

## Eli's Rehab Report

### Reader Question: Neuromuscular Electrical Stimulation

**Question:** Our physiatrist wrote NMES on a superbill for a patient with disuse atrophy (728.2) after her leg came out of a cast. I cant find NMES in the listing of CPT codes, but our office manager says its similar to electrical stimulation. What is the appropriate electrical stimulation code?

Maine Subscriber

**Answer:** Neuromuscular electrical stimulation (NMES) allows a therapist or physician to hold a device over a patients skin to deliver electrical impulses to the patients muscles. This should be coded 97032 (Application of a modality to one or more areas; electrical stimulation [manual], each 15 minutes). This is classified as a constant attendance modality in CPT and, therefore, requires direct patient-to-provider contact.

Medicare Coverage Issues Manual Section 35-77 states that NMES is limited to the treatment of disuse atrophy, where nerve supply to the muscle is intact, including brain, spinal cord, and peripheral nerves, and when other non-neurological reasons for disuse are causing atrophy.

For example, it is often covered after a patients limb cast or splint is removed because the muscles have weakened. The NMES helps to jump start muscle use. It can also be used following hip replacement surgery, during the interim period before orthotic training begins. However, if a patient suffered from atrophy following a stroke (436), Medicare would not pay for NMES because stroke is a neurological cause of the atrophy.

Therapists occasionally use a form-fitting garment that delivers the NMES electricity directly to the patient. This product can be coded E0731 (Form-fitting conductive garment for delivery of TENS or NMES [with conductive fibers separated from the patients skin by layers of fabric]).