CareSource

REIMBURSEMENT POLICY STATEMENT
Marketplace

Policy Name & Number	Date Effective
Transcutaneous Electrical Nerve Stimulators-MP-PY-1387	09/01/2026
Policy Type	
REIMBURSEMENT	

Reimbursement Policies 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. Reimbursement Policies do not guarantee authorization or payment for services. Coverage and payment determinations are subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreements, and applicable referral, authorization, notification, and utilization management guidelines.

Please refer to the plan contract (e.g., Evidence of Coverage, Member Handbook) for the service(s) referenced herein. Except as otherwise required by law, if there is a conflict between the Reimbursement Policy and the plan contract and/or provider agreement, then the plan contract and/or provider agreement will be the controlling document used to make the determination. Reasonable discretion may be used in interpreting and applying this policy to services provided in a particular case and the policy may be modified at any time. Reimbursement policies may be superseded by federal and state laws and regulations, as applicable. In the case of a discrepancy between the Policy Statement's effective date and any applicable legal or regulatory requirement, the law or regulation will govern.

Coverage for mental health and substance use disorder (MH/SUD) benefits are provided at the same level as coverage for medical and surgical (M/S) benefits, as required by the Mental Health Parity and Addiction Equity Act (MHPAEA). MH/SUD benefits are not subject to limits or requirements that are more restrictive than those that apply to M/S benefits.

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

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A. Subject
Transcutaneous Electrical Nerve Stimulators

B. Background
Transcutaneous electrical nerve stimulation (TENS) devices produce a 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
- **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. 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.
   B. 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.
   C. 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.
   D. The provider must also provide the member with verbal instruction on the use of the TENS unit and maintain written documentation regarding the instruction 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
These proprietary policies are not a guarantee of payment. Reimbursement is dependent on, but not limited to, submitting approved HCPCS and CPT codes along with appropriate modifiers, if applicable. It is the responsibility of the submitting provider to submit the most accurate and appropriate HCPCS/CPT code(s) for the product or service that is being provided. 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

The REIMBURSEMENT Policy Statement detailed above has received due consideration as defined in the REIMBURSEMENT Policy Statement Policy and is approved.

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 06/17/2026	Annual review: updated code list and references. Approved at Committee. Review: updated references, approved at Committee. Review: updated references, approved at Committee. Review: removed requirement for CMS 848. Approved at Committee.
Date Effective	09/01/2026	
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 March 30, 2026. www.cms.gov
5. Local Coverage Determination: Transcutaneous Electrical Nerve Stimulators (TENS). Medicare Coverage Database; 2015. LCD ID L33802. Revised January 1, 2024. Accessed June 2, 2026. 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