REIMBURSEMENT POLICY STATEMENT
OHIO MEDICAID

Policy Name	Policy Number	Effective Date
Transcutaneous Electrical Nerve Stimulation (TENS)	PY-0039	05/01/2019

Policy Type			
Medical	Administrative	Pharmacy	REIMBURSEMENT

Reimbursement Policy Statement: Reimbursement Policies prepared by CSMG Co. and its affiliates (including CareSource) 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.

CSMG Co. 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.

Table of Contents

Reimbursement Policy Statement 1
A. Subject 2
B. Background 2
C. Definitions 2
D. Policy 2
E. Conditions of Coverage 4
F. Related Policies/Rules 4
G. Review/Revision History 4
H. References 4

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 and only after a successful and non-reimbursable 30-day (1 month) trial period as set forth in this policy. 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.
- **Accessories** - includes but is not necessarily limited to adapters, clips, additional connecting cable for lead wires, carrying pouches and covers.
- **Supplies** - 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.

D. Policy

I. CareSource does not require a prior authorization (PA) for a TENS unit or supplies for participating providers.
   A. Non-participating providers DO require a prior authorization for a TENS unit (E0720 or E0730).
   B. Non-participating providers DO NOT require a prior authorization for supplies (A4595).

II. CareSource reimburses for TENS units and supplies according to the Ohio Administrative Code 5160-10-15.

III. TENS units are reimbursed on a 4 month rent to purchase basis after a successful 1 month non-reimbursable trial period.

IV. Reimbursement is limited to the maximum amount for a two-lead unit (E0720), unless the provider obtains and maintains documentation in the member's file attesting the medical necessity of a four-lead unit (E0730).

V. After a TENS unit has been purchased, no separate payment is allowed for accessories.

VI. Documentation
- A. The provider of the TENS unit must complete the “Certificate of Medical Necessity: Transcutaneous Electrical Nerve Stimulation (TENS) Units”, ODM form 03402, attesting to the medical necessity of the device, which must be available for review upon CareSource’s request.
- B. Per the Ohio Administrative Code 5160-10-15, a diagnosis of "chronic intractable pain" is not in itself sufficient to warrant coverage of a TENS unit.
- C. For neurogenic pain, an attestation that the individual is experiencing intractable, nerve-related pain that has lasted at least 6 months must be available for review upon CareSource’s request.
- D. For post-operative pain, an attestation must be available for review upon CareSource’s request, confirming that treatment lasting no longer than thirty days is needed for acute pain following surgery and includes the date of surgery.
- E. An attestation that the use of a comparable TENS unit for a trial period of at least 30 days produced substantial relief from pain and, if applicable, enabled a significant reduction in medication (e.g., muscle relaxants, narcotics, analgesics) must be completed and available for review upon CareSource’s request.
- F. 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.
- G. The provider must also provide the member with a physical face to face fitting and instruction on the use of the TENS unit.
- H. The provider must maintain written documentation regarding the member’s instruction on the use of the TENS unit in the member’s medical record.

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

VIII. 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).

VIII. 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 (after 1 month trial period and 4 month rental period) CareSource covers only 1 unit of supplies (A4595) per month for a TENS unit (E0720 or E0730).
- D. Claims for 2 units or more per month of supplies (A4595) will not be reimbursed.
- E. After a TENS unit has been purchased for an individual, regardless of payment source:
  1. Separate payment may be made for necessary supplies, <u>which must be dispensed only when they are needed</u>, 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.
- F. If a submitted claim does not include a modifier, or includes an incorrect or inappropriate modifier, the claim will be denied.

E. Conditions of Coverage

Reimbursement is dependent on, but not limited to, submitting Ohio Medicaid approved HCPCS codes along with appropriate modifiers, if applicable. Please refer to the Ohio Medicaid 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.**

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) – Only 1 unit per member per month will be reimbursed. No separate payment is made for TENS supplies during any month in which a TENS unit is rented.
Modifiers	**Description**
LL	Lease/rental (use the 'll' modifier when dme equipment rental is to be applied against the purchase price)
NR	New when rented (use the 'nr' modifier when dme which was new at the time of rental is subsequently purchased)
NU	Purchase of new equipment
RR	Rental (use the 'rr' modifier when dme is to be rented)

F. Related Policies/Rules

Ohio Administrative Code 5160-10-15

G. Review/Revision History

	DATE	ACTION
Date Issued	08/23/2004	
Date Revised	02/06/2019	Updated policy to align with OAC updates
Date Effective	05/01/2019	

H. References

1. Durable medical equipment, prostheses, orthoses, and supplies (DMEPOS) Appendix to rule 5160-10-01. (2019, January 1). Retrieved 1/20/2019 from http://codes.ohio.gov/pdf/oh/admin/2018/5160-10-01_ph_rv_a_app1_20181119_1356.pdf.
2. Lawriter - OAC - 5160-10-15 DMEPOS: transcutaneous electrical nerve stimulation (TENS) units. (2018, July 16). Retrieved 1/20/2019 from http://codes.ohio.gov/oac/5160-10-15.
3. Using TENS for pain control: the state of the evidence. (2015, March 1). Retrieved 1/20/2019 from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4186747/.

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

Independent medical review – 2/2015