



## MEDICAL COVERAGE POLICY

### SERVICE: Neuromuscular Re-education

<b>Policy Number:</b>	<b>066</b>
<b>Effective Date:</b>	<b>05/01/2018</b>
<b>Last Review:</b>	<b>03/06/2018</b>
<b>Next Review Date:</b>	<b>03/06/2019</b>

#### **Important note**

Even though this policy may indicate that a particular service or supply may be considered covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Senior Care members, this policy will apply unless Medicare policies extend coverage beyond this Medical Policy & Criteria Statement. Senior Care policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website.

**SERVICE:** Neuromuscular Re-education

**PRIOR AUTHORIZATION:** Not required.

**POLICY:** Neuromuscular re-education may be considered medically necessary for patients who have documented impairment of balance, coordination, kinesthetic sense, posture, and/or proprioception as it relates to functional activities which has resulted from disease, injury or surgery.

The ultimate goals of neuromuscular re-education are to restore function and transition to home-based neuromuscular re-education activities. Once a home-based program can be appropriately performed, continuing supervised neuromuscular re-education may be considered not medically necessary.

Any treatment plan involving the use of neuromuscular re-education should ultimately result in a reduction in the patient's pain and/or an improved ability to carry out activities of daily living. The use of neuromuscular re-education beyond two to three (2-3) weeks without a clinically meaningful reduction in pain levels and/or clinical signs of functional improvement may be considered not medically necessary.

**OVERVIEW:** Neuromuscular re-education is defined as direct one-on-one supervision and instruction in the performance of exercises designed to improve and/or maintain balance, coordination, kinesthetic sense, posture, and/or proprioception for functional activities. These procedures are timed services and should be reported for each 15 minute time period performed. These procedures are part of PT/OT benefit.

**MANDATES:** There are no mandated benefits or regulatory requirements for SWHP to provide coverage for these services.



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### CODES:

**Important note:**

*CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.*

CPT Codes:	97001 - Physical therapy evaluation 97110; 97112; 97116 – Therapeutic procedure; 97530 – Therapeutic activities
CPT Not Covered:	97150 - Therapeutic procedure(s), group (2 or more individuals) 97530 - Therapeutic activities, direct (one-on-one) patient contact 97537 - Community/work reintegration training; 97799 - unlisted physical medicine/rehabilitation service or procedure
ICD10 codes	Z51.89 – Encounter for other specified aftercare
ICD9 Not covered:	299.00-299.91 pervasive developmental disorder; 314.1 hyperkinesis with developmental delay; 315.0-315.9 specific delays in development; 317-319 mental retardation; 783.42 delayed milestones
ICD10 Not covered:	F81.xx – Specific developmental disorders of scholastic skills F84.0 – Autistic disorder F90.8 – Attention-deficit hyperactivity disorder, other type F70 – F73 – Mild progressing to severe intellectual disabilities R62.0 – Delayed milestone in childhood

**CMS:** There is a CMS National Coverage Determination (NCD) for biofeedback therapy with neuromuscular applications. When the therapy is determined to be reasonable and necessary, it is covered under Medicare for muscle re-education of specific muscle groups or for treating pathological muscle abnormalities of spasticity, incapacitating muscle spasm, or weakness in cases where conventional treatments have not been successful.

### POLICY HISTORY:

Status	Date	Action
New	8/1/2010	New policy
Reviewed	10/18/2011	Reviewed.
Reviewed	10/4/2012	Reviewed.
Reviewed	5/23/2013	No changes, added ICD10 codes
Reviewed	4/24/2014	No changes.
Reviewed	4/30/2015	No changes.
Reviewed	5/12/2016	No changes.
Reviewed	4/18/2017	No changes.
Reviewed	3/06/2018	No changes.

### REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. SWHP will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to SWHP so the information can be reviewed by the Medical Coverage Policy

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Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

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