



REIMBURSEMENT POLICY STATEMENT

Ohio Medicaid

Policy Name & Number	Date Effective
Transcutaneous Electrical Nerve Stimulators-OH MCD-PY-0039	10/01/2026
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 Reimbursement policies may be superseded by federal and state laws and regulations, as applicable.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.

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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 member's skin.

C. Definitions

- **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

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

HCP 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.
	06/17/2026	Review: reviewed references. Approved at Committee.
Date Effective	10/01/2026	
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 6/30/2026