Transcutaneous electrical nerve stimulator (TENS) unit

These services may or may not be covered by your HealthPartners plan. Please see your plan documents for your specific coverage information. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage.

Administrative Process

Prior authorization is not required for Transcutaneous Electrical Nerve Stimulator (TENS) units.

Coverage

A TENS device is covered as a rental item capping at 6 months, or when the purchase price is met first. Once the purchase price is reached, this item will be owned by the member.

Electrodes for the TENS unit (A4595) are covered without prior authorization.

TENS units are generally covered subject to the indications listed below and per your plan documents.

Indications that are covered

TENS units are covered for these conditions:
1. Acute post-operative pain
2. Acute non-malignant pain
3. Chronic pain conditions (except for chronic low back pain)
4. Acute exacerbation of chronic conditions (including chronic low back pain).

Indications / items that are not covered

1. TENS is not covered for chronic low back pain because studies show TENS is ineffective for that condition.
2. TENS is not covered for the following conditions where its use is contraindicated:
   A. Members with a cardiac pacemaker/implanted defibrillator;
   B. Pregnancy;
   C. Inability to use the device;
   D. Chronic pain that is wide-spread and poorly localized including visceral pain and psychogenic pain.
3. A conductive garment (E0731) is not covered as it is considered a comfort and convenience item.
4. TENS is not covered for fibromyalgia because there is insufficient scientific evidence to support its effectiveness for this indication.
5. The H-wave electrical stimulation device for pain control is not covered because there is insufficient scientific evidence to support its effectiveness for this indication.

Definitions

Transcutaneous electrical nerve stimulator (TENS) unit - a device which decreases the patient's perception of pain. Electrodes are placed on the surface of the skin and small amounts of electric current are delivered through these electrodes. Patients' pain perception is decreased because pain nerve impulses are decreased and/or endorphins are released.

Codes

If available, codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive.

The services associated with these codes do not require prior authorization:

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>E0720</td>
<td>Transcutaneous electrical nerve stimulation (TENS) device, 2 lead, localized stimulation</td>
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<tr>
<td>E0730</td>
<td>Transcutaneous electrical nerve stimulation (TENS) device, 4 or more leads, for multiple nerve</td>
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Products

This information is for most, but not all, HealthPartners plans. Please read your plan documents to see if your plan has limits or will not cover some items. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage. These coverage criteria may not apply to Medicare Products if Medicare requires different coverage. For more information regarding Medicare coverage criteria or for a copy of a Medicare coverage policy contact Member Services at 952-883-7979 or 1-800-233-9645.

Vendor

For in-network benefits to apply, item must be received from a contracted vendor or provider.

Approved Medical Director Committee and Benefits Committee 01/01/94; Revised 01/22/02, 5/6/09, 6/12/14, 1/10/17, 11/16/17, 5/23/19 Annual Review 6/1/06, 8/1/07, 7/1/08, 5/6/09, 6/24/10, 6/2011, 6/2012, 6/2013, 6/2014, 6/2015, 1/2016, 12/2016, 12/2017, 12/2018, 12/2021

References