

Diathermy Treatment (NCD 150.5)

Guideline Number: MPG079.06
Approval Date: December 9, 2020

[↪ Terms and Conditions](#)

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| <p>Related Medicare Advantage Reimbursement Policy</p> <ul style="list-style-type: none"> • Multiple Procedure Payment Reduction (MPPR) for Therapy Services Policy |
| <p>Related Medicare Advantage Coverage Summaries</p> <ul style="list-style-type: none"> • Rehabilitation: Medical Rehabilitation (OT, PT and ST, including Cognitive Rehabilitation) • Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid |

Policy Summary

[↪ See Purpose](#)

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 procedure and/or diagnosis 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.

CPT Code	Description
97024	Application of a modality to 1 or more areas; diathermy (e.g., microwave)

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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) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L34427 Outpatient Occupational Therapy	A53064 Billing and Coding: Outpatient Occupational Therapy	Palmetto	AL, GA, TN, NC, SC, VA, WV	
L34049 Outpatient Physical and Occupational Therapy Services	A57067 Billing and Coding: Outpatient Physical and Occupational Therapy Services	CGS	KY, OH	KY, OH
L33631 Outpatient Physical and Occupational Therapy Services	A56566 Billing and Coding: Outpatient Physical and Occupational Therapy Services	NGS	CT, IL, MA, ME, MN, NH, NY (Entire State), RI, VT, WI	CT, IL, MA, ME, MN, NH, NY (Upstate, Downstate, Queens) RI, VT, WI
L34428 Outpatient Physical Therapy	A53065 Billing and Coding: Outpatient Physical Therapy	Palmetto	AL, GA, TN, NC, SC, VA, WV	
L33413 Therapy and Rehabilitation Services	A57156 Billing and Coding: Therapy and Rehabilitation Services	First Coast	FL, PR, VI	FL, PR, VI
L35036 Therapy and Rehabilitation Services (PT, OT)	A57703 Billing and Coding: Therapy and Rehabilitation Services (PT, OT)	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX

LCD	Article	Contractor	HHH MAC
L34564 Home Health Physical Therapy	A53058 Billing and Coding: Home Health Physical Therapy	Palmetto	AL, AR, FL, GA, IL, IN, KY, LA, MS, NC, NM, OH, OK, SC, TN, TX
L33942 Physical Therapy - Home Health	A57311 Billing and Coding: Physical Therapy - Home Health	CGS	CO, DC, DE, IA, KS, MD, MO, MT, ND, NE, PA, SD, UT, VA, WV, WY

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](#)

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.

Date	Summary of Changes
04/01/2021	Template Update <ul style="list-style-type: none"> Reformatted policy; transferred content to new template
12/09/2020	Related Policies <ul style="list-style-type: none"> Updated list of related Medicare Advantage Coverage Summaries: <ul style="list-style-type: none"> Added reference link to the policy titled <i>Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid</i>

Date	Summary of Changes
	<ul style="list-style-type: none"> ○ Removed reference link to the policy titled <i>Respiratory Therapy, Pulmonary Rehabilitation and Pulmonary Services</i> <p>Supporting Information</p> <ul style="list-style-type: none"> ● Updated <i>References</i> section to reflect the most current information ● Archived previous policy version MPG079.05

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.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, 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.

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.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

*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](#).