BlueCross BlueShield of Vermont

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Neuromuscular Electrical Stimulator (NMES) Corporate Medical Policy

File Name: Neuromuscular Electrical Stimulator (NMES)
File Code: 8.03.VT01
Origination: 06/01/2007
Last Review: 10/2026
Next Review: 10/2027
Effective Date: 02/01/2027

Description/Summary

Neuromuscular electrical stimulators (NMES) are divided into two broad categories: *therapeutic* and *functional*. Therapeutic electrical stimulation strengthens muscles weakened by disuse while functional electrical stimulation attempts to replace destroyed nerve pathways by electrical stimulation to the muscle in order to assist a functional movement.

Functional neuromuscular electrical stimulation (NMES) involves the use of an orthotic device with microprocessor-controlled electrical muscular stimulation. These devices are being developed to restore function to patients with damaged or destroyed nerve pathways (e.g., spinal cord injury, stroke, multiple sclerosis, cerebral palsy).

Policy

Coding Information

Click the links below for attachments, coding tables & instructions.
Attachment I – Coding Table & Instructions

When a service may be considered medically necessary

Therapeutic NMES devices may be considered **medically necessary** for the treatment of adequately documented disuse atrophy when the nerve supply to the muscle is intact and results from listed conditions in which clinical improvement may be expected.

When requesting prior authorization for the use of NMES in disuse atrophy, the medical record must show supporting documentation of the member's diagnosis of disuse atrophy (based on physical exam) and electromyography (EMG) as a result of one of the following:

- Recent hip surgery until the patient begins physical therapy, or
- Prolonged (greater than 12 weeks) casting or splinting of a joint, or
- Contractures as a result of scarring of soft tissue from burns.

- Treatment to improve wrist and finger function and prevent or correct shoulder subluxation in persons with partial paralysis following stroke.

When a service is considered investigational

Neuromuscular stimulation is considered **investigational** as a technique to restore function following nerve damage or nerve injury, including but not limited to the following situations:

- To provide upper-extremity function in patients with nerve damage (e.g., spinal cord injury or post stroke)
- To improve ambulation in patients with foot drop caused by congenital disorders (e.g., cerebral palsy) or nerve damage (e.g., poststroke, or in those with multiple sclerosis)
- As a technique to provide ambulation in patients with spinal cord injury
- Use of exercycles that use functional electrical stimulation technology as a means of physical therapy and exercise for patients with spinal cord injury.

Reference Resources

1. BCBSA Policy 7.01.29 - Percutaneous Electrical Nerve Stimulation, Percutaneous Neuromodulation Therapy, and Restorative Neurostimulation Therapy. Last Reviewed April, 2026. Accessed August, 2026.
2. BCBSA Policy 8.03.01 – Functional Neuromuscular Electrical Stimulation. Last Reviewed April, 2026, Accessed August, 2026.
3. Nussbaum EL, Houghton P, Anthony J, Rennie S, Shay BL, Hoens AM. Neuromuscular Electrical Stimulation for Treatment of Muscle Impairment: Critical Review and Recommendations for Clinical Practice. Physiother Can. 2017;69(5):1-76. doi:10.3138/ptc.2015-88

Related Policies

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

Physical Therapy/Medicine

Document Precedence

Blue Cross and Blue Shield of Vermont (Blue Cross VT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language, or employer's benefit plan if an ASO group, determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, Blue Cross VT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract/employer benefit plan language, the member's contract/employer benefit plan language takes precedence.

Audit Information

Blue Cross VT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies

instances of non-compliance with this medical policy, Blue Cross VT reserves the right to recoup all non-compliant payments.

Administrative and Contractual Guidance

Benefit Determination Guidance

Prior approval is required and benefits are subject to all terms, limitations and conditions of the subscriber contract.

Incomplete authorization requests may result in a delay of decision pending submission of missing information. To be considered compete, see policy guidelines above.

NEHP/ABNE members may have different benefits for services listed in this policy. To confirm benefits, please contact the customer service department at the member's health plan.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits prior to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Coverage varies according to the member's group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through an Administrative Services Only (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member's employer benefit plan documents or contact the customer service department. Language in the employer benefit plan documents takes precedence over medical policy when there is a conflict.

Policy Implementation/Update information

05/2007	Reviewed by the CAC
01/2008	Annual review. No changes made. Reviewed by the CAC 05/2008
11/2011	Updated and transferred to new format. Criteria for medically necessary use updated. New language concerning use for cerebral palsy as investigational. Clarification as to the difference between functional and therapeutic uses of NMES. References updated. Coding table updated to include new CPT codes for 2012. CPT and HCPSC investigational codes designations added to coding table.
01/2013	Description section updated to include FDA approved systems. New Investigational wording added. Codes updated, some codes moved to investigational (formally required PA). Approved by both the Medical Policy and Medical Policy and Provider Committees. Medical/ Clinical Coder reviewed. RLJ
11/2017	Reviewed BCBSA MPRM 8.03.01 no changes in policy

	statement. Removed CPT® code 64577 code deleted 01.01.2012. Removed CPT® code 95973 deleted 01/01/2016.
06/2018	Reviewed BCBSA MPRM 8.03.01 no changes in policy statement. Removed CPT code 64577 from PA list and medical policy -code deleted 01.01.2012. Deleted 95973 01/01/2016
06/2019	Update references and added language around Exercycles.
10/2020	Policy reviewed. References updated. No changes to policy statements. Code 95970 changed from investigational to requiring prior approval. Codes 0282T, 0283T, 0284T, 0285T deleted.
05/2021	Policy reviewed. References updated. No changes to policy statements.
05/2022	Policy reviewed. References updated. No changes to policy statements. Codes 64580 & 64581 descriptors revised effective 01/01/2022 Adaptive Maintenance Cycle.
03/2023	Adaptive Maintenance Effective 04/01/2023: Added A4560 as investigational to coding table.
05/2024	Policy Reviewed. Updated and added references. No change to policy statements.
06/2025	Policy Reviewed. Updated references. No change to policy statements.
10/2026	Policy Reviewed. Updated references. No change to policy statements. Removal of non-applicable codes from coding table: 63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688, 64580, 64581, 95970, 95971, L8680, L8681, L8682, L8683, L8685, L8686, L8687, L8688, L8689, 64575, 64585, A4560, E0744.

Eligible providers

Qualified healthcare professionals practicing within the scope of their license(s).

Approved by Blue Cross VT Medical Directors

Tom Weigel, MD, MBA
Vice President and Chief Medical Officer

Attachment I
Coding Table & Instructions

Code Type	Number	Brief Description	Policy Instructions
The following codes will be considered as medically necessary when applicable criteria have been met.			
HCPCS	A4595	Electrical stimulator supplies, 2 lead, per month, (e.g., TENS, NMES)	Prior Approval Required
HCPCS	E0731	Form fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)	Prior Approval Required
HCPCS	E0745	Neuromuscular stimulator, electronic shock unit	Prior Approval Required
The following codes will be denied as Investigational			
HCPCS	E0762	Transcutaneous electrical joint stimulation device system	Investigational
HCPCS	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	Investigational
HCPCS	E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	Investigational