

Hot/Cold Pack Reimbursement Policy					
Policy Number	0046	Annual Approval Date	04/2024	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's policy for reimbursement of CPT code 97010 (Application of a modality to one or more areas; hot or cold packs).

Reimbursement Guidelines

Optum will not separately reimburse for CPT code 97010. Payment for CPT 97010 is considered bundled into the fee provided for other services.

Background Information



The 97010 CPT code is described in the CPT manual as a supervised modality:

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.

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 with corrections to Policy description			
4/2019	Annual review and update			
04/2020	Annual review and update			
04/2021	Annual review and update			
05/2022	Annual review and update			
04/2023	Annual review and update			
04/2024	Annual review and update			

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