

MP.036.MPC - Iontophoresis for Musculoskeletal Conditions

Maryland Physicians Care considers **Iontophoresis for Musculoskeletal Conditions** medically necessary for the treatment of pain and edema caused by an inflammatory process for any of the following musculoskeletal conditions such as:

- Tendonitis
- Bursitis
- Plantar Fasciitis
- Lateral Epicondylitis
- Medial Epicondylitis
- Rheumatoid Arthritis
- Enthesopathy

Limitations

1. Iontophoresis is not covered for the following:
 - As a local anesthesia
 - For hypnosis
 - To perform axillary liposuction
 - For biofeedback
 - As a form of psychotherapy
 - To conduct percutaneous thoracic phenol sympathectomy
 - For intractable, disabling primary hyperhidrosis
 - For acute low back pain
 - Carpal tunnel syndrome
 - Temporomandibular Joint Syndrome (TMJ)
 - For use in preparation for invasive procedures (e.g. arterial line placement)
 - Venipuncture for renal dialysis
 - Injections
 - Hair transplants
 - Cauterization of spider veins
 - Removal of skin growths
 - Oral surgeries
 - Surgeries of the eyelid or eardrum
 - Localized joint pain testing for cystic fibrosis
 - Pain resulting from herpes zoster (shingles)
 - Members 20 years and under not covered
2. Iontophoresis should not be performed on members with the following:
 - Pacemakers or other electrically sensitive implanted devices,

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- Known sensitivity to electric currents, or allergies to the drug being administered or to electrode adhesives.
- Iontophoresis electrodes should not be applied to damaged, blemished, or recently scarred tissue.

Background

The Centers for Medicare and Medicaid Services (CMS) define Iontophoresis as an intervention that uses the properties of electricity to introduce ions of soluble salts and medications (such as NSAIDs and/or analgesics) into tissue by means of an electric current. This modality is non-invasive and utilizes polarity differences to push the medication across the cell membranes. It is used to reduce pain and edema caused by an inflammatory process such as tendonitis, bursitis, plantar fasciitis and lateral epicondylitis.

Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
CPT codes:	
97033	Application of a modality to one or more areas; iontophoresis, each 15 minutes.
ICD-10 codes covered if selection criteria are met:	
M05.60	Rheumatoid arthritis of unspecified site with involvement of other organs and systems
M06.9	Rheumatoid arthritis
M65.4	Radial styloid tenosynovitis
M65.80-M65.89	Other synovitis and tenosynovitis
M65.9	Synovitis and tenosynovitis, unspecified
M70.10-M70.72	Bursitis
M71.50	Other bursitis, not elsewhere classified, unspecified site
M72.2	Plantar fascial fibromatosis
M75.2-M75.32	Tendinitis, shoulder
M75.50-M75.52	Bursitis of shoulder
M76.0-M76.02	Gluteal tendinitis
M76.1-M76.12	Psoas tendinitis
M76.4-M76.42	Tibial collateral bursitis
M76.5-M76.52	Patellar tendinitis

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M76.6-M76.62	Achilles tendinitis
M76.7-M76.2	Peroneal tendinitis
M76.8	Other specified enthesopathies of lower limb, excluding foot
M76.82-M76.829	Posterior tibial tendinitis
M76.89	Other specified enthesopathies of lower limb, excluding foot
M76.9	Unspecified enthesopathy, lower limb, excluding foot
M77.0-M77.02	Medial epicondylitis
M77.1-M77.12	Lateral epicondylitis
M77.5-M77.8	Other enthesopathies, unspecified
M77.9	Enthesopathy, unspecified
Z51.89	Encounter for other specified aftercare

References

1. Bupa Health Information Team. Carpal Tunnel Syndrome. Latest update: 2019. © 2013, BUPA (UK). <http://www.bupa.co.uk/individuals/health-information/directory/c/carpal-tunnel>
2. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) No. L34049: Outpatient Physical and Occupational Therapy. (Contractor: CGS Administrators, LLC). Revision Effective Date: 06/02/2022. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=34049&ver=32&bc=CAAAAAAAAAAA>
3. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) No. L33631: Outpatient Physical and Occupational Therapy Services. Revision Effective Date: 01/01/2020. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33631&ver=51&bc=0>
4. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) No. L34564: Home Health Physical Therapy. Revision Effective Date: 10/24/2019. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=34564&ver=64&bc=0>
5. Clijisen R, Taeymans J, Baeyens JP, et al. The effects of iontophoresis in the treatment of musculoskeletal disorders – a systematic review and meta-analysis. Drug Delivery Letters. 2012; 2(3): 180-194. <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0056520/>
6. Marovino T, Graves C. Iontophoresis in pain management. Practical Pain Management. Updated February 21, 2011 Mar; 8(2). <http://www.practicalpainmanagement.com/treatments/interventional/iontophoresis-pain-management>

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7. Semalty A, Semalty M, Singh R, et al. Iontophoretic drug delivery system: a review. Technol Health Care. 2007;15(4):237-245.
<https://pubmed.ncbi.nlm.nih.gov/17673833/>
8. Sieg A, Wascotte, V. Diagnostic and therapeutic applications of iontophoresis. J of Drug Targeting. 2009 June; 17(9): 690-700.
<http://www.ncbi.nlm.nih.gov/pubmed/19845485>

Archived References:

1. Hayes Health Technology Brief. Iontophoresis for Epicondylitis. Annual Review July 9, 2012. Archived September 06, 2013.

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