Empi
An Encore Company

GUIDELINES TO CPT® CODES

300PV

The 300PV system has FDA clearance to re-educate specific muscles and/or muscle groups, to relax muscle spasm, to relieve pain, and to increase local circulation. Although insurance plans do cover NMES, clinicians can increase the likelihood of reimbursement by ensuring the patient's medical record contains certain pieces of documentation. Among these items are a description of the condition(s) that justify medical necessity for a NMES device. Many payors request that a Letter of Medical Necessity be completed by the treating physician. An Empi Representative will contact you directly if documentation for claim submission is required.

The following documentation is recommended:

- A diagnosis that describes the patient's condition (examples include: disuse atrophy, muscle spasm or pain)
- A description of the patient's plan of care including applicable surgical procedure(s)
- A note describing history of therapy (i.e. exercises, stretching etc.)
- A note describing the patient's successful use of the NMES device
- Follow-up office visit notes documenting the patient's benefit from the device (i.e. increased function, improved range of motion, increased activity level, etc.)
- Documentation of an intact nerve supply

Code	Description
64550	Application of surface (transcutaneous) (Neurostimulator)
G0283	Electrical Stimulation (unattended) to one or more areas for indications other than wound care, as part of a therapy plan of care
**97014	Application of modality; electrical stimulation (unattended) - Not valid for Medicare use - see G0283
97032	Application of a modality one or more areas; Constant attendance electrical stimulation (each 15 minutes)

** Not billable through Medicare (refer to G0283)

CCI EDITS for NMES

97032

64550 Application of surface (transcutaneous) (Neurostimulator)
97002 - PT reevaluation

The Correct Coding Initiative (CCI) was developed by the Centers for Medicare & Medicaid Services (CMS) to prevent payments from being made due to inappropriate HCPCS (HealthcareCommon Procedure Coding System)code assignment.

2 Ingenix (2004), HCPCS Level II, 2005 Expert. Salt Lake City, St. Anthony Publishing/Medicode.
3 The National Medicare allowable is determined by multiplying the physician fee schedule conversion factor [for year 2005, $37.89750 by the total non-facility RVU. 69 Fed Reg (November 15, 2004)]