NORTH Dakota Be Legendary. | Health & Human Services	**TRANSCUTANEOUS ELECTRICAL NERVE STIMULATORS (TENS)** Reference the Look-Up Tool to determine if a code requires a Service Authorization
DURABLE MEDICAL EQUIPMENT MANUAL	COVERAGE AND LIMITATION CRITERIA AND POLICIES
EFFECTIVE: March 2007	REVISED: December 2025

TRANSCUTANEOUS ELECTRICAL NERVE STIMULATORS (TENS)

Indications and limitations of coverage and medical appropriateness:

1. Required to **rent** a minimum of one month. This is considered the trial period.
   - If effective after the one-month trial rental period, the supplier can submit for purchase of the TENS unit and must provide documentation to support compliance and effective treatment.
   - All supplies are included during the rental period and will not be reimbursed separately. Includes electrodes, lead wires, batteries, and related components.
   - Conductive paste or gel allowed if needed, and only with member-owned equipment.
   - Limited to one every five years.

Supplies:

- Electrodes: two units per month.
- Lead Wires: only allowed for replacement if inoperable, with a maximum of one time per year.

Documentation Requirements:

- A prescription from a prescribing physician/practitioner.
- Physician/practitioner exam within 90 days of the service authorization start date.
- Medical documentation supporting the need.

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Date Revised	**Revisions**
July 2017	Reviewed and reformatted
February 2020	Add a new logo. Documentation Requirement bullet #3 changed from 60 to 90.
November 23, 2022	Reviewed and unchanged. Header updated with new logo.
November 17, 2023	Reviewed and reformatted. Removed CMN required for header section.
December 18, 2025	Reviewed and reformatted. Removed “Service Authorization” verbiage and replaced it with “Reference the Look-Up Tool to determine if a code requires a Service Authorization” from the header section.