



HEALTHCARE COOPERATIVE

REIMBURSEMENT POLICY STATEMENT

Wisconsin Marketplace

Policy Name & Number	Date Effective
Transcutaneous Electrical Nerve Stimulators-WI MP-PY-1508	01/01/2025
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.

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 agreements, 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 or Certificate of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other plan 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 or Certificate of Coverage) for the service(s) referenced herein. Except as otherwise required by law, if there is a conflict between the Administrative Policy Statement and the plan contract, then the plan contract will be the controlling document used to make the determination. We may use reasonable discretion in interpreting and applying this policy to services provided in a particular case and we 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 providers when submitting claims to Common Ground Healthcare Cooperative (CGHC). 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 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 stimulators (TENS) are devices that 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 skin.

C. Definitions

- **Accessories** – Reusable items used with a TENS machine, which includes, but is not necessarily limited to, adapters, clips, additional connecting cable for lead wires, carrying pouches, and covers.
- **Supplies** – Typically disposable items used with a TENS machine, which 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.
- **Transcutaneous Electrical Nerve Stimulation (TENS)** – The application of mild electrical stimulation to skin electrodes placed over an area of the body experiencing pain, which causes interference with the transmission of pain. TENS requires a stimulator, a type of durable medical equipment (DME).

D. Policy

- I. TENS units may require medical necessity review.
- II. CGHC reimburses for TENS units and supplies based on the Centers for Medicare & Medicaid Services (CMS) guidelines.
- III. TENS units are reimbursed on a 13-month rent to purchase basis, after a successful 1-month, non-reimbursable trial period.

The Subcategories of Policy Type not selected. Policy Statement detailed above has received due consideration as defined in the Subcategories of Policy Type not selected. Policy Statement Policy and is approved.

IV. Documentation

- A. The provider of the TENS unit must complete the “Certificate of Medical Necessity-Transcutaneous Electrical Nerve Stimulator (TENS) Form”, CMS-848.
- B. For post-operative pain, an attestation must be available for review upon CGHC’s request, confirming that treatment lasting no longer than 30 days is needed for acute pain following surgery and includes the date of surgery.
- C. An attestation that the use of a comparable TENS unit for a trial period of at least 30 days produced substantial relief from pain must be completed and available for review upon CGHC’s request.
- D. Regarding a TENS unit that was not originally reimbursed by CGHC, documentation to confirm medical necessity must be available for review upon CGHC’s request before reimbursement is made for supplies or repair.
- E. The provider must also provide the member with verbal instruction on the use of the TENS unit.
- F. The provider must maintain written documentation regarding the member’s instruction on the use of the TENS unit in the member’s medical record.

V. Rental of a TENS unit to treat post-operative pain is limited to a single 30-day period and may not be extended. Modifier “RR” should be used in this case.

VI. 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).

VII. 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, CGHC 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).
- D. After a TENS unit has been purchased for an individual, 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.
 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.
- E. If a submitted claim does not include a modifier or includes an incorrect or inappropriate modifier, the claim may deny.

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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 are 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)

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	08/14/2024	New market, approved at Committee
Date Revised		
Date Effective	01/01/2025	
Date Archived		

H. References

- Gibson W, Wand BM, Meads C, Catley MJ, O’Connell NE. Transcutaneous electrical nerve stimulation (TENS) for chronic pain – an overview of Cochrane Reviews. *Cochrane Database Syst Rev.* 2019;4(4):CD011890. doi:10.1002/14651858.CD011890.pub3
- Johnson MI, Paley CA, Wittkopf PG, Mulvey MR, Jones G. 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
- Local Coverage Article (LCA): Transcutaneous Electrical Nerve Stimulators (TENS). Medicare Coverage Database. A52520. Revised January 1, 2023. Accessed June 20, 2024. www.cms.gov

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4. Local Coverage Determination: Transcutaneous Electrical Nerve Stimulators (TENS). Medicare Coverage Database. L33802. Revised January 1, 2024. Accessed June 20, 2024. www.cms.gov
5. 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

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