

Physical Medicine & Rehabilitation: Supervised Modalities Policy					
Policy Number	2017R0073A	Annual Approval Date	3/9/2016	Approved By	Payment Policy Oversight Committee

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may 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.*

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, the enrollee's benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

UnitedHealthcare uses a customized version of the Optum Claims Editing System known as iCES Clearinghouse to process claims in accordance with UnitedHealthcare reimbursement policies.

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Application
This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.
Policy
Overview
CPT codes 97010 and 97014 describe Physical Medicine and Rehabilitation modalities that do not require direct (one-on-one) patient contact by the provider.
Reimbursement Guidelines

Consistent with the Centers for Medicare and Medicaid Services (CMS), UnitedHealthcare will not reimburse CPT codes 97010 or 97014. Reimbursement for 97010 is included in the payment for other services. Physicians and other healthcare professionals reporting services for unattended electrical stimulation should submit the appropriate HCPCS code (G0281, G0282 or G0283) which best describes the service being rendered. Consistent with CMS, 97014 will not be considered for reimbursement.

Please refer to Medical Policy [Electrical Stimulation and Electromagnetic Therapy for Wounds](#) for information related to electrical stimulation wound therapy.

Questions and Answers

1	<p>Q: Does this policy affect only chiropractors and physical therapists?</p> <p>A: No, this reimbursement policy applies to all participating and non-participating physicians and non-physician specialists. Facility claims, however, will not be affected.</p>
2	<p>Q: Does this policy mean I will not be reimbursed for hot and cold packs and unattended electrical stimulation?</p> <p>A: In accordance with CMS' national coding policy, UnitedHealthcare will not separately reimburse hot and cold pack treatment as this treatment is considered included in the payment of other services. Unattended electrical stimulation should be reported with the appropriate HCPCS G-code (G0281, G0282 or G0283). Unattended electrical stimulation reported with an appropriate HCPCS code will be considered for reimbursement, subject to applicable coverage documents and Medical Policies. Please refer to Medical Policy Electrical Stimulation and Electromagnetic Therapy for Wounds for information related to electrical stimulation wound therapy. CPT codes 97010 or 97014 will not be reimbursed.</p>

Codes

CPT Code Section

97010	Application of a modality to 1 or more areas; hot or cold packs
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)

HCPCS Code Section

G0281	Electrical stimulation, (unattended), to one or more areas, for chronic stage iii and stage iv pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care
G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care

Resources

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

History	
1/1/2017	Annual Policy Version Change History Section: Entries prior to 1/1/2015 archived
3/25/2016 - 12/31/2016	Questions and Answers: Q&A #2 updated History Section
3/9/2016	Policy Approval Date Change (No new version)
1/1/2016 – 3/24/2016	Annual Policy Version Change History Section: Entries prior to 1/1/2014 archived
3/11/2015	Policy Approval Date Change (No new version)
1/1/2015 – 12/31/2015	Annual Policy Version Change Application Section: Verbiage change; no change to intent History Section: Entries prior to 1/1/2013 archived

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