

Low Frequency, Non-Contact, Non-Thermal Ultrasound

Policy Number	WOU06082011RP	Approved By	UnitedHealthcare Medicare Reimbursement Policy Committee	Current Approval Date	01/22/2014
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IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

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 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 (CMS 1450). 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 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, and/or the enrollee’s benefit coverage documents. 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.

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Application	
This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.	

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The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

Summary

Overview

For the purposes of this policy, wound care is defined as care of wounds that are refractory to healing or have complicated healing cycles either because of the nature of the wound itself or because of complicating metabolic and/or physiological factors. This definition excludes management of acute wounds, the care of wounds that normally heal by primary intention such as clean, incised traumatic wounds, surgical wounds that are closed primarily and other postoperative wound care not separately payable during the surgical global period.

Medicare would expect that wound care may be necessary for the following types of wounds:

- Second- and third-degree burn wounds.
- Surgical wounds that must be left open to heal by secondary intention.
- Infected open wounds induced by trauma or surgery.
- Wounds associated with complicating autoimmune, metabolic, and vascular or pressure factors.
- Open or closed wounds complicated by necrotic tissue and eschar.

Covered chronic wound care must be performed in accordance with accepted standards for medical and surgical treatment of wounds. Eventual wound closure with or without grafts, skin replacements or other surgery (such as amputation, wound excision, etc.) should be the goal of most chronic wound care. Medicare payment for professional wound care procedures requires that all applicable adjunctive measures are also employed as part of comprehensive wound management. Such adjunctive measures include but are not limited to appropriate control of complicating factors such as pressure (i.e., off-loading, padding, appropriate footwear), infection, vascular insufficiency, metabolic derangement and/or nutritional deficiency. Wound care in the absence of such measures, when they are indicated, is not considered to be medically reasonable and necessary. With appropriate management, it is expected that, in most cases, a wound will reach a state at which its care should be performed primarily by the patient and/or the patient's caregiver with periodic physician assessment and supervision. Wound care that can be performed by the patient or the patient's caregiver will be considered to be maintenance care.

Reimbursement Guidelines

Low frequency, non-contact, non-thermal ultrasound, including topical application(s) when performed, wound assessment, and instruction(s) (for ongoing care, per day) describes a system that uses continuous low-frequency ultrasonic energy to produce and propel a mist of liquid and deliver continuous low-frequency ultrasound to the wound bed. This modality is often referred to as "MIST Therapy."

Low-frequency, non-contact, non-thermal ultrasound (MIST Therapy) will be considered "reasonable and necessary" wound therapy and therefore eligible for coverage by Medicare when provided as wound therapy for any of the following clinical conditions:

1. Acute or chronic painful venous stasis ulcers, which are too painful for sharp or excisional debridement;
2. Acute or chronic arterial/ischemic ulcers, which are too painful for sharp or excisional debridement;

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3. Diabetic or neuropathic ulcers;
4. Radiation injuries or ulcers;
5. Patients with wounds or ulcers with documented contraindications to sharp or excisional debridement;
6. Burns which are painful and/or have significant necrotic tissue;
7. Wounds that have not demonstrated signs of improvement after 30 days of documented standard wound care; or
8. Preparation of wound bed sites for application of bioengineered skin products or skin grafting.

Coverage for Low Frequency, non-contact, non-thermal ultrasound is as follows:

- Non-healing wounds of greater than 1 month of conservative care with documented TCO2 of greater than 20, with evidence of inflammation, infection or significant yellow slough, fibrin or tissue exudates.
- This therapy is to be used in conjunction with standard of care, no more than three times per week. Low-frequency, non-contact, non-thermal ultrasound (MIST Therapy) must be provided two to three times per week to be considered "reasonable and necessary." The length of individual treatments will vary per wound size. Observable, documented improvements in the wound(s) should be evident after two weeks or six treatments. Medicare will cover up to 6 weeks or 18 treatments with documented improvements of pain reduction, reduction in wound size, improved and increased granulation tissue, or reduction in necrotic tissue. Continued treatments beyond 18 sessions per episode of treatment will be considered only upon individual consideration.
- Payment for CPT 0183T/97610 will be based on 97110 UOS 1. This code is a timed code for therapeutic services for 15 minutes. The sources to be used above were for 4-5 minutes per treatment.
- Medicare will cover up to 18 treatments to wounds with documented improvements of pain reduction, reduction in wound size, improved and increased granulation tissue, or reduction in necrotic tissue. Coverage for continuing treatments beyond 18 sessions will be considered only upon individual consideration.
- If billed by a hospital subject to Outpatient Prospective Payment System (OPPS) for an outpatient service, CPT code 0183T/97610 will be paid under the OPPS when the service is not performed by a qualified therapist and it is inappropriate to bill the service under a therapy plan of care. In addition, no Medicare Physician Fee Schedule (MPFS) amount exists for this code as local carriers are responsible to dictate appropriate fee schedule amounts.

Documentation Requirements

Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available to UHC upon request.

In the patient's medical record, there must be clearly documented evidence of the progress of the wound's response to treatment at each physician visit. This documentation at a minimum should include:

- wound size
- wound depth
- presence or absence of obvious signs of infection
- presence or absence of necrotic or devitalized tissue
- State of the patient's nutrition.

Medical necessity must be documented in the patient's medical record based on the following criteria:

- The status of the wound is such that the treatment will make a significant practical improvement in the wound in a reasonable and generally predictable period of time.
- There is an expectation that treatment will substantially affect tissue healing and viability, reduce or control tissue infection, remove necrotic tissue or prepare that tissue for surgical management.
- The patient's expected restoration potential must be significant in relation to the extent and duration of treatment required achieving this potential. If wound closure is not a goal, then the expectation is to optimize recovery and establish an appropriate non-skilled maintenance program.
- Other precautions have been taken to prevent the formation of new or perpetuation of existing lesions (appropriate bedding, padding, patient turning, etc.).

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CPT/HCPCS Codes

Code	Description
0183T	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day (Expired 12/31/2013, see 97610)
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day (new code effective 01/01/2014)

References Included (but not limited to):
CMS LCD(s)

Numerous LCDs

CMS Article(s)

Numerous articles

CMS Transmittals

Transmittal 2845, Change Request 8572, Dated 12/27/2013 (January 2014 Update of the Hospital Outpatient Prospective Payment System (OPPS))

Transmittal 2838, Change Request 8548, Dated 12/13/2013 (January 2014 Integrated Outpatient Code Editor (I/OCE) Specifications Version 15.0)

Transmittal 2611, Change Request 8141, Dated 12/14/2012 (January 2013 Update of the Hospital Outpatient Prospective Payment System (OPPS))

UnitedHealthcare Medicare Advantage Coverage Summaries

Wound Treatments

UnitedHealthcare Reimbursement Policies

Category III CPT/HCPCS Codes

UnitedHealthcare Medical Policies

Electrical Stimulation and Electromagnetic Therapy For Wounds

Warming Therapy and Ultrasound Therapy for Wounds

MLN Matters

Article MM6254, 2009 Annual Update to the Therapy Code List

Article MM6315, January 2009 Integrated Outpatient Code Editor (I/OCE) Specifications Version 10.0

Article MM8482, 2014 Annual Update to the Therapy Code Lists

History

Date	Revisions
01/22/2014	Re-review presented to MRPC; approved
02/27/2013	Administrative updates
02/27/2013	Policy reviewed with no changes and presented to MRPC; approved
10/05/2012	Policy reviewed with no changes
06/08/2011	Policy developed and implemented