

## **NMES Coding Procedure**

### **NMES**

Neuromuscular Electrical Stimulation (NMES) is a trusted, clinically-proven, noninvasive therapy for muscle rehabilitation post injury, surgery or disease.

### **Indications for NMES**

- Muscle conditioning through either strength or endurance training
- Maintenance or increase in range of motion, including contracture reduction
- Facilitation and re-education of voluntary motor function
- Orthotic training, including substitution for traditional orthoses
- Management of acute and chronic edema
- Reduces spasticity and muscle spasms
- Reduces disuse atrophy

**Documentation** - to ensure the likelihood of reimbursement, justification of medical necessity for NMES must be substantiated; the following documents should be provided:

- Letter of Medical Necessity (prescription, diagnosis codes, ABN etc.)
- Treatment Records should include (if applicable):
  1. Therapy History – including records relative to treatment
  2. Presenting Symptoms and Complaints
  3. Diagnosis of Condition(s)
  4. Lab Test Results
  5. X-Rays/MRIs
  6. Patient Follow-Up Progress (i.e., successful use, compliance, etc.)
  7. Recommended Plan of Care
  8. Indication of Intact Nerve Supply

Please contact Criterion if any of the above forms are required. A Criterion Representative will contact you directly if additional information regarding claims submission is required.

See Following Page for NMES Codes

## NMES Codes

<b>NMES</b>	<b>ICD-9 Code</b>
<b>Unit</b>	
NMES Unit	E0745
<b>**see following page for other applicable codes</b>	
<b>Conditions - Neck and Back</b>	
Brachial Neuritis	723.4
Cervical Disc Degeneration	722.4
Cervical Disc Displacement	722
Cervical Disc Displacement with Myelopathy	722.71
Cervical Spinal Stenosis	723
Cervical Spondylosis	721
Cervicalgia	723.1
Disc Degeneration	722.6
Disc Displacement NOS Cervical	722.91
Intervertebral Disc Displacement	722.2
Lumbago	724.2
Lumbar Disc Displacement	722.1
Lumbar/Lumbosacral Disc Degeneration	722.52
Lumbosacral Neuritis	724.4
Lumbosacral Spondylosis	721.3
Myalgia/Myositis	729.1
Neuralgia/Neuritis	729.2
Sciatic	724.3
Spinal Enthesopathy	721.1
Spinal Stenosis/Lumbar	724.02
Sprain/Lumbar Region	847.2
Sprain/Thoracic Region	847.1
<b>Conditions - Upper Extremity</b>	
Sprain/ Rotator Cuff	840.4
Sprain/Supraspinatus	840.6
<b>Conditions - Lower Extremity</b>	
Local Osteoarthritis/Leg	715.16
Osteoarthritis/Leg	715.96
Chondromalacia Patella	717.7
Sprain/Cruciate Ligament (Knee)	844.2
<b>Other Conditions</b>	
Bell's Palsy	351
Muscle Disuse Atrophy	728.2
Muscle Spasm	728.85
Muscle Weakness	728.87
Muscle/Ligament DIS NEC	728.9
Paraplegia NOS	344.1
Spinal Cord Injury	952.9
Stroke CVA	436
Joint Replacement Knee	V43.65
Post Surgical State	V45.89

### **Other Applicable Billing Codes:**

- **97002** – Physical therapy re-evaluation
- **64550** – Application of surface (Transcutaneous) Neurostimulator – TENS / NMES. This is commonly referred to as “fitting”. This is when you instruct the patient as to where to place electrodes (box in area of treatment) and inform them of warnings, etc.
- **97032** – Application of a modality to one or more areas; **electrical stimulation** (manual), each 8-20 minutes (per area) [Modality used to apply electrical current to a specific area. Attended electrical stimulation is also referred to as manual stimulation. Attended stimulation calls for the application of stimulation for shorter or more specific time frames and at varying degrees of current.] *Example: If patient has two areas of pain (i.e. cervical and lumbar) you would spend 8-20 minutes on each area and bill for your time spent on each area.*
- **97014** – Electrical stimulation (unattended) – (one or more areas) [The application of electrical stimulation to specific areas. The term unattended means that the patient is positioned and the appropriate type of stimulation is applied to an area, over a specific time period. Nerve and muscle stimulation can be useful in any disorder in which the patient has lost or never had adequate voluntary control over skeletal muscle. Until such time as the patient achieves useful control, it is most helpful to use this type of stimulation along with other interventions such as passive exercise. *Example: If patient has two areas of pain (i.e. cervical and lumbar) you would spend 8-20 minutes on each area and bill for your time spent on each area.*

*Criterion has compiled all applicable coding information regarding Criterion Products for your convenience. The provider is responsible for determining coverage, submitting appropriate codes, modifiers and charges for the services rendered. The clinician must use independent judgment when deciding which codes most accurately describe the products and/or services provided.*

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