1. Purpose
   The purpose of this policy is to establish criteria for the medical necessity of neuromuscular re-education.

2. Definition
   Neuromuscular re-education is defined as direct one-on-one supervision and instruction in the performance of exercises designed to improve and/or maintain balance, coordination, kinesthetic sense, posture, and/or proprioception for functional activities. These procedures are timed services and should be reported for each 15 minute time period performed.

3. Statement of Policy
   3.1. The determination of medical necessity for the use of neuromuscular re-education exercises is always made on a case-by-case basis.

   3.2. Neuromuscular re-education may be considered medically necessary for a patient who has documented impairment of balance, coordination, kinesthetic sense, posture, and/or proprioception as it relates to functional activities which has resulted from disease, injury or surgery.

   3.3. The ultimate goals of neuromuscular re-education are to restore function and transition to home-based neuromuscular re-education activities. Once a home-based program can be appropriately performed, continuing supervised neuromuscular re-education may be considered not medically necessary.

   3.4. Any treatment plan involving the use of neuromuscular re-education should ultimately result in a reduction in the patient’s pain and/or an improved ability to carry out activities of daily living. The use of neuromuscular re-education beyond two to three (2-3) weeks without a clinically meaningful reduction in pain levels and/or clinical signs of functional improvement may be considered not medically necessary.

4. References
   4.1. Scientific:

   The following scientific references were utilized in the formulation of this medical policy. Triad Healthcare, Inc. will continue to review clinical evidence surrounding neuromuscular re-education and may modify this policy at a later date based upon the
evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to Triad Healthcare, Inc. so the information can be reviewed by the Academic Advisory Committee (AAC) and the Medical Quality Improvement Committee (MQIC) to determine if a modification of the policy is in order.

- American Chiropractic Association (ACA) Council on Chiropractic Physiological Therapeutics and Rehabilitation. Physiotherapy and rehabilitation guidelines for the chiropractic profession.
Clark VM and Burden AM. A 4-week wobble board exercise programme improved muscle onset latency and perceived stability in individuals with a functionally unstable ankle. Phys Ther Sport 2005;Nov;6(4).


4.2. Related Triad Medical Policies:

- TMMP 18 - Medical Necessity
- TMMP 10 - The Use of Physical Modalities and Therapeutic Procedures

5. Attachments

5.1. Provider Manual

Table of Revisions

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Modified By</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/17/2008</td>
<td>Level 1, 2, 3</td>
<td>New medical policy.</td>
</tr>
</tbody>
</table>