



**BlueCross BlueShield  
of Vermont**

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## **Corporate Medical Policy**

### **Neuromuscular Electrical Stimulator (NMES)**

**File name:** Neuromuscular Electrical Stimulator (NMES)

**Origination:** 5/1/07

**Last Review:** 3/08

**Next Review:** 3/09

**Effective Date:** 4/19/08

#### ***Description***

##### **See Durable Medical Equipment (DME) medical policy.**

Neuromuscular electrical stimulator (NMES), a device designed for home use, transmits electrical impulses through the skin to selected muscle groups by way of electrodes to 1) prevent muscle weakening due to disuse (disuse atrophy) and/or to attempt to strengthen muscles weakened by disuse, 2) increase blood circulation, 3) maintain range of motion (ROM) and relax muscle spasm, and 4) re educate muscles.

There are two categories of neuromuscular electrical stimulators, THERAPEUTIC, which strengthens muscles weakened by disuse to prevent or retard disuse atrophy, relax muscle spasms, increase blood circulation, maintain range of motion (ROM) or re educate muscles, and FUNCTIONAL, which replaces or assists a functional movement that is lost after injury or disease of the central nervous system (CNS).

#### **Policy**

Benefits are subject to all terms, limitations and conditions of the subscriber contract.

Prior approval may be required subject to all terms, limitations and conditions of the subscriber contract.

For New England Health Plan (NEHP) members an approved referral authorization is required.

#### ***When service or procedure is covered***

NMES requires a prescription from a physician.

NMES may be considered medically necessary by the Plan for the following:

#### ***Therapeutic: When nerve supply to the muscle is intact and one or more of the following applies:***

1. Presence of disuse atrophy following immobilization such as casting or splinting
2. Post hip surgery when administered in a hospital setting prior to onset of rehabilitation.

3. For contracture due to severe burns/scarring
4. After major knee surgery when physical therapy fails
  - a) after ACL repair when acute rehab is contraindicated
5. Cerebral palsy when used with dynamic bracing in treating spasticity of the upper extremity

#### ***When service or procedure may not be covered***

When the above medical necessity criteria above has not been met.

When prior approval is required and not obtained

Functional application of the neuromuscular electrical stimulator will be considered not medically necessary as this use is considered investigational by the Plan.

#### ***Information required***

Clinical summary including the following:

1. Date and type of operative procedure (if applicable)
2. Physical therapy notes (if applicable)

#### ***Billing and Coding/Physician Documentation Information***

See Attachment I

#### ***Vermont Eligible Providers***

Medical Equipment and Supplies Durable Medical Equipment (DME) providers

#### ***Policy Implementation/Update information***

5/07 reviewed by the CAC

1/08 annual review. No changes made. Reviewed by the CAC 5/08

#### ***Scientific Background and Reference Resources***

BCBSMN Corporate Medical Policy for Neuromuscular Electrical Stimulation, BCBSTN Medical Policy for Neuromuscular Electrical Stimulation, BCBSNC Corporate Medical Policy for Neuromuscular Electrical Stimulators, BCBSMA, BCBSFLA Corporate Medical Policy for Neuromuscular Electrical Stimulator, BCBS Association

*Approved by BCBSVT Medical Director    Date Approved*

Stephen E. Perkins, M.D (BCBSVT)

Attachment I NMES

HCPCS codes	Description	Eligible for Benefits	Prior Approval Required
<a href="#">E0744</a>	<a href="#">Neuromuscular stimulator for scoliosis</a>	<a href="#">No</a>	<a href="#">Considered Investigational</a>
E0745	Neuromuscular stimulator, electronic shock unit	Yes	Yes
E0730	Four or more leads for multiple nerve stimulation	Yes	Yes
A4556 *	Electrodes	Yes	No
A4557 *	Lead wires	Yes	No