Will the New Low Level Laser Therapy Code Solve Your Billing Issues?

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Low level laser therapy (LLLT), also known as cold laser therapy, is a form of phototherapy which uses a device that produces laser beam wavelengths, typically between 600 and 1000 nm and watts from 5–500 milliwatts (mW). It is often used to treat the following:

- Inflammatory conditions (e.g., Rheumatoid Arthritis, Carpal Tunnel Syndrome, Bursitis)
- Pain management (e.g., Fibromyalgia, Bursitis, Myofascial Pain, Fasciitis)
- Connective tissue injury (e.g., Tendonitis, Tendon Ruptures, Sprains)
- Joint or muscle injury (e.g., Dislocations, Osteoarthritis, Muscle ruptures)

Up until now, there has been no CPT code to describe LLLT. Providers had to use unlisted codes such as <u>97039</u> or <u>97139</u>. Some payers allowed the use of <u>\$8948</u> "Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes". As of July 1, 2019, there's another code option:

<u>0552T</u> Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional

BEFORE getting too excited and start billing, using this new code, look carefully at the following key words in its description: dynamic photonic

and dynamic thermokinetic energies. Your device must meet **both** criteria. We do know that the Willow Curve brand meets the criteria. If you are unsure, be sure to check with your manufacturer.

No matter which codes are being used, historically many payers have not paid for these services. As of the date of this article, many payer policies still state that the use of LLLT is considered investigational and therefore not medically necessary. CMS' NCD 270.6 states: "The use of infrared and/or near-infrared light and/or heat, including monochromatic infrared energy (MIRE), is not covered for the treatment, including symptoms such as pain arising from these conditions, of diabetic and/or non-diabetic peripheral sensory neuropathy, wounds and/or ulcers of skin and/or subcutaneous tissues in Medicare beneficiaries."

Perhaps the implementation of this new code will help change the status quo. There is one <u>payer policy</u> that includes this new code, but the policy still states that it is considered investigational. The policy also states that "This Medical Policy will be reviewed regularly and be updated as scientific and medical literature becomes available."

It should be noted that code <u>0552T</u> has been assigned category "M" by Medicare which is defined as "Items and Services Not Billable to the MAC. Not paid under OPPS." Therefore, Medicare won't be paying for it and it appears that others may also be following Medicare. Therefore, the best plan would be to use the most applicable code as allowed by the payer and which meets the code definitions. Just know that you may likely have a denial and be sure the patient understands that it will likely be an out-of-pocket expense.

Note: We do NOT recommend using code <u>97026</u> for LLLT which states that it is for "infrared" treatment. While some may argue that LLLT uses an infrared beam, we feel that this code should NOT be used to report LLLT for the following reasons.

1. CPT Assistant, February 2010 states that

you should NOT use <u>97026</u> for LLLT "Because laser is a totally different mechanism of light energy and is basically a non-heat generating modality..." At the time of this article, there was not a CPT Assistant addressing the new code <u>0052T</u>. We will need to watch and see if further guidance is provided by the AMA.

2. Code <u>97026</u> is a supervised modality whereas LLLT typically requires constant attendance.

References:

- National Coverage Determination Infrared Therapy Devices (270.6)
- The Scientific Aspects of Smart Laser Technology
- CPT Assistant, February 2010 page 12d
- Wellmark Medical Policy: 02.01.14