

## Eli's Rehab Report

## **READER QUESTIONS: Don't Always Assume 2005 Codes for Auto Payers**

**Question:** I've been told by Progressive Auto Insurance that <u>CPT 97014</u> has been changed as of May 2005, and we should now use G0283, per Medicare guidelines. Which code should I use?

Michigan Subscriber

**Answer:** Code 97014 (Application of a modality to one or more areas; electrical stimulation [unattended]) remains a valid code, according to the American Medical Association CPT listing for 2005. On the other hand, remember that each payer can determine which codes it will use and which services it will reimburse. Auto and workers' compensation payers are exempt from the Health Insurance Portability and Accountability Act (HIPAA) and do not have to use current-year codes.

Medicare created several G codes covering electrical stimulation in 2003, including G0283 (Electrical stimulation [unattended], to one or more areas for indication[s] other than wound care, as part of a therapy plan of care). These G codes became effective for dates of service on or after April 1, 2003. This was primarily so CMS could allow reimbursement for electrical stimulation under some circumstances (wound care) and deny reimbursement as noncovered for e-stim for other circumstances (non-wound care). Code 97014 would not allow this type of distinction between situations.

**Note:** For more on the CMS manual publication for these codes, go online to www.cms.hhs.gov/manuals/pm trans/AB03093.pdf.

Perhaps Progressive Auto Insurance or its third-party claims processing firm uses prior-year CPT codes to process claims (such as 2003), so the G codes became effective when it updated its files to that specific year.

Each state has varying rules and regulations for both auto and workers' compensation claims. For example, in Colorado, auto payers use current-year CPT codes, but that is not necessarily the case nationwide.