1. **Purpose**

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

2. **Definitions**

   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 improve balance, coordination, kinesthetic sense, posture, and/or proprioception; restore function and transition the patient to home-based neuromuscular re-education exercise program. Once a home-based exercise 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 perform age appropriate activities of daily living. The use of neuromuscular re-education beyond three (3) weeks without a clinically meaningful reduction in pain levels and/or clinical signs of functional improvement is 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.


- Clark V, Burden A. 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).


<table>
<thead>
<tr>
<th>Title/Subject:</th>
<th>TMMP 113 - NEUROMUSCULAR RE-EDUCATION</th>
</tr>
</thead>
</table>


• Malmgren-Olsson E, Branholm B. A comparison between three physiotherapy approaches with regard to health-related factors in patients with non-specific musculoskeletal disorders. *Disability and Rehabilitation*, 2002;24 (6), 308-317.


• Ross S, Guskiwicz K. Effect of coordination training with and without stochastic resonance stimulation on dynamic postural stability of subjects with functional


4.2. Related Triad Medical Policies:

- **TMMP 18 - Medical Necessity**
- **TMMP 10 - Use of Passive and Active Care**
- **TMMP 13 – Use of Adjunctive Modalities and/or Therapeutic Procedures**

### CPT Codes

This policy relates to the use of the following CPT Codes:

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description (AMA CPT Guide)</th>
</tr>
</thead>
<tbody>
<tr>
<td>97112</td>
<td>Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities</td>
</tr>
</tbody>
</table>

This list may not be all inclusive and is not intended to be used for coding/billing purposes.

### Table of Revisions

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Modified By</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/23/2014</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. §3.4. changed from “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 is considered not medically necessary” to “the use of neuromuscular re-education beyond three (3) weeks without a clinically meaningful reduction in pain levels and/or clinical signs of functional improvement is considered not medically necessary.”</td>
</tr>
<tr>
<td>06/10/2013</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. Description (AMA CPT Guide) for CPT code 97112 updated.</td>
</tr>
<tr>
<td>08/06/2012</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No change to policy text.</td>
</tr>
<tr>
<td>07/22/2011</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. §3.4. replaced &quot;carry out&quot; with ‘perform age appropriate’; changed language to read &quot;is considered not medically necessary&quot; instead of &quot;may be considered...&quot; to be consistent with other medical policies with the same §. §4.2 added reference to TMMP 13 – Use of Adjunctive Modalities and/or Therapeutic Procedures Removed §§5, Attachments and §§5.1 Provider Manual as the provider manual has been re-written administratively. Added CPT Code table.</td>
</tr>
<tr>
<td>08/09/2010</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No change.</td>
</tr>
<tr>
<td>08/04/2009</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. §3.3 text changed from “the ultimate goals of neuromuscular re-education are to restore function and transition to home-based neuromuscular re-education activities. Once a home-</td>
</tr>
<tr>
<td>Revision Date</td>
<td>Modified By</td>
<td>Description</td>
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<tr>
<td>08/17/2008</td>
<td>Level 1, 2, 3</td>
<td>New medical policy.</td>
</tr>
</tbody>
</table>

Based program can be appropriately performed, continuing supervised neuromuscular re-education may be considered **not medically necessary** to “the ultimate goals of neuromuscular re-education are to improve balance, coordination, kinesthetic sense, posture, and/or proprioception; restore function and transition the patient to home-based neuromuscular re-education exercise program. Once a home-based exercise program can be appropriately performed, continuing supervised neuromuscular re-education may be considered **not medically necessary**.”

*Triad’s Medical Policies are not recommendations for treatment and providers are expected to exercise their clinical judgment in providing the most appropriate care. Health care providers and patients should not rely on these Medical Policies in making health care decisions. These Medical Policies are guidelines and do not constitute an authorization, certification, explanation of benefits or guarantee of payment. Applications of Triad’s Medical Policies are determined by the enrollee’s benefit documents and contracts and as such individual benefits must be verified. Determinations of medical necessity apply only if the benefit exists and no contract exclusions are applicable. In the event of a conflict, a participant’s benefit plan document shall supersede the information contained in Triad’s Medical Policies.*