

**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.

**Hot/Cold Pack Application Reimbursement Policy**

<b>Type</b>	Reimbursement	
<b>Number</b>	0046	
<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 97010 (Application of a modality to one or more areas; hot or cold packs).

**Audience**

<b>Targeted Population</b>	This policy applies to all products, all network and non-network providers. This includes non-network authorized, and percent of charge contract providers.* <i>*Fee schedule/provider contract/client contract may supersede</i>
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**Policy**

<b>Overview</b>	OptumHealth Physical Health will not separately reimburse for CPT code 97010. Payment for CPT 97010 is considered bundled into the fee provided for other services.
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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**

The 97010 CPT code is described in the CPT manual as a supervised modality. That is, *any physical agent applied to produce therapeutic changes to biologic tissue; includes but not limited to thermal, acoustic, light, mechanical, or electric energy. The application of a modality that does not require direct (one-on-one) patient contact by the provider. Application of a modality to one or more areas; hot or cold packs.*

CMS national policy effective January 1, 1997 precludes separate payment for hot packs/cold packs (CPT 97010). Regardless of whether billed alone or in conjunction with another code, CMS does not make payment separately for this code.

*\*\*\*\* These HCPCS/CPT codes are bundled under the MPFS. They are bundled with any therapy codes. Regardless of whether they are billed alone or in conjunction with another therapy code, never make payment separately for these codes. If billed alone, HCPCS/CPT codes marked as "\*\*\*\*" shall be denied using the existing MSN language. For remittance advice notices, use group code CO and claim adjustment reason code 97 that says: "Payment is included in the allowance for another service/procedure." Use reason code 97 to deny a procedure code that should have been bundled. Alternatively, reason code B15, which has the same intent, may also be used. <http://www.cms.hhs.gov/Transmittals/Downloads/R805CP.PDF>*

**References and Resources**

- References**
1. American Medical Association, *Current Procedural Terminology (CPT)*, Professional Edition 2010
  2. Centers for Medicare and Medicaid Services (CMS)

**Coding**

<b>CPT Code Section</b>	
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97010	Application of a modality to 1 or more areas; hot or cold packs
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<b>History/Updates</b>	
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Approval Date: 7/13/07	Revision History: 5/7/08, 2/26/09, 4/8/10
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