



REIMBURSEMENT POLICY STATEMENT

Ohio Medicaid

Policy Name & Number	Date Effective
Transcutaneous Electrical Nerve Stimulators-OH MCD-PY-0039	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.

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A. Subject

Transcutaneous Electrical Nerve Stimulators

B. Background

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.

C. Definitions

- **Accessories** – A collective term that encompasses but is not necessarily limited to adapters, clips, additional connecting cable for lead wires, carrying pouches, and covers.
- **Supplies** – A collective term that encompasses 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 a painful area that causes interference with transmission of painful stimuli.

D. Policy

I. CareSource may require medical necessity review for a TENS unit. CareSource follows the Ohio Administrative Code for clinical criteria for the following devices:

- A. E0720 – 2-lead unit
- B. E0730 – 4-lead unit

II. 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 due to the necessity of continued treatment, the following apply:
 - 1. Separate payment may be made for necessary supplies, which must be dispensed only when needed.
 - 2. CareSource covers 1 unit of supplies (A4595) per month for a 2-lead TENS unit (E0720) and 2 units per month for a 4-lead TENS unit (E0730).
 - 3. 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.
 - 4. Separate payment is not provided for individual supply items.
- D. If a submitted claim does not include a modifier or includes an incorrect or inappropriate modifier, the claim may deny.

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.

HCPSC 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

NA

G. Review/Revision History

DATE		ACTION
Date Issued	08/23/2004	
Date Revised	02/06/2019	Updated policy to align with OAC updates.
	09/16/2020	Updated prior authorization requirement.
	07/15/2022	PGC approved via electronic vote. Revised background information. Updated references.
	12/13/2023	Annual review: rearranged criteria, updated references. Approved at Committee.
	12/18/2024	Review: removed PA language, updated references, approved at Committee.
	11/19/2025	Review: updated references, approved at Committee.
Date Effective	03/01/2026	
Date Archived		

H. References

1. Durable Medical Equipment, Prostheses, Orthoses, and Supplies (DMEPOS): General Provisions, OHIO ADMIN. CODE 5160-10-01 (2024).
2. DMEPOS: Transcutaneous Electrical Nerve Stimulation (TENS) Units, OHIO ADMIN. CODE 5160-10-15 (2024).
3. 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

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

4. 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
5. 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
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

ODM Approved 11/21/2025

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