



REIMBURSEMENT POLICY STATEMENT INDIANA MEDICAID

Policy Name		Policy Number	Effective Date
Transcutaneous Electrical Nerve Stimulation (TENS)		PY-0750	01/01/2021-10/31/2022
Policy Type			
Medical	Administrative	Pharmacy	REIMBURSEMENT

Reimbursement Policy Statement: 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.

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A. Subject

Transcutaneous Electrical Nerve Stimulation (TENS)

B. Background

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee claims payment.

Transcutaneous electrical nerve stimulation (TENS) is a device that produces 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 member's skin. CareSource will reimburse licensed suppliers for the rental or purchase of TENS units and supplies when medically necessary. To be eligible for coverage, TENS units must be issued and used within the limits of this policy.

C. Definitions

- **Transcutaneous electrical nerve stimulation (TENS)** - is the application of mild electrical stimulation, to skin electrodes placed over a painful area that causes interference with transmission of painful stimuli.
- **Supplies** - are disposable items that are not reusable and must be replaced on a frequent basis. They are used to serve a medical purpose for the treatment of a medical condition.

D. Policy

- I. CareSource requires a prior authorization (PA) for a TENS unit.
 - A. E0720 - Two-lead unit.
 - B. E0730 - Four-lead unit.
- II. Supplies (A4595) do not require a prior authorization.
 - A. 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).
 - B. After a TENS unit has been purchased for a member, 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.

E. 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 is provided as a reference. This list may not be all inclusive and is subject to updates.**

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

F. Related Policies/Rules

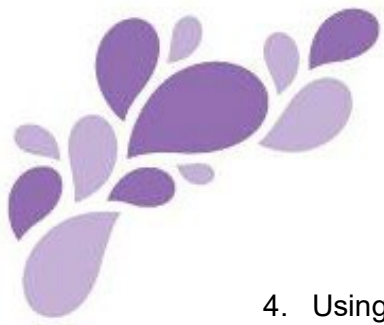
Indiana Administrative Code 405-IAC 5-19-2

G. Review/Revision History

	DATE	ACTION
Date Issued	06/01/2019	New Policy
Date Revised	01/01/2021	Updated prior authorization requirement.
Date Effective	01/01/2021	
Date Archived	10/31/2022	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

1. ARTICLE 5. MEDICAID SERVICES. (2018, June 1). Retrieved 3/11/2019 from www.in.gov.
2. IHCP Fee Schedules Copyright Agreement. (2019, March 11). Retrieved 3/11/2019 from www.provider.indianamedicaid.com.
3. Indiana Family & Social Services Administration Medical Policy Manual Office of Medicaid & Policy Planning. (2017, January 1). Retrieved from www.in.gov/medicaid.



4. Using TENS for pain control: the state of the evidence. (2015, March 1). Retrieved Retrieved 3/11/2019 from www.ncbi.nlm.nih.gov.

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

IN-MED-P-277389

Date Issued 06/01/2019

OMPP Approved 10/07/2020

Archived