

HCPSC REIMBURSEMENT CODES

These codes are provided as a reference only. There are no stated or implied assurances that these will result in payment. Reimbursement is based on a number of factors including, but not limited to, the correct patient diagnosis, medical necessity, payer determinations and policy limitations.

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| E0720 | TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED STIMULATION |
| E0730 | TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION |
| E0740 | INCONTINENCE TREATMENT SYSTEM, PELVIC FLOOR STIMULATOR, MONITOR, SENSOR AND/OR TRAINER |
| E0745 | NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT |
| E0746 | ELECTROMYOGRAPHY (EMG), BIOFEEDBACK DEVICE |
| E0731 | FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE FIBERS SEPARATED FROM THE PATIENT'S SKIN BY LAYERS OF FABRIC) |
| A4595 | ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E.G. TENS, NMES) |
| A4630 | REPLACEMENT BATTERIES, MEDICALLY NECESSARY, TRANSCUTANEOUS ELECTRICAL STIMULATOR, OWNED BY PATIENT |