Medical Policy

Threshold Electrical Stimulation as a Treatment of Motor Disorders

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Policy Number: 321
BCBSA Reference Number: 1.01.19
NCD/LCD: National Coverage Determination (NCD) for Treatment of Motor Function Disorders with Electric Nerve Stimulation (160.2)

Related Policies

- NMES (Neuromuscular Electrical Stimulation), #201

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Threshold electrical stimulation as a treatment of motor disorders, including but not limited to cerebral palsy is NOT MEDICALLY NECESSARY.

Medicare HMO BlueSM and Medicare PPO BlueSM Members

BCBSMA does not cover threshold electrical stimulation as a treatment of motor disorders, including but not limited to cerebral palsy, for Medicare HMO Blue and Medicare PPO Blue members in accordance with CMS NCD.

National Coverage Determination (NCD) for Treatment of Motor Function Disorders with Electric Nerve Stimulation (160.2)


Prior Authorization Information

Pre-service approval is required for all inpatient services for all products. See below for situations where prior authorization may be required or may not be required for outpatient services.

Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.
N/A indicates that this service is primarily performed in an inpatient setting.
CPT Codes / HCPCS Codes / ICD Codes
Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes
There is no specific CPT code for this service.

ICD-9 Diagnosis Codes
Investigational for all diagnoses.

Description
Threshold electrical stimulation is described as the delivery of low-intensity electrical stimulation to target spastic muscles during sleep at home. The stimulation is provided by a small electrical generator, lead wires, and surface electrodes that are placed over the targeted muscles; it is not intended to cause muscle contraction. Although the mechanism of action is not understood, it is thought that low-intensity stimulation may increase muscle strength and joint mobility, leading to improved voluntary motor function. The technique has been used most extensively in children with spastic diplegia related to cerebral palsy but also in those with other motor disorders, such as spina bifida.

Summary
The studies published to date demonstrate that threshold electrical stimulation is not effective for treatment of spasticity, muscle weakness, reduced joint mobility, or motor function; therefore the treatment is considered not medically necessary.

Policy History

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Information Pertaining to All Blue Cross Blue Shield Medical Policies
Click on any of the following terms to access the relevant information:

- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
- Clinical Exception Process
- Medical Technology Assessment Guidelines
References