

Medical Codes:

Gloria Schexnayder (*Evolutional Insights*) makes no guaranty regarding **Scalar Wave Laser Therapy** reimbursement from insurers and no guarantees with respect to appropriate diagnosis and/or procedure codes for insurance billing and reimbursement codes. If you would like to pursue this, I would be happy to work with your doctor.

International Classification of Diseases, Clinical Modification, 10th Revision (ICD-10-CM): According to the Centers for Disease Control, the ICD-10-CM "is the official system of assigning codes to diagnoses and procedures associated with hospital utilization in the United States." These codes are used in billing and reimbursement for medical diagnoses and procedures.

Cold laser/Low-Level Laser Therapy (LLTT) is used to treat a variety of medical conditions. The following list of diagnoses may be appropriate for LLTT. Please consult your doctor or *ICD-10-CM TABULAR LIST of DISEASES and INJURIES* available on cdc.gov.

Suggested Clinical Uses for Cold Laser Therapy:

INFLAMMATORY CONDITIONS

<ul style="list-style-type: none">• Rheumatoid Arthritis• Epicondylitis	<ul style="list-style-type: none">• Carpal Tunnel Syndrome• Bursitis	<ul style="list-style-type: none">• Plantar Fasciitis
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Primary Diagnosis

<ul style="list-style-type: none">• Pain• Restricted range of movement/stiffness• Edema	<ul style="list-style-type: none">• Effusion• Paresthesia• Inflammation	<ul style="list-style-type: none">• Adicular pain• Muscle spasms• Myofasciitis
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PAIN MANAGEMENT

<ul style="list-style-type: none">• Fibromyalgia• Bursitis	<ul style="list-style-type: none">• Lower back pain• Myofascial pain	<ul style="list-style-type: none">• Fasciitis• Neck/Cervical pain
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Primary Diagnosis

<ul style="list-style-type: none">• Pain• Restricted range of motion/stiffness• Inflammation	<ul style="list-style-type: none">• Effusion• Edema• Muscle spasms	<ul style="list-style-type: none">• Myofasciitis
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CONNECTIVE TISSUE INJURY

<ul style="list-style-type: none">• Tendonitis• Tendon ruptures	<ul style="list-style-type: none">• Sprains• Strains
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Primary Diagnosis

<ul style="list-style-type: none">• Pain• Inflammation• Restricted range of motion/stiffness	<ul style="list-style-type: none">• Effusion• Edema• Muscle spasms	<ul style="list-style-type: none">• Myofasciitis• Radicular pain
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JOINT INJURY - Temporomandibular (TM) disorders

<ul style="list-style-type: none">• Ligament injury	<ul style="list-style-type: none">• Dislocations	<ul style="list-style-type: none">• Osteoarthritis
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Primary Diagnosis

<ul style="list-style-type: none">• Joint pain• Inflammation	<ul style="list-style-type: none">• Restricted range of motion/stiffness• Joint effusion	<ul style="list-style-type: none">• Edema
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MUSCLE INJURY

<ul style="list-style-type: none">• Muscle bruises/contusions• Muscle contractures	<ul style="list-style-type: none">• Muscle ruptures• Myositis
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Primary Diagnosis

<ul style="list-style-type: none">• Muscle Pain• Inflammation	<ul style="list-style-type: none">• Restricted range of motion/stiffness• Muscle spasms	<ul style="list-style-type: none">• Edema• Myofasciitis
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NEUROLOGICAL INJURY

<ul style="list-style-type: none">• Ruptured disc• Prolapsed disc	<ul style="list-style-type: none">• Crush injuries• Neuritis
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Primary Diagnosis

<ul style="list-style-type: none">• Radicular pain• Myofasciitis• Decreased range of motion/stiffness	<ul style="list-style-type: none">• Inflammation• Muscle spasms• Paresthesia	<ul style="list-style-type: none">• Edema• Effusion
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SKIN INJURIES AND CONDITIONS

<ul style="list-style-type: none">• Burns• Skin ulcers	<ul style="list-style-type: none">• Skin grafts• Surgical incisions
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Primary Diagnosis

<ul style="list-style-type: none">• Joint pain• Inflammation	<ul style="list-style-type: none">• Restricted range of motion/stiffness• Edema
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Current Procedural Terminology: The Current Procedural Terminology (CPT) code set is maintained by the American Medical Association and is "the most widely accepted medical nomenclature used to report medical procedures and services under public and private health insurance programs."

After a diagnosis is made and an appropriate code is assigned (see above), insurance billing is made under a particular CPT code.

Because cold laser or LLLT does not have its own CPT codes, the following codes are being used for reimbursement:

97032 Attended Electrical Stimulation; manual; one or more regions; each 15 minutes. (This code can be billed in a number of ways. The code (97032) stays the same, but the description changes to reflect the service performed.) For example:

97032: Attended Electrical-Photonic Stimulation

97032: Attended Electrotherapy/IR

97032: FDA-Cleared Laser Photonic Stimulation

97112 Neuromuscular Re-Education and Gait Training (movement, balance, coordination, kinesthetic sense, posture, and proprioception for sitting or standing activities); constant attendance; each 15 minutes

97901 Acupuncture Modality

97140 Manual Therapy Techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction); one or more regions; each 15 minutes. This billing code is used for what you're *doing/accomplishing*, not technique used (i.e. laser). If an insurance carrier requires documentation, state what area was treated and what was accomplished (i.e. drainage, mobilization, etc.).

97026 Infrared (This code refers to an infrared heat lamp, but cold lasers are not infrared heating devices. Consequently, reimbursement can be low.

To improve reimbursement, list as an "attended" modality or by adding a "-22".) Here are examples:

97026: Attended photonic simulation

97026: Attended infrared light therapy

97026-22: Attended infrared therapy

97039 Physical Medicine and Rehabilitation; constant attendance unlisted modality; 15 minutes**

For billing, this code should be accompanied by a one-page description of the treatment and the therapy. Otherwise, it may be denied. When you submit the code, try this:

"97039 Attended FDA cleared infrared laser therapy."

97139 Unlisted Therapeutic Procedure**

This code is for a therapeutic procedure meaning that the doctor must have one-on-one contact with the patient. The strength of the code is that it tells the insurance carrier that the doctor is spending direct treatment time with the patient. The weakness of the code is that an unlisted procedure is more likely to be closely inspected by an insurance carrier.

97799 Physical Medicine and Rehabilitation Unlisted Service or Procedure (requires documentation, fees negotiated)**

****Please note that the above CPT codes ending in "9" require documentation. For example, 97039-FDA-Cleared Laser Therapy. Additional documentation explaining the therapy may also be required.**