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SHP Functional Electrical Stimulation Foot Drop System - Hand Rehabilitation Stimulation

MCG Health Ambulatory Care 26th Edition

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Coverage

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

Application to Products

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· Policy is applicable to Optima Medicare only.

Authorization Requirements

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Pre-certification by the Plan is required.

Description of Item or Service

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Functional electrical stimulator is a type of neuromuscular electrical stimulation device that transmits an electrical impulse to the nerve for selected muscles via electrodes placed on the surface of the skin or may be surgically implanted, to aid in a muscle contraction.

Exceptions and Limitations

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- · Policy is not covered by any plans other than Medicare.
- There is insufficient scientific evidence to support the medical necessity of functional electrical stimulation foot drop system or hand rehabilitation stimulation for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

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- Neuromuscular electrical stimulation is considered medically necessary for ALL of the following:
 - Individual has Optima Medicare plan and 1 or more of the following :
 - Request is for treatment of disuse muscle atrophy where nerve supply to the muscle is intact, including brain, spinal cord, and peripheral nerves, and other non-neurological reasons
 - Request is for use in individuals with spinal cord injury (SCI) with ALL of the following:
 Used to help the individual walk
 - Individual has completed a training program that includes ALL of the following:
 - At least 32 physical therapy sessions, over a period of at least 3 months
 - The training is performed directly by the physical therapist as part of a one-onone training program
 - The goal of the program is to train individuals with a spinal cord injury on the use of the device to achieve walking, not to reverse or retard muscle atrophy
 - Individual has intact lower motor units (L1 and below) (both muscle and peripheral nerve)
 - Individuals with 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
 - Individuals that demonstrate brisk muscle contraction to NMES and have sensory perception electrical stimulation sufficient for muscle contraction
 - Individuals that possess high motivation, commitment and cognitive ability to use such devices for walking
 - Individuals that can transfer independently and can demonstrate independent standing tolerance for at least 3 minutes
 - Individuals that can demonstrate hand and finger function to manipulate controls
 - Individuals with at least 6-month post recovery spinal cord injury and restorative surgery
 - Individuals without hip and knee degenerative disease and no history of long bone fracture secondary to osteoporosis
 - · Individuals who have demonstrated a willingness to use the device long-term

Document History

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- · Revised Dates:
 - 2019: October
 - 2016: May
 - 2015: May
 - 2013: May
 - 2012: June
 - 2011: November, December
- · Reviewed Dates:
 - 2023: January
 - 2022: January
 - · 2021: January
 - 2020: January
 - 2018: July
 - 2017: November
 - 2015: October
 - 2014: May
 - ∘ 2012: May
 - 2011: February

- 2010: February
- Effective Date: February 2009

Coding Information

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- · CPT/HCPCS codes covered if policy criteria is met:
 - HCPCS 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:
 - None

References

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References used include but are not limited to the following:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; Uptodate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

Cerebral palsy: Treatment of spasticity, dystonia, and associated orthopedic issues. (2022, Jul 14). Retrieved Nov 3, 2022, from UpToDate: https://www.uptodate.com/contents/cerebral-palsy-treatment-of-spasticity-dystonia-and-associated-orthopedic-issues? search=Walkaide&source=search result&selectedTitle=1~1&usage type=default&display rank=1#

Clinical Practice Guideline to Improve Locomotor Function Following Chronic Stroke, Incomplete Spinal Cord Injury, and Brain Injury. (2020, Jan). Retrieved Nov 3, 2022, from American Physical Therapy Association (APTA) - CLINICAL PRACTICE GUIDELINES:

https://journals.lww.com/jnpt/Fulltext/2020/01000/Clinical_Practice_Guideline_to_Improve_Locomotor.8.aspx

DME Manual - Appendix B. (2022, Jan). Retrieved May 25, 2022, from DMAS DME: https://www.ecm.virginiamedicaid.dmas.virginia.gov/WorkplaceXT/getContent?impersonate=true&id= {70DF587A-0000-CD19-9DA4-40F87C9CFC81}&vsId={BA20E884-FDDC-4BC0-8010-E14AAEE3F502} &objectType=document&objectStoreName=VAPRODOS1

Electrical Stimulation, Functional and Neuromuscular (A-0507). (2022). Retrieved Nov 2, 2022, from MCG 26th Edition: https://careweb.careguidelines.com/ed26/index.html

Functional Electrical Stimulation (FES). (2022). Retrieved Nov 3, 2022, from The National Multiple Sclerosis Society: https://www.nationalmssociety.org/Treating-MS/Rehabilitation/Functional-Electrical-Stimulation-(FES)

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Functional electrical stimulation for spinal cord injury. (2022). Retrieved Nov 3, 2022, from Mayo Clinic and Research: https://www.mayoclinic.org/tests-procedures/functional-electrical-stimulation-for-spinal-cord-injury/about/pac-20394230

Functional electrical stimulator. (2022). Retrieved Nov 3, 2022, from HAYES: https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522Functional%2520electrical% 2520stimulator%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,% 2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all National Coverage Determination (NCD) Neuromuscular Electrical Stimulation (NMES) 160.12. (2006, Oct 1). Retrieved Nov 2, 2022, from Centers for Medicare & Medicaid Services NCD: https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=175&ncdver=2

NCD: DURABLE Medical Equipment Reference List - 280.1. (2005, May 5). Retrieved May 25, 2022, from CMS NCD: https://www.cms.gov/medicare-coverage-database/view/ncd.aspx? ncdid=364&ncdver=1&keyword=Lung%20cancer%25

Codes

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