DIATHERMY TREATMENT (NCD 150.5)

Guideline Number: MPG079.05  Approval Date: May 8, 2019

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POLICY SUMMARY

Overview

High energy pulsed wave diathermy machines have been found to produce some degree of therapeutic benefit for essentially the same conditions and to the same extent as standard diathermy.

Guidelines

Accordingly, where the Medicare Administrative Contractor’s medical staff has determined that the pulsed wave diathermy apparatus used is one which is considered therapeutically effective, the treatments are considered a covered service, but only for those conditions for which standard diathermy is medically indicated and only when rendered by a physician or incident to a physician’s professional services.

Cross Reference: NCD 240.3 Heat Treatment, Including the Use of Diathermy and Ultra-Sound for Pulmonary Conditions.

APPLICABLE CODES

The following list(s) of 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.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
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<tr>
<td>97024</td>
<td>Application of a modality to 1 or more areas; diathermy (e.g., microwave)</td>
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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.

Related Medicare Advantage Policy Guideline

- Heat Treatment, Including the Use of Diathermy and Ultrasound for Pulmonary Conditions (NCD 240.3)

Related Medicare Advantage Reimbursement Policy

- Multiple Procedure Payment Reduction (MPPR) for Therapy Services Policy

Related Medicare Advantage Coverage Summaries

- Rehabilitation: Medical Rehabilitation (OT, PT and ST, including Cognitive Rehabilitation)
- Respiratory Therapy, Pulmonary Rehabilitation and Pulmonary Services
UnitedHealthcare follows Medicare guidelines such as LCDs, NCDs, 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.

**REFERENCES**

**CMS National Coverage Determinations (NCDs)**

**NCD 150.5 Diathermy Treatment**
Reference NCD: **NCD 240.3 Heat Treatment, Including the Use of Diathermy and Ultra-Sound for Pulmonary Conditions**

**CMS Local Coverage Determinations (LCDs)**

<table>
<thead>
<tr>
<th>LCD</th>
<th>Medicare Part A</th>
<th>Medicare Part B</th>
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<td>L35036 (Therapy Services (PT, OT, SLP)) Novitas</td>
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<td>L34308 (Medicine: Occupational Therapy - Outpatient) Cahaba Retired 01/28/2018</td>
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**CMS Articles**

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<td>A52400 (Outpatient Physical and Occupational Therapy Services Supplemental Instructions Article) CGS</td>
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**CMS Benefit Policy Manual**

- Chapter 7: § 40.2.2 Application of the Principles to Physical Therapy Services
- Chapter 8: § 30.4.1.2 Application of Guidelines

**CMS Transmittals**

- Transmittal 826, Change Request 7050, Dated 12/21/2010 (Multiple Procedure Payment Reduction (MPPR) for Selected Therapy Services)

**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.

<table>
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<tr>
<th>Date</th>
<th>Action/Description</th>
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<tr>
<td>05/08/2019</td>
<td>• Annual review</td>
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**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.

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*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.