



Payment Policy

Subject: Transcutaneous Electrical Nerve Stimulators (“TENS”)

Programs Covered: OH Medicaid, KY Medicaid, OH Special Needs Program, OH MyCare, and OH Just4Me™

Policy

Effective February 1, 2014, 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 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.

Definitions

“Transcutaneous electrical nerve stimulation” (“TENS”) is the application of mild electrical stimulation to skin electrodes placed over a painful area. It causes interference with transmission of painful stimuli. *(from Taber’s Cyclopedic Medical Dictionary, 18th Edition)*

“medically necessary services” are those health services that are necessary for the diagnosis or treatment of disease, illness, or injury and meet accepted standards of medical practice. *(from OAC 5160-10-02)*

Provider Reimbursement Guidelines

Prior Authorization

Prior authorization is not required when TENS units are prescribed within the limits of this policy. The pain must have been present for at least 6 months and other appropriate treatment modalities must have been tried and failed.

Coverage

CareSource considers only the following conditions as being eligible for the use of a TENS unit after other appropriate treatment modalities have been tried and have failed:

- Herpes zoster with other nervous system complications;
- Reflex sympathetic dystrophy;
- Other nerve root and plexus disorders;
- Mononeuritis of upper limb and mononeuritis multiplex;
- Mononeuritis of lower limb and unspecified site;
- Osteoarthritis and allied disorders, if arthroplasty is not indicated, the patient has disabling knee pain or stiffness or the patient has inadequate response to 6 or more weeks of treatment with medication;
- Spondylosis of unspecified site;
- Intervertebral disc disorders;
- Brachial neuritis or radiculitis, not otherwise specified;

- Spinal stenosis, other than cervical;
- Lumbago;
- Sciatica;
- Dysmenorrhea, if secondary causes have been ruled-out
- Myalgia and myositis, unspecified;
- Neuralgia, neuritis, and radiculitis, unspecified; or
- Other postsurgical status when used for acute post-operative pain for 30 days from the day of surgery where conventional pain control techniques fail to adequately reduce pain and/or medication-related adverse events are unacceptable and/or Opioid dosage reduction is needed.

Use of a TENS unit and related services for conditions not listed above are not eligible for reimbursement because the medical effectiveness of such therapy has not been established. Examples of conditions for which TENS therapy is not considered to be reasonable and necessary are (not all-inclusive):

- Headache
- Visceral abdominal pain
- Pelvic pain
- Temporomandibular joint (TMJ) pain
- Acute pain (e.g.; angina, back pain, fractures, musculoskeletal)
- Cancer or cancer treatment-related pain
- Chronic low back pain
- Fibromyalgia
- Multiple Sclerosis
- Neuropathy

The conditions listed in this policy may not be associated with members treated with acupuncture, nor may they be associated with any variation of acupuncture techniques, as acupuncture is not a covered service.

Documentation

The provider of the TENS unit must complete a Certificate of Medical necessity attesting to the medical necessity of the services, which may be reviewed by CareSource. The provider must also assure that the member using the device is properly instructed in how to use the device in support of his or her ordered treatment plan and is aware of and understands any emergency procedures regarding the use of the TENS unit. The provider must maintain written documentation regarding the member's instruction on the use of the TENS unit in the member's medical record.

The following documentation to be kept in the provider's records:

- The Certificate of Medical Necessity.
- A face-to-face examination of the patient should be documented in the medical records. This record should clearly support and document the medical necessity of the TENS Unit as part of an overall treatment plan.

- Specific documentation as to what medical diagnosis the TENS unit is prescribed. The diagnosis must be complete. Chronic “intractable pain” in itself is not a sufficient diagnosis to warrant coverage.
- Attestation by the prescriber that a non-reimbursable trial period of at least 30 days resulted in substantial relief from pain (except for postoperative members).
- An estimated length of use for the unit must be in the medical records

When a TENS unit is used specifically for acute post-operative pain, the medical necessity of the TENS unit is limited and will be reimbursed by CareSource only for 30 days from the day of surgery. No further reimbursement for this reason will be authorized.

Rental

When used for the treatment of chronic, intractable pain, the TENS unit must be used by the member on a trial basis for a minimum of one month (30 days). This period is not reimbursable by CareSource to the provider. The trial period must be monitored by the physician to determine the effectiveness of the TENS unit in modulating the pain.

CareSource will reimburse the provider for an additional, trial period of 1 month (30 days). A rental period of 90 days may be submitted to CareSource if the documentation in the provider’s records indicates pain control benefits such as a specific reduction in medications, e.g., muscle relaxants, narcotics, analgesics directly resulting from the use of the TENS unit.

Payment for rental units includes all necessary accessories and supplies, and includes fitting and instructions/education in the proper use of the TENS unit. The provider must have a physical location available to the member for the initial face-to-face fitting and instruction/education efforts. CareSource will not consider reimbursement for any other HCPCS codes for supplies and accessories during the rental period. Supplies are included in the rental amount.

Purchase

TENS units are covered as rental only for a maximum of 4 months. For usage beyond 4 months, all prior rental payments made by CareSource for the use of a TENS unit by a member are applied to the subsequent purchase of the TENS unit. For coverage of a purchase, the physician must determine that the member is likely to derive significant therapeutic benefit from continuous use of the unit over a longer period of time.

Upon receiving a claim for the purchase of a TENS unit, CareSource will reimburse the provider for the purchase price of the TENS unit, less any monthly rental payments already made for that unit. Purchase will only be considered after 3 months rental and when there is clear documentation in the medical record demonstrating that:

1. The use of the TENS Unit was successful in reducing pain;
2. You have assessed the patient’s condition and have determined that ongoing treatment with the TENS unit is medically necessary.
3. You submit a statement with the claim submission that attests to the requirements in 1. and 2. above.

TENS units provided to members must have two or four leads with more than one modality and must be covered by a warranty of 2 years or more when purchased on behalf of the CareSource member.

CareSource will not authorize the purchase or rental of a used TENS unit unless the specific unit was used previously by the member. CareSource does not allow for the sharing of TENS units.

If a TENS unit is ordered for use with four leads, the medical record must document why two leads are insufficient to meet the member's needs.

In the event that a member has already been renting a TENS unit before enrolling in CareSource and is eligible to purchase that unit, then the claim for the purchase must include appropriate documentation showing the full period of the rental.

Supplies

CareSource covers 1 unit of supplies for a two-lead TENS unit and 2 units of supplies for a four-lead TENS unit.

For supplies provided on a recurring basis, billing must be based on prospective, not retrospective use. For products that are supplied as refills to the original order, suppliers must contact the member prior to dispensing the refill and not automatically ship on a pre-determined basis, even if authorized by the member. This shall be done to ensure that the refilled item remains reasonable and necessary, existing supplies are approaching exhaustion, and to confirm any changes or modifications to the order.

Contact with the patient regarding refills must take place no sooner than 14 calendar days prior to the delivery/shipping date. For delivery of refills, the supplier must deliver the product no sooner than 10 calendar days prior to the end of usage for the current product. This is regardless of which delivery method is utilized.

Industry standards state the TENS supply code A4595 includes the following:

- Electrodes (any type)
- Conductive paste or gel (if needed, depending on the type of electrode)
- Tape or other adhesive (if needed, depending on the type of electrode)
- Adhesive remover
- Skin preparation materials.
- Batteries (9 volt or AA, single use or rechargeable)
- Battery charger (if rechargeable batteries are used)
- Replacement lead wires (if more often than every 12 months per medical necessity)

Supplies for a TENS unit owned by a patient must be dispensed and billed on a monthly basis in quantities no greater than actually needed by the patient as no automatic shipments or stockpiling of these supplies are permitted. No supplies may be billed before they have been provided to the patient. Reimbursement for supplies must be made under a single all-inclusive code [A4595]. CareSource will reimburse one (1) unit for a two-lead TENS Unit supplies and two (2) units for four-lead TENS unit.

Billing Modifiers

Rental Modifiers accepted by CareSource are as follows:

- RR – Rental
- LL – Lease/rental (use the LL modifier when DME equipment rental is to be applied against the purchase price)

Purchase Modifiers accepted by CareSource are as follows:

- NU – New equipment

CPT codes E0720 or E0730 must be submitted with the modifier “NU” to indicate the purchase of the TENS unit.

If a submitted claim does not include a modifier, or includes an incorrect or inappropriate modifier, the claim will be denied. Any such denials may be appealed by the provider via the CareSource Medical Management department.

Related Policies & References

CMS Program Integrity Manual, Internet-Only Manual, CMS Pub. 100-8, Chapter 5, Section 5.2.6: Medical Supplies (DME) / Transcutaneous electrical nerve stimulators (TENS)

CMS Manual System, Pub. 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Sections 10.2, 160.7.1, 160.13, 160.27, 280.13.

Ohio Administrative Code 4761:1-3-02

Ohio Administrative Code 5160-10-15, “Transcutaneous electrical nerve stimulators (TENS).”

Ohio Administrative Code 4752:02(B)(1)

201 Kentucky Administrative Regulations 2:350, “Home medical equipment service providers.”

Milliman Care Guidelines

State Exceptions

NONE

Document Revision History

04/30/2014 – Certificate of Medical Necessity required; Reimbursable rental period clarified; Reimbursement for purchase will subtract any rental payments; Documentation of rental required for new members; Appeals addressed; correct modifiers required.

10/31/2013 – OAC Rule renumbered from “5101:3-10-15,” per Legislative Service Commission Guidelines.