



MASSACHUSETTS

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Medical Policy

Threshold Electrical Stimulation as a Treatment of Motor Disorders

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Policy Number: 321

BCBSA Reference Number: 1.01.19A (For Plan internal use only)

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**.

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	This is not a covered service.
Commercial PPO and Indemnity	This is not a covered service.

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.

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

Date	Action
9/2022	Annual policy review. Policy updated with literature review through September 2022. No references added. Policy statements unchanged.
1/2021	Medicare information removed. See MP #132 Medicare Advantage Management for local coverage determination and national coverage determination reference.
2/2020	Policy updated with literature review through February 1, 2020, no references added. Policy statements unchanged.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
6/2011	Reviewed 6/2011 MPG – Orthopedics, Rehabilitation and Rheumatology. No changes to policy statements.
5/1/2011	New policy effective 5/1/2011 describing ongoing non-coverage.

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

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4. Fehlings DL, Kirsch S, McComas A et al. Evaluation of therapeutic electrical stimulation to improve muscle strength and function in children with types II/III spinal muscular atrophy. *Dev Med Child Neurol* 2002; 44(11):741-4.
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