

Eli's Rehab Report

Home Health: Watch for Infrared Therapy Billing Pitfalls Under PPS

Medicare noncoverage could reduce your PPS payment rates by thousands unless you know the ropes

Medicare won't cover infrared therapy for diabetic neuropathy, but that doesn't mean you have to abandon the practice - especially in the home health setting where many patients have enjoyed the benefits of home devices.

The Centers for Medicare & Medicaid Services issued an Oct. 26, 2006, coverage decision memo spelling out that Medicare won't cover monochromatic infrared energy (MIRE) therapy to treat diabetic neuropathy (see Physical Medicine & Rehab Coding Alert, December 2006 for more information).

Home health agencies billing infrared therapy under Part B outpatient therapy can bill the patient for the treatment using proper notice, but agencies furnishing MIRE under a home health plan of care aren't as sure what to do.

"The noncoverage decision has caused a significant amount of confusion," says physical therapist **Cindy Krafft**, consultant with UHSA. HHAs billing Part B use a CPT code for infrared therapy, so it's clear that service isn't billable to Medicare.

But agencies under the Medicare home health prospective payment system don't use CPT codes and thus aren't sure how the noncoverage decision affects them, Krafft says.

Some agencies think they can't furnish the therapy at all to Medicare patients. Others think the coverage decision only affects them if they bill Part B, says **Debbie Thompson** with the Home Care Association of Louisiana.

Beware: The truth is somewhere in the middle, experts say. And not knowing the answer can cost you \$2,000 per episode.

How to Bill

For a visit to count toward the 10-visit therapy threshold or the five-visit LUPA threshold, "you must provide a skilled service that is covered," says attorney **Lisa Selman-Holman** with Selman-Holman & Associates in Denton, Texas. Thanks to the coverage decision, infrared therapy can't be the covered service that makes the visit count.

However, it's highly unlikely that you will furnish a visit that has MIRE therapy as its only skilled service, says PT **Roger Herr**. "This goes against ... PT education," says Herr, past president of the Home Health Section of the American Physical Therapy Association. "We are taught to [use] modalities as adjunct treatments to supplement the functional and physical mobility of clients."

If you furnish any other skilled service along with the infrared therapy, you can bill and count the visit toward the therapy or LUPA threshold. "As long as the visits are about more than the infrared" -- for example, gait training or therapeutic exercises -- "the visits should count," says Krafft, vice president of APTA's Home Health Section.

In other words, MIRE "can be provided as an incidental service," Selman-Holman says.

Example: Think of infrared therapy like using hot packs, Krafft says. "We cannot bill for hot packs. If we only put one on and removed it and tried to call that a visit, we would be denied," Krafft tells TCI. "We have not abandoned the use of hot

packs; rather they are incorporated into the larger plan of care."

Don't forget: That means that like other incidental services, infrared therapy will require a doctor's orders, Krafft reminds providers.

Beef Up Documentation to Ward Off Denials

Hot spot: And you had better make sure your documentation for the other skilled services offered during the visit is up to snuff, Krafft says.

Intermediaries have a big financial incentive to deny therapy visits. "In the current environment, careful attention to the documentation to support the plan of care is critical," Krafft says.

Herr hopes agencies won't abandon the use of MIRE just because Medicare doesn't cover it at the moment. Many clinicians have case studies supporting use of the therapy, he tells TCI.

And agencies can gather more data to prove the therapy's effectiveness if they continue using the treatment, Herr says. That could help CMS change its mind about coverage down the road.