


MEDICAL POLICY	Functional Electrical Stimulation (All Lines of Business Except Medicare)
Effective Date: 9/1/2022  9/1/2022	Medical Policy Number: 332
	Medical Policy Committee Approved Date: 6/2022
Medical Officer	Date

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

All lines of business except Medicare

BENEFIT APPLICATION

Medicaid Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

DOCUMENTATION REQUIREMENTS

In order to determine the medical necessity of the request, the following documentation must be provided at the time of the request. Medical records to include documentation of all of the following:

- All medical records and chart notes pertinent to the request. This includes:
 - History
 - Physical examination
 - Treatment plan

POLICY CRITERIA

- I. Functional electrical stimulation (FES) may be considered **medically necessary** in members with spinal cord injury to enhance their ability to walk when all of the following is met:

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- A. Member had intact lower motor units (L1 and below), both muscle and peripheral nerve,
 - B. Member has 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,
 - C. Member demonstrates brisk muscle contraction to FES and has sensory perception electrical stimulation that is sufficient for muscle contraction,
 - D. Member possesses high motivation, commitment, and cognitive ability to use such devices for walking,
 - E. Member can transfer independently and can stand independently for at least 3 minutes,
 - F. Member can demonstrate hand and finger function to manipulate controls,
 - G. Member is at least 6 months post recovery from spinal cord injury and restorative surgery,
 - H. Member does not have hip or knee degenerative disease and has no history of long bone fracture secondary to osteoporosis, **AND**
 - I. Member is willing to use the device long-term.
- II. Functional electrical stimulation is considered **not medically necessary and not covered** when criterion I. is not met or when members have any of the following conditions:
- A. Cardiac pacemakers,
 - B. Severe scoliosis or severe osteoporosis,
 - C. Skin disease or cancer at area of stimulation,
 - D. Irreversible contracture, or
 - E. Autonomic dysflexia
- III. Replacement of a FES for walking may be considered **medically necessary** if the original FES met criteria I-II and is no longer under warranty and cannot be repaired.

POLICY GUIDELINES

This policy may be primarily based on the following Center for Medicare and Medicaid Services (CMS) guidances:

- NCD for Neuromuscular Electrical Stimulation (NMES) ([160.12](#))¹
- Noridian webpage for Functional Electrical Stimulation (FES) - Coverage and HCPCS Coding – Revised ([Link](#))²

BILLING GUIDELINES

Code A4595 for electrical stimulator supplies has a limit of 2 units per month.

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CPT/HCPCS CODES

All Lines of Business Except Medicare	
Prior Authorization Required	
E0764	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified
A4595	Electrical stimulator supplies, 2 lead, per month, (e.g., tens, nmes)

DESCRIPTION

Functional Electrical Stimulation (FES)

Functional electrical stimulation is a technique that uses electrical impulses to activate paralyzed or weak muscles in precise sequence. The FES device transmits these electrical impulses via surface electrodes in the same manner as neuromuscular electrical stimulation (NMES). For example, through selective and sequential stimulation of various lower extremity muscle groups, FES can enable spinal cord injured (SCI) patients to walk.

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days’ notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously

considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

MEDICAL POLICY CROSS REFERENCES

- Electrical Stimulation: Non-covered Therapies (All Lines of Business Except Medicare)

REFERENCES

1. Centers for Medicare & Medicaid Services. Neuromuscular Electrical Stimulation (NMES). Effective 10/1/2006. <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=175>. Accessed 5/10/2022.
2. Noridian Healthcare Solutions. Functional Electrical Stimulation (FES) - Coverage and HCPCS Coding - Revised. <https://med.noridianmedicare.com/web/jddme/policies/dmd-articles/2019/fes-coverage-and-hcpcs-coding-revised>. Published 2019. Accessed 5/10/2022.