

DME MAC Jurisdiction A

Functional Electrical Stimulators - New Code ([SPE](#))

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A new HCPCS code been established for electrical stimulators, effective for claims with dates of service on or after January 1, 2009.

E0770 Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified

A functional electrical stimulator provides a current which results in the movement of a body part to accomplish a specific task - e.g., walking, grasping, etc. Products in this category can have a variety of electrical parameters such as current, voltage ranges, and waveforms.

The only products that may be billed with code E0770 are those which are listed in the DMECS Product Classification List on the Pricing, Data Analysis, and Coding Contractor (PDAC) Web site. Currently, the only products that are coded E0770 are the WalkAide device manufactured by Innovative Neurotronics and the NESS L300 device manufactured by Bioness.

Questions concerning the coding of other products should be directed to the PDAC, Noridian Administrative Services Contact Center at 877.735.1326.

The CMS IOM Pub. 100-03 National Coverage Determination (NCD) Manual, section 160.12, addresses coverage criteria for functional electrical stimulators. Coverage is limited to those devices which enhance the ability to walk and are used by spinal cord injury patients (ICD-9 diagnosis codes 806.00-806.9, 907.2, 952.00-952.9) with all of the following characteristics:

1. Persons with intact lower motor neuron units (L1 and below)(both muscle and peripheral nerve); and
2. Persons with muscle and joint stability for weight bearing in their upper and lower extremities who can demonstrate balance and control to maintain an upright support posture independently; and
3. Persons who demonstrate brisk muscle contraction to neuromuscular electrical stimulation and have sensory perception of electrical stimulation sufficient for muscle contraction; and
4. Persons who possess high motivation, commitment, and cognitive ability to use such devices for walking; and
5. Persons who can transfer independently and can demonstrate independent standing tolerance for at least 3 minutes; and
6. Person who can demonstrate hand and finger function to manipulate controls; and

7. Persons who are at least 6 months post spinal cord injury and restorative surgery; and
8. Persons with hip and knee degenerative disease and no history of long bone fracture secondary to osteoporosis; and
9. Persons who have demonstrated a willingness to use the device long term; and
10. Persons who have completed a one-on-one training program with a physical therapist which consists of at least 32 physical therapy sessions with the device over a period of 3 months. The training program must be conducted in an inpatient hospital, outpatient hospital, or outpatient rehabilitation facility.

If a patient meets all of these requirements, a KX modifier must be added to code E0770. If any requirement is not met, the KX modifier may not be added.

Claims without a covered diagnosis code and/or without a KX modifier will be denied as not medically necessary.