

Payment and Billing for Unattended Modalities

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Q: I have begun using infrared heat and unattended electrical stimulation to my practice. I am familiar with the codes but want to be sure that I am billing them correctly and receiving the correct reimbursement. Which leads me to my direct question: can I bill the codes for those services for multiple units based on the number of regions or amount of time that I may be applying them? There are several occasions where I may apply the services at two or more regions in a single visit.

A: Infrared heat and unattended electrical stimulation are certainly within scope in many states that license acupuncture and I assume your state does. However, I want to be clear that prior to providing and billing any of these services it is imperative that the acupuncture professional ascertain from their specific scope of practice allowances that performance of those services are allowed.

Unattended (supervised) modalities are the application of a physical agent to produce therapeutic changes to biologic tissue. These services may include thermal, acoustic, light, mechanical or electrical energy. The codes range from 97010-97028 and include specifically 97026 for infrared heat and 97014 for unattended electrical stimulation (note that this type of electrical stimulation is not electro-acupuncture, but surface stimulation via electrodes placed on the skin). These services do not require direct (one-on-one) contact by the provider, which means you may apply the service and not be in attendance the entire time it is being used but only monitor the progress.

The code further is indicated as having no minimum or specific time value, and is noted for one or more regions. Therefore unattended modalities may be billed only once per visit, regardless of the amount of time or number of regions of application. For example, if you were to apply infrared heat to the lower back and shoulder, it is billed with only one unit even though there were multiple areas of application. Note the code states one or more regions, therefore additional regions are inclusive.

These unattended and passive-care services are useful in reducing pain, swelling and local muscle spasm, and can be very effective in the acute phase of care to hasten functional recovery. Certainly when provided for this therapeutic value, they are reasonable and consequently reimbursable but not for multiple units on a given date of service. There are services that do allow for multiple units based on the time services are applied, however they require direct contact and constant supervision of the provider. Examples of these services are massage and exercise.

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