

5101:3-10-15

Transcutaneous electrical nerve stimulators (TENS).

(A) Requests for the initial prior authorization of a TENS unit must include the following documentation:

- (1) ~~Current, dated prescription documenting~~ A fully completed form JFS 03402 (rev. 6/2006) "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 days prior to the first date of service that documents nerve-related chronic intractable pain of at least six months duration. ~~Prescription~~ The CMN must specify a complete diagnosis; ;"chronic intractable pain" in itself is not a sufficient diagnosis to warrant coverage; and
- ~~(2) Documentation of diagnostic procedures performed, including psychological evaluation; and~~
- ~~(3) Statement from the attending physician describing other treatment methods which have been tried and the results of the treatment; and~~
- ~~(4)~~(2) Attestation by the ~~attending physician~~ prescriber that a nonreimbursable trial period of at least fourteen days resulted in substantial relief from pain (except for postoperative ~~patients~~consumers);; and
- ~~(5) If for postoperative acute pain, request must include date and type of surgery.~~

(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. 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) Temporomandibular joint disorders;
- (7) Osteoarthritis and allied disorders;
- (8) Spondylosis of unspecified site;

(9) Intervertebral disc disorders;

(10) Brachial neuritis or radiculitis, not otherwise specified;

(11) Spinal stenosis, other than cervical;

(12) Lumbago;

(13) Sciatica;

(14) Disorders of sacrum;

(15) Myalgia and myositis, unspecified;

(16) Neuralgia, neuritis, and radiculitis, unspecified; or

(17) Other postsurgical status.

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

~~(B)~~(D) A rental period of thirty days only may be authorized for the initial prior authorization request. An additional period of ninety days minimum may be approved if the following criteria are met:

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

(2) Documentation of specific reduction in medications; e.g., muscle relaxants, narcotics, analgesics.

~~(C)~~(E) TENS units are covered as rental only for a maximum of four months. All rental payments are applied to any subsequent purchase requests.

~~(D)~~(F) Payment for rental 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 ~~patient~~consumer for the initial face to face fitting and instruction/education efforts.

(G) The provider of the TENS unit must assure 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.

~~(E)~~(H) TENS units provided to recipients must ~~behave two or four channel leads~~ with more than one modality and must be covered by a warranty of two years or more. If a TENS unit is ordered for use with four leads, the medical record must document why two leads are insufficient to meet the consumer's needs.

~~(F)~~(I) A request for prior authorization of a purchase of a TENS unit may be submitted only after three months rental and must be accompanied by the attending physician's prescriber's current signed statement of efficacy of TENS treatment, medical necessity of continued treatment, and documentation of the criterion specified in paragraph ~~(B)~~(D)(2) of this rule.

~~(G)~~(J) Supplies for a TENS unit owned by a ~~recipient~~ consumer must be dispensed and billed on a monthly basis in quantities no greater than actually needed by the recipient. No supplies shall be billed before they have been provided to the ~~recipient~~ consumer. Reimbursement for supplies shall be made under a single all-inclusive code, subject to a monthly maximum as specified in appendix DD of ~~to~~ rule 5101:3-1-60 of the Administrative Code. TENS supplies may not be billed for any month for which rental payment is requested.

Effective: 04/16/2007

R.C. 119.032 review dates: 11/16/2006 and 04/01/2012

CERTIFIED ELECTRONICALLY

Certification

03/30/2007

Date

Promulgated Under: 119.03
Statutory Authority: 5111.02
Rule Amplifies: 5111.01, 5111.02, 5111.021
Prior Effective Dates: 4/7/77, 12/21/77, 12/30/77, 1/1/80, 3/1/84, 5/1/90,
6/20/90 (Emer), 9/5/90