



An Independent Licensee of the  
Blue Cross and Blue Shield Association

**MEDICAL COVERAGE GUIDELINES**

**SECTION: Durable Medical Equipment (DME)**

**ORIGINAL EFFECTIVE DATE:**

**06/09/06**

**LAST REVIEW DATE:**

**12/04/13**

**LAST CRITERIA REVISION DATE:**

**04/06/11**

**ARCHIVE DATE:**

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## THRESHOLD ELECTRICAL STIMULATION

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Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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**Description:**

Threshold electrical stimulation (TES) is different from all other forms of electrical stimulation in that it is a low-level electrical stimulation used for long periods of time. TES is used for 8-12 hour periods of time during sleep. TES uses surface electrodes to treat motor fields, but no muscle contraction is produced. TES is thought to improve muscle growth and strength and decrease spasticity.

TES is intended to be used as an adjunct to current treatment or therapy. It has been investigated as a treatment for disuse muscle atrophy secondary to motor disorders including, *but not limited to*, cerebral palsy, spina bifida, brachial plexus and post polio syndrome.



**BlueCross  
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## **THRESHOLD ELECTRICAL STIMULATION (cont.)**

**Criteria:**

➤ Threshold electrical stimulation as a treatment of motor disorders is considered ***not medically necessary*** based upon:

1. Insufficient evidence to support improvement of the net health outcome, and
2. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

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**Resources:**

1. 1.01.19 BCBS Association Medical Policy Reference Manual. Threshold Electrical Stimulation as a Treatment of Motor Disorders. Re-issue date 11/14/2013, issue date 04/30/2000.