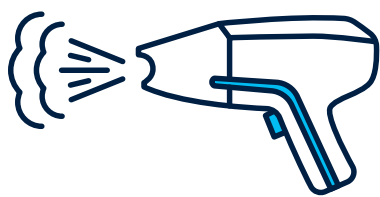


The UltraMIST® System

2022 Reimbursement Guide



UltraMIST®

Therapy Indications

Low-frequency, noncontact, nonthermal ultrasound (UltraMIST® Therapy – CPT code 97610) is considered reasonable and necessary wound therapy and therefore may be eligible for coverage when provided as wound therapy for any of the following clinical conditions:

- Wounds, burns, and ulcers meeting Medicare coverage for debridement:
 - That have failed conventional debridement, but which are too painful for sharp or excisional debridement
 - With documented contraindications to sharp or excisional debridement.
 - With documented evidence of no signs of improvement after 30 days of standard wound care.
- Wounds may include but are not limited to venous leg ulcers and diabetic foot ulcers.

National Medicare Reimbursement Rate

CPT Code	Code Description	Hospital Outpatient APC/Descriptor	Physician Fee Non-Facility (Office)	Physician Fee Facility
97610	Low-frequency, noncontact, nonthermal ultrasound including topical application(s), when performed, wound assessment and instruction(s) for ongoing care per day.	APC 5051 Level 1 Skin Procedure \$183.40*	\$468.91	\$18.34

Note: National Medicare Payment Rates are based on the National Physician Fee Schedule Relative Value Files. The Centers for Medicare and Medicaid Services (CMS) increased the Total Non-Facility RVU's for 97610 to 13.55 in CY 2022. The 2022 MPFS Conversion Factor is \$34.61. MPFS reimbursement is adjusted based on Geographic Practice Cost Index (GPCI).

CODE AND BILLING GUIDELINES

The Centers for Medicare and Medicaid Services (CMS) designated CPT Code 97610 to be "sometimes therapy" code. Items on the "sometimes therapy" service list are paid under the outpatient prospective payment system (OPPS) if they are not furnished under a therapy plan of care. When furnished under a therapy plan of care (POC), they are considered to be a physical or occupational therapy service and paid under the Medicare Professional Fee Schedule (MPFS).

CPT Code 97610 is reported once, per day, for the duration of treatment. Complete provider documentation should include wound assessment and ongoing instructions. The site of service for UltraMIST® Therapy is typically done in-office or in an outpatient setting, inpatient or outpatient hospital setting, nursing facility, or wound care center.



SANUWAVE® compiles this summary of Medicare payment rates to provide information on payments for items and services related to its products. Because Medicare rates are the only publicly posted rates and many other payers use the Medicare payment levels to set their own rates, the figure above is provided as a frame of reference for customers. The identification of payment rates is not a guarantee of coverage by Medicare or other payers. Each provider is responsible for verifying coverage with the patient's insurance carrier. Moreover, the identification of codes in this document should not be construed as providing clinical advice, dictating reimbursement policy, or substituting the judgment of a practitioner. It is always the Provider's responsibility to determine and submit appropriate codes, charges, and modifiers for services that are rendered.

*Disclaimer: The information provided is an abbreviated summary of coding and reimbursement rates associated with UltraMIST®. Rates may represent national average payments that are subject to adjustment (e.g., for locality). The information provided is only specific to coding and reimbursement rates for the hospital outpatient department, ambulatory surgical center, and physician fee schedule. SANUWAVE® has used reasonable efforts to provide accurate coding information. While SANUWAVE® intends to use reasonable efforts to provide accurate coding information, this information should not be construed as providing clinical advice, dictating reimbursement policy, or substituting for the judgment of a practitioner. It is always the provider's responsibility to determine and submit appropriate codes, charges, and modifiers for services that are rendered. SANUWAVE® assumes no responsibilities or liabilities for the timeliness, accuracy, and completeness of the information contained herein. Since reimbursement laws, regulations, and payor policies change frequently, it is recommended that providers consult with their payors, coding specialists, and/or legal counsel regarding coverage, coding and payment issues, and/or legal counsel regarding coverage, coding, and payment issues.

Reference: Current year CPT® Code Book. Current Procedural Terminology (CPT) copyright 2019 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Physician fee schedule payment rates and conversion factor are based on current year CMS regulations pertaining to physician final rule. Available on CMS.GOV



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