



Unattended Electrical Stimulation Reimbursement Policy

Policy Number	0047	Annual Approval Date	04/2020	Approved By	Optum Reimbursement and Technology Committee Optum Quality and Improvement Committee
----------------------	------	-----------------------------	---------	--------------------	---

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

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. Optum reimbursement policies may 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. 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 only as a general reference resource regarding Optum's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, Optum 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 Client 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 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 Optum due to programming or other constraints; however, Optum strives to minimize these variations.

Optum may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

**CPT® is a registered trademark of the American Medical Association*

Application

This policy applies to all products, all network and non-network rehabilitation providers. This includes non-network authorized, and percent of charge contract providers.

Fee schedule/provider contract/client contract may supersede

Policy

Overview

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

Reimbursement Guidelines

Optum 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.

Background Information



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.

Resources

- American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services
- Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
- Centers for Medicare and Medicaid Services

History / Updates

07/13/2007	New
05/2008	Annual review and update
02/2009	Annual review and update
04/2010	Annual review and update
04/2011	Annual review and update
04/2012	Annual review and update
04/2013	Annual review and update
04/2014	Annual review and update
04/2015	Annual review and update
04/2016	Annual review and update



04/2017	Annual review and update
04/2018	Annual review and update
04/2019	Annual review and update
04/2020	Annual review and update

Proprietary information of Optum
Copyright 2020 Optum