



Transcutaneous Electrical Nerve Stimulation (TENS) for Chronic Low Back Pain Clinical Coverage Criteria

Overview

Transcutaneous electrical nerve stimulation (TENS) is the application of a mild electrical current to the cutaneous nerve fibers using surface electrodes. Stimulation is characterized by current, pulse width, and changes in frequency. The amplitude of the current is adjusted to just above or just below the sensory threshold. Duration of application varies from short time periods (e.g., 30 minutes) once to continuous stimulation. Duration of treatment can be days to months. TENS is used extensively for pain relief and is distinguished from other types of electrical stimulation, e.g. neuromuscular electrical stimulation, which is used to stimulate muscles and/or nerves.

For the purposes of this policy chronic low back pain (CLBP) is defined as an episode of low back pain that has persisted for three months or longer; and is not a manifestation of a clearly defined and generally recognizable primary disease entity.

Policy

This Policy applies to the following Fallon Health products:

- Fallon Medicare Plus
- MassHealth ACO
- NaviCare HMO SNP
- PACE (Summit Eldercare PACE, Fallon Health Weinberg PACE)
- Community Care

Effective July 1, 2025, prior authorization requests for durable medical equipment for all plan members should be submitted to Integrated Home Care Services at FAX number: 844-215-4265, except for PACE members. Prior authorization requests for PACE members should continue to be submitted to the PACE members' interdisciplinary care team.

Fallon Health Clinical Coverage Criteria

Due to lack of proven efficacy, TENS is considered experimental/investigational and not medical necessary for the treatment of chronic low back pain.

Claims for TENS units and/or TENS supplies billed with an ICD-10-CM diagnosis code for chronic low back pain will be denied.

Medicare Variation

Medicare statutes and regulations do not have coverage criteria for transcutaneous electrical nerve stimulation (TENS) for chronic low back pain. Medicare has an NCD for Chronic Low Back Pain (CLBP) (160.27), Version Number 1, Effective Date of this Version 06/08/2012 (Medicare Coverage Database search 11/22/2025).

In order to support additional research on the use of TENS for chronic low back pain, this NCD allows coverage of TENS for chronic low back pain when the beneficiary is enrolled in an approved clinical study under coverage with evidence development (CED). Coverage under CED expired three years after publication of this decision on the CMS website (June 8, 2012). At this

time, TENS is not reasonable and necessary for the treatment of CLBP under section 1862(a)(1)(A) of the Act.

Per Transmittal R11083OTN, Contractors shall end-date any and all codes coverable by Medicare for NCD 160.27 effective for claims with dates of service on and after June 8, 2015, based off the June 8, 2012, NCD language that coverage would expire in 3 years.

Transmittal R2605CP, Contractors shall deny TENS claims when billed with a TENS code (HCPCS code E0720 or E0730) and at least one of the ICD-10 codes for CLBP (see attachment).

Noridian Healthcare Solutions, LLC, the Durable Medical Equipment Medicare Administrative Contractor (DMEMAC) with jurisdiction in the Plan's service area, has an LCD for Transcutaneous Electrical Nerve Stimulators (TENS) (L33802), and a Policy Article (A52520) that includes coding guidelines (Medicare Coverage Database search 11/22/2025).

MassHealth Variation

MassHealth does not have Guidelines for Medical Necessity Determination for TENS for chronic low back pain, therefore, Fallon Health Clinical Coverage Criteria are applicable (MassHealth website search 11/23/2025).

Exclusions

- TENS units and/or TENS supplies for the treatment of chronic low back pain.

Coding

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage or reimbursement.

Coding guidelines for Transcutaneous Electrical Nerve Stimulators (TENS) per Noridian Healthcare Solutions, LLC, Policy Article A52520 (Revision Effective Date 01/01/2023):

A TENS supply allowance (A4595), is an all-inclusive code and includes items such as 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, batteries (9 volt or AA, single use or rechargeable), and a battery charger (if rechargeable batteries are used).

HCPCS codes A4556 (electrodes, [e.g., apnea monitor], per pair), A4558 (conductive paste or gel), and A4630 (replacement batteries, medically necessary TENS owned by patient) are not valid for claim submission, HCPCS code A4595 should be used instead.

For code A4557, one unit of service is for lead wires going to two electrodes. If all the lead wires of a 4 lead TENS unit needed to be replaced, billing would be for two units of service.

There should be no billing and there will be no separate allowance for replacement electrodes (A4556), conductive paste or gel (A4558), replacement batteries (A4630), or a battery charger used with a TENS unit.

Other supplies, including but not limited to the following, will not be separately allowed: adapters (snap, banana, alligator, tab, button, clip), belt clips, adhesive remover, additional connecting cable for lead wires, carrying pouches, or covers.

Each claim for code E0731 must be accompanied by the brand, name and model number of the conductive garment.

Code	Description
E0720	Transcutaneous electrical nerve stimulation (TENS) device, 2 lead, localized stimulation
E0730	Transcutaneous electrical nerve stimulation (TENS) device, 4 or more leads, for multiple nerve stimulation
E0731	Form fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)

A4556	Electrodes (e.g., apnea monitor), per pair
A4557	Lead wires, per pair
A4558	Conductive gel or paste, for use with electrical device (e.g., TENS, NMS), per oz
A4595	Electrical stimulator supplies, 2 lead, per month (e.g., TENS, NMES)
A4630	Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient

ICD-10-CM Diagnosis Codes for Chronic Low Back Pain

Claims for TENS units and/or TENS supplies billed with an ICD-10-CM diagnosis code for chronic low back pain identified in CMS Transmittal R2605CP will be denied.

Code	Description
M40.36	Flatback syndrome, lumbar
M40.37	Flatback syndrome, lumbosacral
M40.46	Postural lordosis, lumbar region
M40.47	Postural lordosis, lumbosacral region
M40.56	Lordosis, unspecified, lumbar region
M40.57	Lordosis, unspecified, lumbosacral region
M41.26	Other idiopathic scoliosis, lumbar region
M41.27	Other idiopathic scoliosis, lumbosacral region
M41.56	Other secondary scoliosis, lumbar region
M41.57	Other secondary scoliosis, lumbosacral region
M42.16	Adult osteochondrosis of spine, lumbar region
M42.17	Adult osteochondrosis of spine, lumbosacral region
M43.06	Spondylolysis, lumbar region
M43.07	Spondylolysis, lumbosacral region
M43.16	Spondylolysthesis, lumbar region
M43.17	Spondylolysthesis, lumbosacral region
M43.26	Fusion of spine, lumbar region
M43.27	Fusion of spine, lumbosacral region
M43.5X6	Other recurrent vertebral dislocation, lumbar region
M43.5X7	Other recurrent vertebral dislocation, lumbosacral region
M43.8X6	Other specified deforming dorsopathies, lumbar region
M43.8X7	Other specified deforming dorsopathies, lumbosacral region
M47.16	Other spondylosis with myelopathy, lumbar region
M47.17	Other spondylosis with myelopathy, lumbosacral region
M47.26	Other spondylosis with radiculopathy, lumbar region
M47.27	Other spondylosis with radiculopathy, lumbosacral region
M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region
M47.817	Spondylosis without myelopathy or radiculopathy, lumbosacral region
M47.896	Other spondylosis, lumbar region
M47.897	Other spondylosis, lumbosacral region
M48.06	Spinal stenosis, lumbar region
M48.07	Spinal stenosis, lumbosacral region
M48.16	Ankylosing hyperostosis, lumbar region
M48.17	Ankylosing hyperostosis, lumbosacral region
M48.26	Kissing spine, lumbar region
M48.27	Kissing spine, lumbosacral region
M48.36	Traumatic spondyloarthropathy, lumbar region
M48.37	Traumatic spondyloarthropathy, lumbosacral region
M48.8X6	Other specified spondylopathies, lumbar region
M48.8X7	Other specified spondylopathies, lumbosacral region
M51.06	Intervertebral disc disorder with myelopathy, lumbar region

M51.07	Intervertebral disc disorder with myelopathy, lumbosacral region
M51.16	Intervertebral disc disorder with radiculopathy, lumbar region
M51.17	Intervertebral disc disorder with radiculopathy, lumbosacral region
M51.26	Other intervertebral disc displacement, lumbar region
M51.27	Other intervertebral disc displacement, lumbosacral region
M51.36	Other intervertebral disc degeneration, lumbar region
M51.37	Other intervertebral disc degeneration, lumbosacral region
M51.46	Schmorl's nodes, lumbar region
M51.47	Schmorl's nodes, lumbosacral region
M51.86	Other intervertebral disc disorders, lumbar region
M51.87	Other intervertebral disc disorders, lumbosacral region
M53.2X6	Spinal instabilities, lumbar region
M53.2X7	Spinal instabilities, lumbosacral region
M53.86	Other specified dorsopathies, lumbar region
M53.87	Other specified dorsopathies, lumbosacral region
M54.16	Radiculopathy, lumbar region
M54.17	Radiculopathy, lumbosacral region
M54.30	Sciatica, unspecified side
M54.31	Sciatica, right side
M54.32	Sciatica, left side
M54.40	Lumbago with sciatica, unspecified side
M54.41	Lumbago with sciatica, right side
M54.42	Lumbago with sciatica, left side
M54.50	Low back pain
S32.0 (including S32.000-S32.059)	Fracture of lumbar vertebrae
S33.10	Subluxation and dislocation of lumbar vertebra
S33.11	Subluxation and dislocation of L1/L2 lumbar vertebra
S33.12	Subluxation and dislocation of L2/L3 lumbar vertebra
S33.13	Subluxation and dislocation of L3/L4 lumbar vertebra
S33.5	Sprain of ligaments of lumbar spine
S33.6	Sprain of sacroiliac joint
S34.21	Injury of nerve root of lumbar spine
S34.22	Injury of nerve root of sacral spine
S39.002	Unspecified injury of muscle, fascia and tendon of the lower back
S39.012	Strain of muscle, fascia and tendon of the lower back
S30.022	Laceration of muscle, fascia and tendon of the lower back
S30.092	Other injury of muscle, fascia and tendon of the lower back

References

- Centers for Medicare & Medicaid Services (CMS) National Coverage Determination (NCD) Transcutaneous Electrical Nerve Stimulation (TENS) for Acute Post-Operative Pain (10.2). Version Number 2. Effective Date of this Version 6/8/2012.
- Centers for Medicare & Medicaid Services (CMS) National Coverage Determination (NCD) Supplies Used in the Delivery of Transcutaneous Electrical Nerve Stimulation (TENS) and Neuromuscular Electrical Stimulation (NMES) (160.13). Version Number 1. Effective Date of this Version 7/14/1988.
- Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD) Transcutaneous Electrical Nerve Stimulation (TENS) for Chronic Lower Back Pain (CLBP) (160.27). Version Number 1. Effective Date of this Version 06/08/2012.
- Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD) Assessing Patient's Suitability for Electrical Nerve Stimulation Therapy (160.7.1). Version Number 2. Effective Date of this Version 06/19/2006.

5. Noridian Healthcare Solutions, LLC. Local Coverage Determination (LCD) Transcutaneous Electrical Nerve Stimulators (TENS) L33802. Original Effective Date 10/01/2015. Revision Effective Date: For Services Performed on or after 01/01/2024.
6. Noridian Healthcare Solutions, LLC. Local Coverage Article: Transcutaneous Electrical Nerve Stimulators (TENS) - Policy Article (A52520). Original Effective Date 10/01/2015. Revision Effective Date: For Services Performed on or after 01/01/2023.
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10. Gladwell PW, Badlan K, Cramp F, Palmer S. Direct and Indirect Benefits Reported by Users of Transcutaneous Electrical Nerve Stimulation for Chronic Musculoskeletal Pain: Qualitative Exploration Using Patient Interviews. *Phys Ther*. 2015 Nov;95(11):1518-28.
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13. 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 Feb 19;2(2):CD011890.
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15. WHO guideline for non-surgical management of chronic primary low back pain in adults in primary and community care settings. Geneva: World Health Organization; 2023. License: CC BY-NC-SA 3.0 IGO.
16. Dubinsky RM, Miyasaki J. Assessment: efficacy of transcutaneous electric nerve stimulation in the treatment of pain in neurologic disorders (an evidence-based review): report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology. *Neurology*. 2010 Jan 12;74(2):173-6.

Policy history

Origination date:	11/01/2000
Approval(s):	Utilization Management Committee: 11/1/2000, 12/2000, 06/01/2006, 01/22/2013. Technology Assessment Sub-Committee: 06/2003 Technology Assessment Committee: 02/28/2006, 02/26/2014, 02/25/2015 (updated references, clarified policy language), 03/23/2016 (removed ICD-9 codes, updated references), 04/26/2017 (updated references), 05/15/2018 (updated references), 05/22/2019 (updated references), 07/10/2021 (Added clarifying language related to Medicare Advantage, NaviCare and PACE under Policy section), 07/02/2024 (annual review, updated Medicare and MassHealth ACO information in Policy section, updated References), 11/25/2025 (annual review, removed Fallon Health Clinical Coverage Criteria because of IHCS delegation, added new sections for Medicare and MassHealth Variation, added ICD-10-CM Diagnosis Codes for Chronic Low Back Pain to Coding section). Utilization Management Committee: 12/16/2025 (annual review, approved with removal of Fallon Health Clinical Coverage Criteria).

Instructions for Use

Fallon Health complies with CMS's national coverage determinations (NCDs), local coverage determinations (LCDs) of Medicare Contractors with jurisdiction for claims in the Plan's service area, and applicable Medicare statutes and regulations when making medical necessity determinations for Medicare Advantage members. When coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs, Fallon Health may create internal coverage criteria under specific circumstances described at § 422.101(b)(6)(i) and (ii).

Fallon Health generally follows Medical Necessity Guidelines published by MassHealth when making medical necessity determinations for MassHealth members. In the absence of Medical Necessity Guidelines published by MassHealth, Fallon Health may create clinical coverage criteria in accordance with the definition of Medical Necessity in 130 CMR 450.204.

For plan members enrolled in NaviCare, Fallon Health first follows CMS's national coverage determinations (NCDs), local coverage determinations (LCDs) of Medicare Contractors with jurisdiction for claims in the Plan's service area, and applicable Medicare statutes and regulations when making medical necessity determinations. When coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs, or if the NaviCare member does not meet coverage criteria in applicable Medicare statutes, regulations, NCDs or LCDs, Fallon Health then follows Medical Necessity Guidelines published by MassHealth when making necessity determinations for NaviCare members.

Each PACE plan member is assigned to an Interdisciplinary Team. PACE provides participants with all the care and services covered by Medicare and Medicaid, as authorized by the interdisciplinary team, as well as additional medically necessary care and services not covered by Medicare and Medicaid. With the exception of emergency care and out-of-area urgently needed care, all care and services provided to PACE plan members must be authorized by the interdisciplinary team.

Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member's particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product's Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member's benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, federal mandates will apply to all plans.