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.

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Diathermy Treatment (NCD 150.5)

physicians, and other health care professionals.
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
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.

Reimbursement 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

CPT/HCPCS Codes

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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>97024</td>
<td>Application of a modality to 1 or more areas; diathermy (e.g., microwave)</td>
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ICP/PCS Codes

<table>
<thead>
<tr>
<th>ICP Code</th>
<th>Description</th>
<th>PCS Code</th>
<th>Description</th>
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<tr>
<td>93.34</td>
<td>Diathermy</td>
<td>F08</td>
<td>Activities of Daily Living Treatment/Rehabilitation</td>
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References Included (but not limited to):

- **CMS NCD**
  - NCD 150.5 Diathermy Treatment

- **CMS LCD(s)**
  - Numerous LCDs

- **CMS Articles**
  - Numerous Articles

- **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

- **CMS Claims Processing Manual**
  - Chapter 32; § 50 Deep Brain Stimulation for Essential Tremor and Parkinson’s Disease

- **CMS Transmittals**
  - Transmittal 48, Change Request 4278, Dated 03/17/2006 (Technical Corrections to the NCD Manual)
  - Transmittal 805, Change Request 4226, Dated 01/06/2006 (Annual Update to the Therapy Code List)
  - Transmittal 826, Change Request 7050, Dated 12/21/2010 (Multiple Procedure Payment Reduction (MPPR) for
# Diathermy Treatment (NCD 150.5)

## UnitedHealthcare Medicare Advantage Coverage Summaries

**Diathermy Treatment**  
Rehabilitation - Medical Rehabilitation (OT, PT and ST, including Cognitive Rehabilitation)  
Respiratory Therapy, Pulmonary Rehabilitation and Pulmonary Services

## UnitedHealthcare Reimbursement Policies

Heat Treatment, Including the Use of Diathermy and Ultra-Sound for Pulmonary Conditions (NCD 240.3)  
Multiple Procedure Payment Reduction (MPPR) for Therapy Services

### History

<table>
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<tr>
<th>Date</th>
<th>Revisions</th>
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<tbody>
<tr>
<td>05/14/2014</td>
<td>Annual review, no changes</td>
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<tr>
<td>02/25/2014</td>
<td>Administrative updates</td>
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<tr>
<td>06/12/2013</td>
<td>Annual review</td>
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<td>09/28/2011</td>
<td>NCD Committee approved</td>
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