § 426. 325, only those portions of the currently effective Local Coverage Determination (LCD) that are based on section 1862(a)(1)(A) of the Social Security Act, may be challenged through an acceptable complaint as described in 42 C.F.R § 426.400. Also, per 42 C.F.R § 426.325 items that are not reviewable, and therefore cannot be challenged, include the Policy Article. Please note the distinction of the documents when reviewing the materials.

Local Coverage Article: Transcutaneous Electrical Joint Stimulation Devices (TEJSD) - Policy Article (A52713)

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CGS Administrators, LLC	DME MAC	17013 - DME MAC	J-B	Illinois Indiana Kentucky Michigan Minnesota Ohio Wisconsin
CGS Administrators, LLC	DME MAC	18003 - DME MAC	J-C	Alabama Arkansas Colorado Florida Georgia Louisiana Mississippi New Mexico North Carolina Oklahoma Puerto Rico South Carolina Tennessee Texas Virgin Islands Virginia West Virginia
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				Vermont
Noridian Healthcare Solutions, LLC	DME MAC	19003 - DME MAC	J-D	Alaska American Samoa Arizona California - Entire State Guam Hawaii Idaho Iowa Kansas Missouri - Entire State Montana Nebraska Nevada North Dakota Northern Mariana Islands Oregon South Dakota Utah Washington Wyoming

Article Information

General Information

Article ID

A52713

Original Effective Date

10/01/2015

Original ICD-9 Article ID

[A48072](#)

[A48139](#)

[A48018](#)

[A48010](#)

Revision Effective Date

01/01/2020

Revision Ending Date

N/A

Article Title

Transcutaneous Electrical Joint Stimulation Devices (TEJSD) - Policy Article

Retirement Date

N/A

Article Type

Article

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Article Guidance

Article Text:

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. Information provided in this policy article relates to determinations other than those based on Social Security Act §1862(a)(1)(A) provisions (i.e. "reasonable and necessary").

A Transcutaneous Electrical Joint Stimulation Device (TEJSD) is covered under the Durable Medical Equipment benefit (Social Security Act §1861(s)(6)). In order for a beneficiary's equipment to be eligible for reimbursement the

reasonable and necessary (R&N) requirements set out in the related Local Coverage Determination must be met. In addition, there are specific statutory payment policy requirements, discussed below, that also must be met.

The DME benefit limits the coverage of DME items to those used the beneficiary's home. Provision of TEJSD to beneficiaries in a Place of Service or facility considered to be other than home will be denied as statutorily non-covered. This includes a TEJSD incorporated into or used with any type brace (see below).

Braces are covered under the Braces benefit (Social Security Act § 1861(s)(9)). Coverage of items under the Braces benefit is not limited to the home.

Use of a TEJSD with a brace does not change the benefit category for the TEJSD device or of the brace. A TEJSD/brace combination does not extend the DME Benefit limitation of use in the home.

Refer to the applicable brace Local Coverage Determination and related Policy Article for information about coverage requirements for braces.

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO Final Rule 1713 (84 Fed. Reg Vol 217)

Final Rule 1713 (84 Fed. Reg Vol 217) requires a face-to-face encounter and a Written Order Prior to Delivery (WOPD) for specified HCPCS codes. CMS and the DME MACs provide a list of the specified codes, which is periodically updated. The link will be located here once it is available.

Claims for the specified items subject to Final Rule 1713 (84 Fed. Reg Vol 217) that do not meet the face-to-face encounter and WOPD requirements specified in the LCD-related Standard Documentation Requirements Article (A55426) will be denied as not reasonable and necessary.

If a supplier delivers an item prior to receipt of a WOPD, it will be denied as not reasonable and necessary. If the WOPD is not obtained prior to delivery, payment will not be made for that item even if a WOPD is subsequently obtained by the supplier. If a similar item is subsequently provided by an unrelated supplier who has obtained a WOPD, it will be eligible for coverage.

POLICY SPECIFIC DOCUMENTATION REQUIREMENTS

In addition to policy specific documentation requirements, there are general documentation requirements that are applicable to all DMEPOS policies. These general requirements are located in the DOCUMENTATION REQUIREMENTS section of the LCD.

Refer to the LCD-related Standard Documentation Requirements article, located at the bottom of this Policy Article under the Related Local Coverage Documents section for additional information regarding GENERAL DOCUMENTATION REQUIREMENTS and the POLICY SPECIFIC DOCUMENTATION REQUIREMENTS discussed below.

CODING GUIDELINES

A transcutaneous electrical joint stimulation device (TEJSD) coded (E0762) is a noninvasive device that delivers electrical stimulation intended to reduce the level of pain and symptoms associated with arthritis in a joint. TEJSD may have variation in the parameters of the current, how the current is applied, etc.

A TEJSD coded E0762 must be distinguished from other electrical stimulators (e.g., neuromuscular stimulators, functional electrical stimulators and transcutaneous electrical nerve stimulators, etc.) which also have unique HCPCS codes and are used to directly stimulate muscles and/or nerves. The appropriate applicable HCPCS code for these devices must be used.

TEJSD is sometimes provided in combination with an orthosis (brace). When these items are provided in combination, the TEJSD and brace are always coded separately, using the codes assigned to each individual product. Braces designed to accommodate placement of electrodes and/or lead wires, that contain integrated electrodes and/or lead wires, storage for the TEJSD, etc. are considered braces, not supplies or accessories to the TEJSD and must be coded with the HCPCS code that appropriately describes the brace.

If the electronics are incorporated into a brace, the item is no longer considered a brace. Rather it is DME if it meets the benefit requirements for the DME Benefit or is statutorily non-covered (no benefit) if it does not.

Code A4465 is used for replacement only of any wrap/strap used to position and hold electrodes used with TEJSD in place. Use of this code for replacement of wraps/straps used with a brace is incorrect coding.

The supply allowance (A4595) includes electrodes (any type), conductive paste or gel (if needed, depending on the type of electrode), tape or other adhesive (if needed, depending on the type of electrode), adhesive remover, skin preparation materials, batteries (any type, single use or rechargeable), and a battery charger (if rechargeable batteries are used). One unit of service includes all necessary supplies for one month's prescribed use of the device. Separate billing for individual supplies is considered unbundling.

Codes A4556 (Electrodes, [e.g., apnea monitor], per pair) and A4558 (Conductive paste or gel), are not valid for claim submission to the DME MAC. Code A4595 should be used instead.

For code A4557, one unit of service is for lead wires going to two electrodes.

Other supplies, including but not limited to the following, will not be separately allowed: adapters (snap, banana, alligator, tab, button, clip), belt clips, adhesive remover, additional connecting cable for lead wires, carrying pouches, or covers.

The only products which may be billed using code E0762 are those for which a written Coding Verification Review has been made by the Pricing, Data Analysis and Coding (PDAC) Contractor and subsequently published on the appropriate Product Classification List. Suppliers may not submit claims using E0762 for any other item.

Claims for unlisted items using HCPCS code E0762 will be denied as incorrect coding.

Suppliers should contact the PDAC for guidance on the correct coding of these items.

Coding Information

CPT/HCPCS Codes

N/A

ICD-10 Codes that Support Medical Necessity

N/A

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
01/01/2020	R6	<p>Revision Effective Date: 01/01/2020</p> <p>NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES: Removed: REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO 42 CFR 410.38(g) section REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217): Added: Section and related information based on Final Rule ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:</p>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		<p>Revised: Section header "ICD-10 Codes that are Covered" updated to "ICD-10 Codes that Support Medical Necessity"</p> <p>ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:</p> <p>Revised: Section header "ICD-10 Codes that are Not Covered" updated to "ICD-10 Codes that DO NOT Support Medical Necessity"</p> <p><i>02/27/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.</i></p>
01/01/2017	R5	<p><i>03/07/2019: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This is an article and not a local coverage determination.</i></p>
01/01/2017	R4	<p>Revision Effective Date: 01/01/2017</p> <p>NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES: Added: 42 CFR 410.38(g) requirements</p> <p>POLICY SPECIFIC DOCUMENTATION REQUIREMENTS: Added: Direction to the Standard Documentation Requirements Language Article</p> <p>RELATED LOCAL COVERAGE DOCUMENTS: Added: LCD-related Standard Documentation Requirements Language Article</p>
07/01/2016	R3	<p>Effective July 1, 2016 oversight for DME MAC Articles is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the Articles.</p>
10/01/2015	R2	<p>Revision Effective Date: 10/31/2014</p> <p>NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES: Removed: "When required by state law" from ACA new prescription requirements</p> <p>CODING GUIDELINES: Added: Statement regarding incorrect coding when billing unlisted claims for HCPCS E0762</p>
10/01/2015	R1	<p>Revision Effective Date: 10/01/2014</p> <p>Draft policy article promoted to final</p>

Associated Documents

Related Local Coverage Document(s)

Article(s)

A55426 - Standard Documentation Requirements for All Claims Submitted to DME MACs

LCD(s)

L34821 - Transcutaneous Electrical Joint Stimulation Devices (TEJSD)

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

Updated on 02/21/2020 with effective dates 01/01/2020 - N/A

Updated on 02/28/2019 with effective dates 01/01/2017 - N/A

Updated on 05/04/2017 with effective dates 01/01/2017 - N/A

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Keywords

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