5101:3-10-15 **Transcutaneous electrical nerve stimulators (TENS).**

(A) ~~Requests~~Unless otherwise stated, the dispensing for ~~the initial prior authorization of~~ a TENS unit to a Medicaid consumer must include the following documentation to be kept in the provider's records:

(1) A fully completed form JFS 03402 (rev. ~~6/2006~~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 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 ~~nonreimbursable~~non-reimbursable trial period of at least ~~fourteen days~~thirty 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 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) Temporomandibular joint disorders;~~

~~(7)~~(6) Osteoarthrosis and allied disorders;

~~(8)~~(7) Spondylosis of unspecified site;

~~(9)~~(8) Intervertebral disc disorders;

~~(10)~~(9) Brachial neuritis or radiculitis, not otherwise specified;

~~(11)~~(10) Spinal stenosis, other than cervical;

~~(12)~~(11) Lumbago;

~~(13)~~(12) Sciatica;

~~(14) Disorders of sacrum;~~

~~(15)~~(13) Myalgia and myositis, unspecified;

~~(16)~~(14) Neuralgia, neuritis, and radiculitis, unspecified; or

~~(17)~~(15) Other postsurgical status when used for acute post-operative pain for thirty days from the day of surgery.

(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.

(D) A rental period of thirty days ~~only may~~will be authorized for the initial ~~prior authorization request~~use of the TENS unit. An additional period of ninety days minimum may be ~~approved~~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 consumer are applied to any subsequent purchase ~~requests~~of the TENS unit by ODJFS.

(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 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.

(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 consumer. Purchases or rentals of used TENS units are not authorized by the department unless the TENS unit was specifically utilized previously by the consumer whom the purchase or rental is being billed for. 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 consumer's needs.

(I) A ~~request for prior authorization of a~~ purchase of a TENS unit may be ~~submitted~~ billed to the department minus any previous rental payments received by the provider only after three months rental and 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 consumer must be dispensed and billed on a monthly basis in quantities no greater than actually needed by the recipient as no automatic shipments or stockpiling of these supplies are allowed. No supplies shall be billed before they have been provided to the consumer. Reimbursement for supplies shall be made under a single all-inclusive code, 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 any month for which rental payment is requested.

Effective:

R.C. 119.032 review dates: 04/01/2012

_____

Certification

_____

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, 4/16/2007