REIMBURSEMENT POLICY STATEMENT
Marketplace

Policy Name & Number	Date Effective
Transcutaneous Electrical Nerve Stimulators-MP-PY-1387	03/01/2026
Policy Type	
REIMBURSEMENT	

Reimbursement Policies prepared by CareSource and its affiliates are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. CareSource and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

This policy applies to the following Marketplace(s):			
☒ **Georgia**	☒ **Indiana**	☒ **Ohio**	☒ **West Virginia**

Table of Contents

A. Subject
Transcutaneous Electrical Nerve Stimulators

B. Background
Transcutaneous electrical nerve stimulators (TENS) are devices that produce mild electrical stimulation that causes interference with transmission of painful stimuli. The stimulation is applied to the member's painful area via electrodes applied to the skin.

C. Definitions
- **Accessories** – Reusable items used with a TENS machine, which includes, but is not necessarily limited to, adapters, clips, additional connecting cable for lead wires, carrying pouches, and covers.
- **Supplies** – Typically disposable items used with a TENS machine, which includes, but is not necessarily limited to, electrodes of any type, lead wires, conductive paste or gel, adhesive, adhesive remover, skin preparation materials, batteries, and battery charger for rechargeable batteries.
- **Transcutaneous Electrical Nerve Stimulation (TENS)** – The application of mild electrical stimulation to skin electrodes placed over an area of the body experiencing pain, which causes interference with the transmission of pain. TENS requires a stimulator, a type of durable medical equipment (DME).

D. Policy
I. TENS units may require medical necessity review.

II. CareSource reimburses for TENS units and supplies based on the Centers for Medicare & Medicaid Services (CMS) guidelines.

III. TENS units are reimbursed on a 13-month rent-to-purchase basis, after a successful 1-month, non-reimbursable trial period.

IV. Documentation
A. The provider of the TENS unit must complete the "Certificate of Medical Necessity-Transcutaneous Electrical Nerve Stimulator (TENS) Form" CMS-848.
B. For post-operative pain, an attestation must be available for review upon CareSource's request, confirming that treatment lasting no longer than 30 days is needed for acute pain following surgery and includes the date of surgery.
C. An attestation that the use of a comparable TENS unit for a trial period of at least 30 days produced substantial relief from pain must be completed and available for review upon CareSource's request.
D. Regarding a TENS unit that was not originally reimbursed by CareSource, documentation to confirm medical necessity must be available for review upon CareSource's request before reimbursement is made for supplies or repair.
E. The provider must also provide the member with verbal instruction on the use of the TENS unit.

F. The provider must maintain written documentation regarding the member's instruction on the use of the TENS unit in the member's medical record.

V. Rental of a TENS unit to treat post-operative pain is limited to a single 30-day period and may not be extended. Modifier "RR" should be used in this case.

VI. Reimbursement for the purchase of a TENS unit may be made if the prescribing provider attests to the medical necessity of continued use of the TENS units (after the successful 1-month, non-reimbursable trial period).

VII. Supplies
- A. Supplies are not reimbursable during the trial period.
- B. Supplies are not reimbursable during the rental period.
- C. Once the member's TENS unit has converted to a purchase, CareSource covers only 1 unit of supplies (A4595) per month for a 2-lead TENS unit (E0720) or 2 units per month for a 4-lead TENS unit (E0730).
- D. After a TENS unit has been purchased for an individual, regardless of payment source:
  1. Separate payment may be made for necessary supplies, which must be dispensed only when they are needed at a frequency not to exceed once per month.
  2. The payment made for supplies is an all-inclusive lump sum and does not depend on the number or nature of items in a particular shipment.
  3. No separate payment is allowed for individual supply items.
- E. If a submitted claim does not include a modifier or includes an incorrect or inappropriate modifier, the claim may deny.

E. State-Specific Information
NA

F. Conditions of Coverage
Reimbursement is dependent on, but not limited to, submitting approved HCPCS and CPT codes along with appropriate modifiers, if applicable. Please refer to the individual fee schedule for appropriate codes.

The following list(s) of codes are provided as a reference. This list may not be all inclusive and is subject to updates.

HCPCS Code	Description
E0720	TENS unit, 2-lead, localized stimulation (includes supplies during rental) - All TENS units must include a battery charger and battery pack.
E0730	TENS unit, 4 lead large area/multiple nerve stimulation (includes supplies during rental) - All TENS units must include a battery charger and battery pack.
A4595	TENS supplies, for 2 or 4 lead (for a recipient-owned unit)

Modifiers	Description
RR	Rental (use the 'RR' modifier when DME is to be rented)
NU	Purchase of new equipment

G. Related Policies/Rules
NA

H. Review/Revision History

	DATE	ACTION
Date Issued	10/26/2022	
Date Revised	12/13/2023 12/18/2024 11/19/2025	Annual review: updated code list and references. Approved at Committee. Review: updated references, approved at Committee. Review: updated references, approved at Committee.
Date Effective	03/01/2026	
Date Archived		

I. References

1. Gibson W, Wand BM, Meads C, et al. Transcutaneous electrical nerve stimulation (TENS) for chronic pain – an overview of Cochrane reviews. *Cochrane Database Syst Rev*. 2019;4:CD011890. doi:10.1002/14651858.CD011890.pub3
2. Johnson MI, Paley CA, Wittkopf PG, et al. Characterising the features of 381 clinical studies evaluating transcutaneous electrical nerve stimulation (TENS) for pain relief: a secondary analysis of the meta-TENS study to improve future research. *Medicina (Kaunas)*. 2022;58(6):803. doi:10.3390/medicina58060803
3. Johnson MI, Paley CA, Jones G, et al. Efficacy and safety of transcutaneous electrical nerve stimulation (TENS) for acute and chronic pain in adults: a systematic review and meta-analysis of 381 studies (the meta-TENS study). *BMJ Open*. 2022;12(2):e051073. doi:10.1136/bmjopen-2021-051073
4. Local Coverage Article: Transcutaneous Electrical Nerve Stimulators (TENS). Medicare Coverage Database; 2015. LCA ID A52520. Revised January 1, 2023. Accessed October 21, 2025. www.cms.gov
5. Local Coverage Determination: Transcutaneous Electrical Nerve Stimulators (TENS). Medicare Coverage Database; 2015. LCD ID L33802. Revised January 1, 2024. Accessed October 21, 2025. www.cms.gov
6. Vance CGT, Dailey DL, Chimenti RL, et al. Using TENS for pain control: update on the state of the evidence. *Medicina.* 2022;58(10):1332. doi:10.3390/medicina58101332