**Medical Policy:** Electrical Stimulation for the Treatment of Bell’s Palsy

**Department:** Health Services

**Lines of Business:** EHP, USFHP, PPMCO, ADVANTAGE MD

**Effective Date:** 03/15/2012

**Review Dates:** 09/08/08, 08/23/11 05/29/12, 09/05/14, 12/02/16

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**SCOPE:**

This policy addresses the use of electrical stimulation for the treatment of Bell’s Palsy.

**POLICY:**


For Advantage MD, see [Medicare Coverage Database](#):

National Coverage Determination (NCD) for Neuromuscular Electrical Stimulation (NMES) (160.12)

National Coverage Determination (NCD) for Electrotherapy for Treatment of Facial Nerve Paralysis (Bell's Palsy) (160.15)
I. Unless specific benefits are provided under the member’s contract, JHHC considers Electrical Stimulation for the treatment of Bell’s Palsy experimental and investigational for all other indications, as it does not meet Technology Evaluation Criteria (TEC) #2-5.

BACKGROUND:

Bell’s Palsy may be defined as an acute peripheral facial nerve palsy of unknown cause. The unilateral paralysis of the face can occur either slowly or more acutely. This is related to involvement of the geniculate ganglion of the facial nerve (seventh cranial nerve) which innervates the muscles of the face.

According to the National Institute of Neurological Disorders and Stroke, when Bell’s Palsy occurs, the function of the facial nerve is interrupted, causing an interruption in the messages the brain sends to the facial muscles. This interruption results in facial weakness or paralysis (NIH, 2016). The paralysis may dissipate completely, partially, or not at all. Difficulty with eye closure, tearing, taste, muscle movement, eating, and speech are common in patients with Bell’s Palsy.

Electrical Stimulation of the facial muscles has been investigated as a treatment option. There are varying opinions on the effectiveness of electrical stimulation for the treatment of Bell’s Palsy. In one study, it was reported that patients who received electrical stimulation saw improvement in facial moments compared to the control group (Tuncay, 2015). On the contrary, researchers involved in a separate study concluded that while electrical stimulation is safe, it may not add value to the recovery process (Goldie, 2016).

Overall, there is a lack of controlled trials focusing on Electrical Stimulation in the treatment of Bell’s Palsy. As a result, there is an inadequate amount of data on the safety and efficacy of Electrical Stimulation, and therefore not recommended.

CODING INFORMATION:

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Note: The following CPT/HCPCS codes are included below for informational purposes. Inclusion or exclusion of a CPT/HCPCS code(s) below does not signify or imply member coverage or provider reimbursement. The member’s specific benefit plan determines coverage and referral requirements. All inpatient admissions require pre-authorization._
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### NOT COVERED FOR THIS INDICATION

Compliance with the provision in this policy may be monitored and addressed through post payment data analysis and/or medical review audits.

<table>
<thead>
<tr>
<th>Employer Health Programs (EHP)</th>
<th>Priority Partners (PPMCO) refer to COMAR guidelines and PPMCO SPD then apply policy criteria</th>
<th>US Family Health Plan (USFHP), TRICARE Medical Policy supersedes JHHC Medical Policy. If there is no Policy in TRICARE, apply the Medical Policy Criteria</th>
<th>Advantage MD, LCD and NCD Medical Policy supersedes JHHC Medical Policy. If there is no LCD or NCD, apply the Medical Policy Criteria</th>
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#### CPT® CODES

<table>
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<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>97014</td>
<td>Application of a modality to one or more areas; electrical stimulation (unattended)</td>
</tr>
<tr>
<td>97032</td>
<td>Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes</td>
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</table>

#### HCPCS CODES

<table>
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<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>G0283</td>
<td>Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care</td>
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#### ICD10 CODES ARE FOR INFORMATIONAL PURPOSES ONLY

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<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
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<tr>
<td>G51.0</td>
<td>Bell's palsy</td>
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#### REVENUE CODES

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<th>CODE</th>
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<tr>
<td>0420</td>
<td>Physical Therapy-General; Hospital; outpatient</td>
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**REFERENCE STATEMENT:**

Analyses of the scientific and clinical references cited below were conducted and utilized by the Johns Hopkins HealthCare LLC (JHHC) Medical Policy Team during the development and implementation of this medical policy. Per NCQA standards, the Medical Policy Team will continue to monitor and review any newly published clinical evidence and adjust the references below accordingly if deemed necessary.
REFERENCES:


<table>
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<th>JOHNS HOPKINS HEALTHCARE</th>
<th>Policy Number CMS05.06</th>
</tr>
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