Network Notification

Date: August 21, 2012 **Number: OH-P-2012-27**

To: Ohio Providers

From: CareSource

Subject: TENS Unit Policy

CPT Codes: E0720 & E0730

Modifiers: NU, LL, RR

Below outlines CareSource's policy regarding the billing of TENS units and the corresponding supplies for these devices.

Policy:
CareSource follows OAC Rule 5101:3-10-15 with the following exceptions and clarifications:

Exceptions:

- The following wording replaces section (D): A rental period of thirty (30) days will be authorized for the initial use of the TENS unit. As indicated in (A)(2), this initial rental period of thirty (30) days is non-reimbursable. An additional period of ninety (90) days of rental is required prior to purchase if the following criteria are met and the documentation is kept in the Provider's records:

Clarifications

- Patient records should contain a completed JFS 03402 form indicating the trial period was successfully completed, along with the estimated length of use for the device.

- (F) Payment for rental includes all necessary accessories and supplies, and includes fitting and instructions/education in the proper use of the TENS unit. This means we will not consider any additional HCPCS codes for supplies and accessories during the rental period.
- (J) For purchased TENS units, reimbursement for supplies should be made under a single all-inclusive code (A4595).
- Industry standards state the TENS supply code 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

Billing Standards:
Supplies for a TENS unit owned by a consumer must be dispensed and billed on a monthly basis in quantities no greater than actually needed by the recipient; no automatic shipments or stockpiling of these supplies are allowed.

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
- UE – Used DME equipment

E0720 or E0730 may also be billed without a modifier to indicate the purchase of the unit.

5101:3-10-15 Transcutaneous Electrical Nerve Stimulators (TENS)
(A) Unless otherwise stated, the dispensing of a TENS unit to a Medicaid consumer must include the following documentation, which should be kept in the Provider's records:

(1) A fully completed JFS 03402 form (rev. 10/2008) "Certificate of Medical Necessity/Prescription Transcutaneous Electrical Nerve Stimulator (TENS)" (CMN) (appendix A to this rule) that is signed and dated by an eligible prescriber no more than thirty (30) days prior to the first date of service that documents nerve-related chronic intractable pain of at least six months duration. The CMN

must specify a complete diagnosis; “chronic intractable pain” in itself is not a sufficient diagnosis to warrant coverage.

And

(2) Attestation by the prescriber that a non-reimbursable trial period of at least thirty (30) days resulted in substantial relief from pain (except for postoperative consumers). When a TENS unit is used specifically for acute post-operative pain, the medical necessity of the TENS unit is limited and reimbursable by the department for thirty days (30) from the day of surgery and no further reimbursement for this reason is authorized.

(B) Only the following conditions are recognized by the Ohio Department of Job and Family Services (ODJFS) as being eligible for consideration for the use of a TENS unit due to medical necessity after other appropriate treatment modalities have been tried and have failed. Use of a TENS unit, and related services other than for those listed as covered in this rule, are not eligible for reimbursement because the medical effectiveness of such therapy has not been established:

(1) Herpes zoster with other nervous system complications

(2) Reflex sympathetic dystrophy

(3) Other nerve root and plexus disorders

(4) Mononeuritis of upper limb and mononeuritis multiplex

(5) Mononeuritis of lower limb and unspecified site

(6) Osteoarthrosis and allied disorders

(7) Spondylosis of unspecified site

(8) Intervertebral disc disorders

(9) Brachial neuritis or radiculitis, not otherwise specified

(10) Spinal stenosis, other than cervical

(11) Lumbago

(12) Sciatica

(13) Myalgia and myositis, unspecified

(14) Neuralgia, neuritis, and radiculitis, unspecified, or

(15) Other postsurgical status when used for acute post-operative pain for thirty (30) days from the day of surgery.

(C) The conditions listed in this rule may not be associated with patients treated with acupuncture, nor may they be associated with any variation of acupuncture techniques.

(D) A rental period of thirty (30) days will be authorized for the initial use of the TENS unit. An additional period of ninety (90) days minimum may be billed to the department if the following criteria are met and documentation is kept in the Provider's records:

(1) All criteria listed in paragraph (A) of this rule, and

(2) Documentation of specific reduction in medications, e.g., muscle relaxants, narcotics, analgesics directly resulting from the use of the TENS unit.

(E) TENS units are covered as rental only for a maximum of four months. All rental payments made by ODJFS for the use of a TENS unit by a Medicaid patient are applied to any subsequent purchase of the TENS unit by ODJFS.

(F) Payment for rental includes all necessary accessories and supplies, and includes fitting and instructions/education on the proper use of the TENS unit. The Provider must have a physical location available to the consumer for the initial face-to-face fitting and instruction/education efforts.

(G) The Provider of the TENS unit must ensure that the consumer utilizing 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 consumer's instruction on the use of the TENS unit in the consumer's medical record.

(H) TENS units provided to recipients must have two or four leads with more than one modality and must be covered by a warranty of two years or more when purchased on behalf of a Medicaid patient. Purchases or rentals of used TENS units are not authorized by the department unless the TENS unit was specifically utilized previously by the consumer for whom the purchase or rental is being billed. No sharing of TENS units is allowed by ODJFS. If a TENS unit is ordered for use with four leads, the medical record must document why two leads are insufficient to meet the patient's needs.

(I) A purchase of a TENS unit may be billed to the department (minus any previous rental payments received by the Provider) only after three months rental. The purchase must be documented in the Provider's records and accompanied by the prescriber's current, signed statement of efficacy of TENS

treatment, medical necessity of continued treatment, and documentation of the criterion specified in paragraphs (A) and (D)(2) of this rule.

(J) 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 recipient. No automatic shipments or stockpiling of these supplies is allowed. No supplies shall be billed before they have been provided to the patient. Reimbursement for supplies shall be made under a single, all-inclusive code and subject to a monthly maximum as specified in appendix DD to rule 5101:3-1-60 of the Administrative Code. TENS supplies may not be billed for a month in which rental payment is requested.

APPENDIX

- Ohio Department of Job and Family Services
- Certificate of Medical Necessity/Prescription
- Transcutaneous Electrical Nerve Stimulator (TENS)
- See Appendix at: http://www.registerofohio.state.oh.us/pdfs/5101/3/10/5101$3-10-15_PH_FF_A_APP2_20090320_1057.pdf
- Effective: 04/01/2009
- R.C. 119.032 review dates: 04/01/2012
- Promulgated Under: 119.03
- Statutory Authority: 5111.02
- Rule Amplifies: 5111.01, 5111.02, 5111.021