Guideline Title: SHP Neuromuscular Electrical Stimulator and Functional Electrical Stimulators

ORG/OTC Code: SHP Durable Medical Equipment 17

Coverage:

See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Application to Products:

Policy is applicable to ~~all products.~~ Optima Commercial Plan and Optima Virginia Medicaid

Optima Virginia Medicare will utilize NCD Neuromuscular Electrical Stimulation (NMES) (160.12) Version 2, NCD: N16012v2 (MCR)

Authorization Requirements:

Pre-certification by the Plan is required. If adjunct as a part of PT evaluation, or when not directly done as a part of PT, pre-certification by the Plan is required.

Limitation: The Plan will rent for a 3-month trial, then convert to purchase if the therapy is effective.

Description of Item or Service:

Neuromuscular electrical stimulation (NMES) is a device that sends electrical impulses through electrodes placed on the skin, to aid in muscles contraction.

NMES is used to treat disuse atrophy due to a condition such as limb casting or hip replacement surgery, where the nerve supply to the muscle is intact. The NMES device includes a portable stimulator with electrodes that are placed on the skin over targeted muscle or muscle group. The current passes through the electrodes into the body, and the motor nerves are stimulated, causing a muscle contraction. The intensity and frequency of stimulation can vary based on the level of muscular function and response to treatment. NMES targets the muscle itself, specifically through the motor nerves. This allows the NMES machine to create a muscle contraction to recruit more muscle fibers when training, warming up or recovering. The use of NMES for the treatment of disuse atrophy is considered effective therapy when the cause of the muscle disuse is not permanent and there is no nervous system involvement.

The type of NMES that is used to enhance the ability to walk is commonly referred to as functional electrical stimulation (FES). These devices are surface units that use electrical impulses to activate paralyzed or weak muscles in precise sequence. FES has been used in the setting of spinal cord injury (SCI), foot drop, and cerebral palsy. There is inconclusive evidence to support the superiority of FES over ankle-foot orthosis for the treatment of foot drop.

Exceptions and Limitations:

There is insufficient scientific evidence to support the medical necessity of a neuromuscular stimulator device for any of the following as they are not shown to improve health outcomes upon technology review:

- Autonomic dysreflexia
- Bell's palsy
- Cardiac conditioning
- Cerebral palsy
- Chronic Obstructive Pulmonary Disease
- Congestive Heart Failure
- Dysphagia as a result of physiological dysfunction
- Erectile dysfunction
- Foot drop
- General muscle strengthening in healthy individuals.
- High-voltage galvanic stimulator (HVG)
- Improving ambulatory function and muscle strength for progressive diseases (e.g., cancer, chronic heart failure, chronic obstructive pulmonary disease, multiple sclerosis) in persons without spinal cord injury
- Individuals with cardiac pacemakers
- InterX 1000 neurostimulator
- Irreversible contracture
- Masseter muscle oral dysfunction after stroke
- Muscle atrophy after stroke
- Pain caused by necrosis of the femoral head.
- Nexwave by Zynex
- Percutaneous Implantation of a neurostimulator electrode array
- Persons with cardiac pacemakers
- Severe scoliosis or severe osteoporosis (for spinal cord injury)
- Skin disease or cancer at area of stimulation
- Threshold/Therapeutic Electrical stimulation (TES)
- Treatment of denervated muscles
- Treatment of knee osteoarthritis
- Upper extremity hemiplegia

There is insufficient scientific evidence to support the medical necessity of neuromuscular electrical stimulator for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure:

Neuromuscular stimulator devices are considered medically necessary for **one or more of the following:**

- For **disuse atrophy** in an individual with intact nerve supply to the muscle (including the brain, spinal cord, and peripheral nerves) with **1 or more of the following:**
    - Previous casting or splinting of a limb when unable to participate in physical therapy.
    - Contractures due to scarring of soft tissue (e.g. burn scarring).
    - Hip replacement prior to initiation of physical therapy.
    - Major knee surgery (e.g., total knee replacement) when there is failure to respond to physical therapy.
- For **spinal cord injury** where restoration of walking is the goal, and the individual has the **ALL of following** characteristics:
    - Intact lower motor units (L1 and below) (both muscle and peripheral nerve).
    - Muscle and joint stability for weight bearing at upper and lower extremities that can demonstrate balance and control to maintain an upright support posture independently.
    - Brisk muscle contraction to NMES and sensory perception of electrical stimulation sufficient for muscle contraction.
    - High motivation, commitment and cognitive ability to use such devices for walking.
    - Ability to transfer independently and independent standing tolerance for at least 3 minutes.
    - Hand and finger function to manipulate controls.
    - At least 6-month post recovery spinal cord injury and restorative surgery.
    - No evidence of hip and knee degenerative disease and no history of long bone fracture secondary to osteoporosis.
    - Willingness to use the device long-term.

Neuromuscular stimulator devices are NOT COVERED for ANY of the following:

- Autonomic dysreflexia
- Bell's palsy
- Cardiac conditioning
- Cerebral palsy
- Chronic Obstructive Pulmonary Disease
- Congestive Heart Failure
- Dysphagia as a result of physiological dysfunction
- Erectile dysfunction
- Foot drop
- General muscle strengthening in healthy individuals.
- High-voltage galvanic stimulator (HVG)

- Improving ambulatory function and muscle strength for progressive diseases (e.g., cancer, chronic heart failure, chronic obstructive pulmonary disease, multiple sclerosis) in persons without spinal cord injury
- Individuals with cardiac pacemakers
- InterX 1000 neurostimulator
- Irreversible contracture
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- Muscle atrophy after stroke
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- Percutaneous Implantation of a neurostimulator electrode array
- Persons with cardiac pacemakers
- Severe scoliosis or severe osteoporosis (for spinal cord injury)
- Skin disease or cancer at area of stimulation
- Threshold/Therapeutic Electrical stimulation (TES)
- Treatment of denervated muscles
- Treatment of knee osteoarthritis
- Upper extremity hemiplegia

Document History:

Revised Dates:

2023: July

2021: November

2020: November

2019: October, November

2016: April, May

2013: October

2012: June

2011: February

2010: November

2008: February, March

2007: October

2005: November

2003: July, November

Reviewed Dates:

2022: September

2018: December

2017: November

2015: May

2014: May

2012: November

2011: November

2010: December

2009: January, December

2008: January

2006: October

2004: June, July

2003: June

Effective Date: June 2002

Coding Information:

CPT/HCPCS codes covered if policy criteria is met:

A4556 Electrodes (e.g., apnea monitor), per pair A4557 Lead wires (e.g., apnea monitor), per pair

A4558 Conductive gel or paste, for use with electrical device (e.g., TENS, NMES), per oz. A4595 Electrical stimulator supplies, 2 lead, per month, (e.g. TENS, NMES)

E0731 Form - fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)

E0745 Neuromuscular stimulator, electronic shock unit

E0763 Transcutaneous electrical joint stimulation device system, includes all accessories E0763 Functional neuromuscular stimulator, transcutaneous stimulation of muscles of

ambulation with computer control, used for walking by spinal cord injured, entire system, after c completion of training program

E0770 Functional electrical stimulator, transcutaneous stimulation of nerve and / or muscle groups, any type, complete system, not otherwise specified

CPT/HCPCS codes considered not medically necessary per this Policy:

CPT 64555 - Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)

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Codes:

See above

Keywords:

SHP Neuromuscular Electrical Stimulator, SHP DME 17, SHP Durable Medical Equipment 17, Dysphagia, atrophy, scarring, burns, NMES, therapeutic electrical stimulation, threshold electrical stimulation, TES, InterX 1000 neurostimulator, Nexwave by Zynex

Notes for MCG Implementation:

Add codes to pend list

New notes 11-2020:

I helped RN work on this review. She did not include any code info on the worksheet. She included my excel spreadsheet of work I did trying to figure out the coding. Per the recommendations we should add the following to non-covered:

Threshold/therapeutic electrical stimulation (TES) not sure of code-either E0745 or E1399?

Nexwave by Zynex not sure of code-either E0745 or E0730?

InterX 1000 neurostimulator E0730, E0731 or E1399?

I told the RN depending on the codes that are used for these items would dictate which policy they belonged in.

This is the spreadsheet I did regarding the codes- she did not address all the items that may possibly be listed here in this policy (disregard my color coding- it means nothing to you)

TENS exceptions spreadsheet.xlsx

Dr. Ross is debating which old exceptions to include in this policy (see above) but he will only be adding contraindications so should not affect the coding.

Clinical Reviewers: Kira Wongroski, RN & Barbara Page, RN, CPC

No Changes

New notes 1-26-21:

Added to exceptions: High-voltage galvanic stimulator (HVG)