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Area	Medical Policy
Lines Of Business	All Lines of Business

Neuromuscular Stimulation for Scoliosis

PURPOSE:

This policy addresses coverage limitations regarding neuromuscular electrical stimulation (NMES) in treatment for Scoliosis.

For any item to be covered by The Health Plan, it must:

A. Be eligible for a defined Medicare or The Health Plan benefit category; and

B. Be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member; and

C. Meet all other applicable Medicare and/or The Health Plan statutory and regulatory requirements; and

D. The supplier must receive a written, signed, and dated order before a claim is submitted to The Health Plan; and

E. The treating practitioner must provide thorough documentation to substantiate the medical necessity and appropriate use of the device.

For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity. *Please refer to individual product lines certificates of coverage for possible exclusions of benefit.*

Suppliers are to follow The Health Plan requirements for precertification, as applicable.

DESCRIPTION:

Neuromuscular electrical stimulation (NMES) involves the use of a device which transmits an electrical impulse to the skin over selected muscle groups by way of electrodes. There are two broad categories of NMES. One type of device stimulates the muscle when the patient is in a resting state, in order to treat muscle

atrophy. The second type is used to enhance functional activity of neurologically impaired patients.

NON-COVERAGE STATEMENT:

The Health Plan complies with all Medicare National Coverage Determinations (NCD's), applicable Local Coverage Determinations (LCD's), and WV Bureau for Medical Services guidelines for all therapies, items, services, and/or procedures that are covered benefits under Medicare or Medicaid. If the coverage criteria in this policy conflicts with any NCD's, relevant LCD, or WV BMS guidelines, the relevant document controls the application of services regardless of the version of the NCD. LCD, or BMS guideline listed in the reference section.

Neuromuscular electrical stimulation (NMES) for the treatment of scoliosis is not covered for all lines of business, Medicare, Medicaid, WV Public Employees Insurance Agency (PEIA), Commercial, and Self-Funded plans, as they are considered experimental and investigational. There is limited evidence in the published peer- reviewed scientific medical literature to demonstrate safety and efficacy of neuromuscular stimulator for scoliosis in the home setting.

CODING GUIDELINES:

CPT/HCPCS codes: The appearance of a code in this section does not necessarily indicate coverage.

A4595	Electrical stimulator supplies, 2 lead, per month, (e.g., TENS, NMES)
E0744	Neuromuscular stimulator for scoliosis

There are no specified diagnoses or ICD-10 codes that indicate medical necessity for a non-covered code, item, or service.

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RELATED POLICIES

Experimental and Investigational ID: 20433148

POLICY HISTORY:

New policy 08/01/2026

DISCLAIMER:

This policy is intended to serve as a guideline only and does not constitute medical advice, any guarantee of payment, plan pre-authorization, an explanation of benefits, or a contract. This policy is intended to address medical necessity guidelines that are suitable for most individuals. Each individual's unique clinical situation may warrant individual consideration based on medical records. Individual claims may be affected by other factors, including but not necessarily limited to state and federal laws
and regulations, legislative mandates, provider contract terms, and THP's professional judgment. Reimbursement for any services shall be subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification, and utilization management guidelines. Unless otherwise noted within the policy, THP's policies apply to both participating and nonparticipating providers and facilities. THP reserves the right to review and revise these policies periodically as it deems necessary in its discretion, and it is subject to change or termination at any time by THP. THP has full and final discretionary authority for its interpretation and application. Accordingly, THP may use reasonable discretion in interpreting and applying this policy to health care services provided in any particular case.

The use of specific product names is not intended to be a recommendation of a particular product. It is not intended to be a comprehensive listing of all available products.

DEVICE PROVIDED TO A MEMBER IN A PART A FACILITY:

Neuromuscular electrical stimulation (NMES) provided to a member while in a hospital, rehabilitation or skilled inpatient level of care will not be separately payable as durable medical equipment.

NOTIFICATION REQUIREMENTS:

Providers may be held financially responsible if they furnish the above items without notifying the member, verbally and in writing, that the specific service being provided is not covered. This must be done prior to the dispensing of the device. The provider should submit this information upon request.

PRICING, DATA ANALYSIS, AND CODING (PDAC):

The Health Plan has implemented use of Medicare's PDAC contractor for review of authorizations when applicable. Suppliers should contact the PDAC contractor for guidance on the correct coding of these items. dmepdac.com/

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