



**BlueCross BlueShield
of Illinois**

Blue Cross and Blue Shield of Illinois Provider Manual

HMO Scope of Benefits Section

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association

Neuromuscular Stimulation for Scoliosis

Benefit

The use of surface neuromuscular stimulation in the treatment of scoliosis is a covered benefit if the PCP determines medical necessity.

Interpretation

Neuromuscular stimulation is used to halt or reverse spinal curvature in idiopathic scoliosis. Surface stimulation using FDA approved single channel device for progressive scoliosis in pediatric and adolescent members with at least 15 degrees curvature is accepted medical practice.

Paid by	Equipment Charges	HMO
	Professional Charges	IPA

Confidential and Proprietary