

## Eli's Rehab Report

### READER QUESTIONS: Don't Stretch a Code Beyond Its Boundaries

Question: We have a podiatrist who is ordering iontophoresis for a patient. I understand that Medicare does not reimburse for this service. Can we get reimbursed another way? For example, could I bill for ionto using a different, related CPT code, such as the code for e-stim (direct current) -- 97032?

-- Nevada subscriber

Answer: First of all, the Medicare program does not have a national coverage decision policy on iontophoresis. Individual Medicare contractors, therefore, must decide if they will cover iontophoresis or not. For those contractors that do not cover iontophoresis, you cannot bill for iontophoresis using the e-stim code. To bill iontophoresis under any other CPT code other than 97033 would be fraudulent billing. You can, however, collect payment directly from the patient to ensure you get paid for the service. Just remember that for Medicare beneficiaries, you must have them sign an Advance Beneficiary Notice and bill 97033 with the GA modifier along with the therapy specific modifier. Once your Medicare contractor denies this claim, the patient is responsible for your charges.

-- Reader Questions were answered or reviewed by **Rick Gawenda, PT**, director of PM&R at Detroit Receiving Hospital and President/CEO of Gawenda Seminars & Consulting.