Medical Coverage Policy | Constraint-Induced Movement Therapy

EFFECTIVE DATE: 03|16|2010
POLICY LAST UPDATED: 04|16|2019

OVERVIEW
Constraint-induced movement therapy (CIMT), also known as forced use movement therapy, is a form of intensive physical therapy aimed at reorganizing and reprogramming the brain after a stroke, traumatic brain injury, spinal cord damage, or neuromotor disorder.

MEDICAL CRITERIA
Not applicable

PRIOR AUTHORIZATION
Not applicable

POLICY STATEMENT
BlueCHiP for Medicare
Constraint-induced movement therapy is not covered for any indication, as there is insufficient peer-reviewed scientific literature that demonstrates that the service is effective.

Commercial Products
Constraint-induced movement therapy is considered not medically necessary for any indication, as there is insufficient peer-reviewed scientific literature that demonstrates that the service is effective.

COVERAGE
Benefits may vary between groups/contracts. Please refer to the appropriate section of the Benefit Booklet, Evidence of Coverage or Subscriber Agreement for services not medically necessary.

BACKGROUND
Constraint-induced movement therapy (CIMT), also known as forced use movement therapy, is a form of intensive physical therapy aimed at reorganizing and reprogramming the brain after a stroke, traumatic brain injury, spinal cord damage, or neuromotor disorder.

CIMT developed out of behavioral research on the phenomenon of "learned nonuse" of an upper extremity, commonly observed following sensory and/or motor central nervous system (CNS) injury, in which failure to regain use persists even after a period of partial recovery. CIMT includes three key elements: (1) constraining the use of the less-impaired upper extremity (UE); (2) intensive, repetitive daily therapist-directed practice of motor movements with the impaired UE for an extended period (2-3 weeks); and (3) shaping of more complex action patterns through a process of rewarding successive approximations to the target action.

Numerous case studies, as well as a small number of randomized or controlled clinical trials have reported substantial gains in functional use of the hemiplegic UE following CIMT with children. Protocols vary widely in terms of type of constraint used, intensity and duration of training, and outcome measures.

High-quality research is required to sufficiently support the use of CIMT on patients following a stroke, traumatic brain injury, or spinal cord injury. Because the methods and outcomes used are inconsistent among clinical trials, it has not been proven which techniques, if any, are clinically useful. Further studies are needed to find out the optimal treatment protocols for CIMT.

CODING

BlueCHiP for Medicare and Commercial Products

There are no specific codes for this service. To report, use the unlisted physical medicine code:
97799

Please Note: It is incorrect to file this service with other or Physical Medicine and Rehabilitation codes.

RELATED POLICIES

None

PUBLISHED

Provider Update, June 2019
Provider Update, April 2018
Provider Update, May 2017
Provider Update, April 2016
Provider Update, July 2015
Provider Update, October 2014
Provider Update, June 2013
Provider Update, April 2012

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