

# Electrotherapy for Treatment of Facial Nerve Paralysis (Bell's Palsy) (NCD 160.15)

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[Terms and Conditions](#)

Table of Contents	Page
<a href="#">Policy Summary</a> .....	1
<a href="#">Applicable Codes</a> .....	1
<a href="#">References</a> .....	2
<a href="#">Guideline History/Revision Information</a> .....	3
<a href="#">Purpose</a> .....	3
<a href="#">Terms and Conditions</a> .....	4

## Related Medicare Advantage Coverage Summary

- [Stimulators: Electrical and Spinal Cord Stimulators](#)

## Policy Summary

[See Purpose](#)

### Overview

Electrotherapy for the treatment of facial nerve paralysis, commonly known as Bell's Palsy, is the application of electrical stimulation to affected facial muscles to provide muscle innervation with the intention of preventing muscle degeneration. A device that generates an electrical current with controlled intensity, frequency, wave form and type (faradic or galvanic) is used in combination with a pad electrode and a hand applicator electrode to provide electrical stimulation.

### Guidelines

Electrotherapy for the treatment of facial nerve paralysis, commonly known as Bell's Palsy, is not covered under Medicare because its clinical effectiveness has not been established.

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes

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HCPCS Code	Description
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care

Diagnosis Code	Description
G51.0	Bell's palsy

## References

### CMS National Coverage Determinations (NCDs)

[NCD 160.15 Electrotherapy for Treatment of Facial Nerve Paralysis \(Bell's Palsy\)](#)

### CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
<a href="#">L33631 Outpatient Physical and Occupational Therapy Services</a>	<a href="#">A56566 Billing and Coding: Outpatient Physical and Occupational Therapy Services</a>	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
<a href="#">L33413 Therapy and Rehabilitation Services</a>	<a href="#">A57156 Billing and Coding: Therapy and Rehabilitation Services</a>	First Coast	FL, PR, VI	FL, PR, VI
<a href="#">L34049 Outpatient Physical and Occupational Therapy Services</a>	<a href="#">A57067 Billing and Coding: Outpatient Physical and Occupational Therapy Services</a>	CGS	KY, OH	KY, OH
<a href="#">L35036 Therapy and Rehabilitation Services (PT, OT)</a>	<a href="#">A57703 Billing and Coding: Therapy and Rehabilitation Services (PT, OT)</a>	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
<a href="#">L34427 Outpatient Occupational Therapy</a>	<a href="#">A53064 Billing and Coding: Outpatient Occupational Therapy</a>	Palmetto	AL, GA, NC, SC, TN, VA, WV	
<a href="#">L34428 Outpatient Physical Therapy</a>	<a href="#">A53065 Billing and Coding: Outpatient Physical Therapy</a>	Palmetto	AL, GA, NC, SC, TN, VA, WV	
<a href="#">L35456 Nerve Blockade for Treatment of Chronic Pain and Neuropathy</a>	<a href="#">A56034 Billing and Coding: Nerve Blockade for Treatment of Chronic Pain and Neuropathy</a>	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
<a href="#">L35457 Nerve Blockade for Treatment of Chronic Pain and Neuropathy</a>	<a href="#">A52725 Billing and Coding: Nerve Blockade for Treatment of Chronic Pain and Neuropathy</a>	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
<a href="#">L37642 Nerve Blocks and Electrostimulation for Peripheral Neuropathy</a>	<a href="#">A56731 Billing and Coding: Nerve Blocks and Electrostimulation for Peripheral Neuropathy</a>	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
<a href="#">L35222 Nerve Blocks for Peripheral Neuropathy</a>	<a href="#">A57589 Billing and Coding: Nerve Blocks for Peripheral Neuropathy</a>	WPS	AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY	IA, KS, MO, NE

LCD	Article	Contractor	HHH MAC
<a href="#">L33942 Physical Therapy- Home Health</a>	<a href="#">A57311 Billing and Coding: Physical Therapy- Home Health</a>	CGS	CO, DC, DE, IA, KS, MD, MO, MT, ND, NE, PA, SD, UT, VA, WV, WY
<a href="#">L34560 Home Health Occupational Therapy</a>	<a href="#">A53057 Billing and Coding: Home Health Occupational Therapy</a>	Palmetto	AL, AR, FL, GA, IL, IN, KY, LA, MS, NC, NM, OH, OK, SC, TN, TX

## CMS Claims Processing Manual

[Chapter 5; §§ 10-30 Part B Outpatient Rehabilitation and CORF/OPT Services](#)

[Chapter 15; § 220 Coverage of Outpatient Rehabilitation Therapy Services \(Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services\) Under Medical Insurance and § 230 Practice of Physical Therapy, Occupational Therapy, and Speech-Language Pathology](#)

## CMS Transmittal(s)

[Transmittal 4214, Change Request 11120, Dated 01/25/2019, Updates to Reflect Removal of Functional Reporting Requirements and Therapy Provisions of the Bipartisan Budget Act of 2018](#)

[Transmittal 4440, Change Request 11362, Dated 11/01/2019, New Modifiers to Identify Occupational Therapy \(OT\) and Physical Therapy \(PT\) Services Provided by a Therapy Assistant](#)

## UnitedHealthcare Commercial Policy

[Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation](#)

## Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	<b>Template Update</b> <ul style="list-style-type: none"> <li>Reformatted policy; transferred content to new template</li> </ul>
03/10/2021	<b>Supporting Information</b> <ul style="list-style-type: none"> <li>Updated <i>References</i> section to reflect the most current information; no change to guidelines</li> <li>Archived previous policy version MPG093.06</li> </ul>

## Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

## Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document\* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

\*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).