

Medicare NCD Clarifications on Use of Infrared Therapy with Skilled Physical Therapy

PART B BILLING

The following question was emailed to CMS by Rick Gawenda, President on Health Policy and Administration of the American Physical Therapy Association. Rick has given us permission to use this email and suggested contacting your carrier or fiscal intermediary if you have further questions.

QUESTION: Regarding CR 5421, on page 6, it states the following:

Contractors shall deny claims with CPT 97026 (infrared therapy incident to or as a PT/OT benefit) and HCPCS E0221 or A4639, if the claim contains any of the following ICD-9 codes
<http://www.cms.hhs.gov/transmittals/downloads/R1183CP.pdf>

The confusion is did CMS mean that the contractor shall deny the entire outpatient claim if CPT code 97026 (infrared therapy, including Anodyne Therapy), is billed with any of the listed ICD-9 codes or that just CPT code 97026 would be denied and the other line items would be reimbursed assuming all other requirements are met, including the medical necessity of therapy? Thank you for your time in this matter and I look forward to your response.

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ANSWER:

Rick, The intent is to line item deny any lines containing the following:
--CPT code 97026, and/or
--HCPCS codes E0221 or A4639.

Any other lines on the claim will be processed as usual and will be paid if they meet all other requirements for coverage/payment.

CMM, Div of Institutional Claims Processing

HOME HEALTH BILLING

Clarification for Home Health from the Virginia Association of Home Care Association Newsletter (Volume XVII, April 2007, Issue 4)

The recent ruling by CMS on the reimbursement for use of infrared therapy devices has no impact on Home Health usage and reimbursement since Home Health does not separately bill for the use of modalities. Modalities (including infrared therapy devices, ultrasound, electrical stimulation, etc.) have never been covered services under Medicare if they are used as standalone services. Infrared therapy and other modalities should always be part of a physician ordered care plan that includes other medically necessary skilled interventions. If infrared therapy is used as part of a skilled therapy or nursing visit that includes other care, then that visit would still be covered under Medicare – as long as the diagnosis and assessment of the patient justifies the intervention and there is proper documentation of medical necessity. Please contact the VAHC office if you would like more information on this topic.