Medical Coverage Policy | Constraint-Induced Movement Therapy

EFFECTIVE DATE: 03|16|2010
POLICY LAST REVIEWED: 07|01|2026

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
Medicare Advantage Plans
Constraint-induced movement therapy is not covered for any indication, as the evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Commercial Products
Constraint-induced movement therapy is considered not medically necessary for any indication, as the evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

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

Medicare Advantage and Commercial Products

There are no specific code(s) for this service. To report, use the unlisted physical medicine code:

97799 Unlisted physical medicine/rehabilitation service or procedure

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

RELATED POLICIES

Unlisted Procedures

PUBLISHE

Provider Update, September 2026
Provider Update, May 2025
Provider Update, May 2024
Provider Update, May 2023
Provider Update, May 2022

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