

**IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY**

Providers are responsible for submission of accurate claims requests. This reimbursement policy is intended to ensure that you are reimbursed based on the code that correctly describes the procedure performed. This and other reimbursement policies may use CPT, CMS or other coding methodologies from time to time. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

Coding methodology, clinical rationale, industry-standard reimbursement logic, regulatory issues, business issues and other input is considered in developing reimbursement policy.

This information is intended to serve as a resource regarding the reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly we may use reasonable discretion in interpreting and applying this policy to services being delivered in a particular case. Further, the policy does not cover all issues related to reimbursement for services rendered to enrollees as legislative mandates, the provider contract documents, and the enrollee's benefit coverage documents, may supplement or in some cases supersede this policy. Finally, systems logic or set up may prevent the loading of this policy onto different claims platforms in exactly the same way; however, we strive to minimize these variations.

ACN Group Inc. (OptumHealth Physical Health), may modify this policy from time to time by publishing a new version of the policy on its Website; however, the information presented in this policy is believed to be accurate and current as of the date of publication.

**Unattended Electrical Stimulation Reimbursement Policy**

<b>Type</b>	Reimbursement	
<b>Number</b>	0047	
<b>Approved by</b>		<b>Approval Date</b>
Reimbursement and Technology Committee Quality Improvement Committee		May 10, 2007 July 13, 2007

**Description**

This policy describes OptumHealth Physical Health methodology and requirements for reimbursement of CPT code 97014 (Application of a modality to one or more areas; electrical stimulation [unattended]).

**Audience**

<b>Targeted Population</b>	This policy applies to all UnitedHealthcare products.* <i>*Fee schedule/provider contract/client contract may supersede</i>
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**Policy**

<b>Overview</b>	OptumHealth Physical Health will not reimburse for CPT code 97014. Unattended electrical stimulation will remain a reimbursable service, however, providers utilizing this modality will not be reimbursed for CPT code 97014. In accordance with CMS National Coding Policy, providers should submit the appropriate HCPCS G-code which more accurately represents the service rendered.
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### Edit Sources

OptumHealth Physical Health sources its Physical Medicine and Rehabilitation and Chiropractic CPT code payment policy methodology to methodologies used and recognized by third party authorities. The sources used to determine if a CPT code is reimbursable are:

*Current Procedural Terminology book (CPT)* from the American Medical Association (AMA)

Centers for Medicare and Medicaid (CMS) National Coverage Policy and current Centers for Medicare and Medicaid (CMS) Policy Manual(s) <http://www.cms.hhs.gov>

ChiroCode DeskBook, 18<sup>th</sup> ed., 2010. <http://www.chirocode.com>

### Background Summary

In December of 2002, the Federal Register was updated to reflect the addition of three new G-codes. The purpose of the G-code additions was to:

- Provide CMS more accurate tracking, trending, and data retrieval ability relative to provider specific use of electrical stimulation.
- Provide more specificity to the generalized CPT 97014 electrical stimulation code definition to better enable more accurate tracking, trending, and data retrieval ability relative to provider specific use of electrical stimulation.
- Provide language which details indication for electrical stimulation in the treatment of wound care management - stages III and IV only, 30 days of documented failed trial of conventional care, etc.

G-code series for unattended electrical stimulation:

- **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.

G0283 is the code that most accurately describes unattended electrical stimulation when wound care is not part of the plan of care.

The G-codes more accurately describe electrical stimulation application. Per the AMA CPT coding instructional which can be referenced in the Introduction section of the CPT manual, "select the name of the procedure or service that accurately identifies the service being performed. Do not select a CPT code that merely approximates the service provided."

Effective with CMS National Coding Policy, January 1, 2003, CPT 97014 unattended electrical stimulation was cross-walked to new G codes.

## References and Resources

### References

1. American Medical Association, *Current Procedural Terminology (CPT)*, Professional Edition 2010
2. Centers for Medicare and Medicaid Services (CMS) <http://www.cms.hhs.gov>
3. Healthcare Common Procedure Coding System (HCPCS) book, HCPCS Level II 2010

## History/Updates

Approved Date: 7/13/07

Revision History: 5/7/08, 2/26/09, 4/8/10

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