

QUICK GUIDE: Billing Codes for Laser Therapy

DISCLAIMER

THIS INFORMATION IS PROVIDED WITHOUT WARRANTY OF ANY KIND, EXPRESS OR IMPLIED.

IMPORTANT: Reimbursement guidelines change from state to state, and from carrier to carrier. Consult with your healthcare attorney and insurance carriers to verify how to appropriately code treatments. These are guidelines only.

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Related Billing Codes for Laser Therapy

97039: Attended Modality, Unspecified

This is a code that is also being used to bill for attended modalities.

Reimbursement is good because it is understood to take more time than an unattended code.

The problem with the code is that, being unspecified, it is occasionally rejected by some insurance carriers or hand audited.

Make sure you have a one-page description of the treatment if a carrier wants more information.

Use of the code 97039 requires that you attach to your claim form a definition of what device you are using and an explanation of what a Therapy Laser device does.

This means submitting a paper claim with an attachment, which slows down your reimbursement. Billing might look like:

- 97039: Attended infrared therapy or
- 97039: Attended laser therapy

Note: The Relative Value Unit (RVU), used in pricing services, on the 97039 code is only .31

Using 97039 along with the modifier–KF tells the payer that it is a “level 3 Medical Device” that you are using.

97139: Unlisted Therapeutic Procedure

One-on-One: 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.

Billing might look like:

- 97139: Photonic Stimulation: Constant attendance

97026: Infrared

This code is for infrared light therapy.

The problem with this code is that it is a code for a heat lamp.

Thus, reimbursement can be low.

To improve reimbursement, try listing it as an attended modality or adding a –22 or an “unusual procedural services.”

Below are three ways these codes can be used:

- 97026: Attended photonic stimulation
- 97026: Attended infrared light therapy
- 97026-22: Attended infrared therapy

97112: Neuromuscular Re-education

97112 is a “timed code”.

When using 97112, you must:

- Write down the start (and finish) time in the patient’s chart.
- The time must equal 8-23 minutes to be able to bill for one 15 minute “unit”.
- To bill for two “units” you must have at least 24 minutes of time spent in this activity.
- Make brief notes as to what you are doing and in what areas of the body and why

Related Billing Codes for Laser Massage

97140: Manual Therapy Techniques

One-on-one: The practitioner must have one-on-one contact with the patient and perform manual therapy.

This code can be utilized for many conditions and encompasses joint mobilization, soft tissue mobilization, manipulation, manual lymphatic drainage, myofascial release, manual traction, trigger point, neuromuscular therapy, positional release, and stretching.

The goals of soft tissue mobilization are to break down, or reduce, fibrous or scar tissue; improve range of motion; decrease pain; disperse inflammation, effusion and edema; and to increase function.

This code is reported in units of 15 minutes.

Charges can average from 1 to 3 units.

One or more regions: This therapy is to be performed on an area separate and apart from the area of main complaint in order to successfully bill to insurance.

Append the 59 modifier to this code.

Billing might look like:

- 97140: Manual Therapy + Infrared

97124: Massage Therapy

One-on-one. Massage is defined as effleurage, petrissage and tapotement which includes stroking, compression and percussion.

This technique can be used for a variety of musculoskeletal conditions and pulmonary conditions; including changes to the soft tissues for muscle relaxation, increase localized circulation, reduce inflammation, soften scar tissue or mobilize mucous secretions in the lungs via tapotement and/or percussion

It can also be useful in decreasing hypersensitivity related to conditions such as reflex sympathetic dystrophy.

This code is reported in units of 15 minutes.

One or more regions: It is important that the provider's documentation support the interventions provided to the patient/client.

Although use of the 97124 and 97140 codes on the same date of service are not duplicative, the documentation should support use of both codes.

The main difference between 97124 and 97140 is the intention of the therapy.

If the therapist is performing therapeutic massage in order to increase circulation and promote tissue relaxation to the muscles, then use code 97124.

If treatment is based on or consists of a basic relaxation massage, this is the code to use.

If, however, your intention is to increase pain-free range of motion and facilitate a return to functional activities, use the code 97140. Also use the modifier.

Related Billing Codes for Laser Acupuncture

97780 Acupuncture

Q: Can I bill insurance companies for laser acupuncture?

Billing codes for acupuncture specifically state you must use one or more needles during your treatment procedure. The insurance company won't stop you from "including" extra modalities such as laser, acupressure, massage or moxa into your treatment session, but you must insert at least one needle if you intend to bill under the acupuncture billing codes.

Q: How do you charge for laser treatment? If you treat with acupuncture and laser, do you charge extra?

I charge the same as any other acupuncture visit. I do not bill it as a separate modality. I'm still treating points. Patients pay for my time. I may choose to treat points with acupuncture needles, microcurrent, electrical stimulation, moxa, cupping, etc. Whatever the method, I charge the same.

So there they are. Some of the more interesting questions that have come my way since I wrote my last article on laser acupuncture. What started out as a "spark" to create an awareness of laser acupuncture, turned into a bonfire where acupuncturists worldwide are joining the conversation and sharing success stories. Laser acupuncture may not be for everyone—but it may be for you.

Q: When do you use laser instead of needles? Do you ever use needles and laser together?

I know a lot of practitioners who only use laser. Because I have a TCM degree, I like to use needles. But, NOT everyone who walks through my door likes to be treated with needles. I choose to use laser instead of needles for the following conditions.

- Patients who are afraid of needles
- Auriculotherapy on sensitive ears
- Extremely painful points such as Jing-well and Kidney 1
- Children and infants
- Scar tissue blockages

I sometimes use laser and needles together—especially if I find a point that is extremely painful for the patient but I know the treatment is needed. Sometimes when a patient is extremely needle sensitive on a particular day, I'll laser the point first and then insert the needle. In my experience, laser seems to take the excess pressure off a "full" acupuncture point, which results in less pain when needling.

Medicare Billing for Laser Therapy

If a Medicare patient requests you submit the claim for laser therapy, send the claim to Medicare and use your local Medicare carrier's recommended CPT code for laser therapy with the GPGY modifiers for denial purposes.

GP stands for "services delivered under an outpatient physical therapy plan of care."

GY stands for "items or services statutorily excluded or does not meet the definition of any Medicare benefit."

This is important, because you want the Medicare EOB to have the "PR" remark, which indicates "patient responsibility" — not the "CO" remark that indicates "contractual obligation."

Note: "S" codes are not valid for Medicare use.

HCPCS Level II code – S8948:

While there is no CPT code that defines laser therapy, there is a HCPCS Level II code – S8948 that does reference this service.

The S8948 code includes a time component.

HCPC "S" codes are temporary national codes established by private payers for private use.

Prior to using "S" codes on insurance claims to private payers, you should consult with the Payer to confirm that the "S" codes are acceptable.

S8948: Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes.

Related ICD-9 Codes for Laser Therapy - ICD-9 Diagnosis code(s): (not all inclusive)

716.10-.19	Traumatic arthropathy
719.40-.49	Pain in joints
719.50-.59	Stiffness in joints
723.5	Torticollis, unspecified
724.1	Pain in the thoracic spine
724.2	Lumbago
727.00-.09	Synovitis or tenosynovitis, unspecified
728.85	Spasm of muscle
729.1	Myalgia and myositis, unspecified
729.2	Neuralgia, neuritis, and radiculitis, unspecified
729.4	Fascitis, unspecified
729.5	Pain in limb
729.81	Swelling of limb
729.82	Cramp in limb
784.0	Headache
846.0-.8	Sprains/Strains of sacroiliac region
847.0-.4	Sprains/strains of other and unspecified parts of back, etc.