

Electrical Stimulation Coding

The following information may or may not be appropriate to your clinical setting. Please review the information and determine the appropriateness of the content prior to sharing with your staff.

Eligible for LMS Credit: Yes

Use of appropriate electrical stimulation codes is an ongoing focus as several providers including Medicare; continue to shift their coverage away from the use of 97014 unattended e-stim. Below is a reference guide for therapists and billing offices to identify the appropriate codes for use when electrical stimulation has been utilized in patient care.

Applicable HCPCS Codes:

- **CPT G0281** -- Electrical stimulation, (unattended), to one or more areas, for chronic stage III and stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care.
- **CPT G0282** -- Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281 (Not covered by Medicare)
- **CPT G0283** – Electrical stimulation, (unattended), to one or more areas for indications other than wound care.
- **CPT 97014** -- Electrical stimulation (unattended, untimed) (**NOTE: 97014 is not recognized by Medicare.** Use G0283 when reporting unattended electrical stimulation for other than wound care purposes as described in G0281 and G0282.)
- **CPT 97032** – Electrical stimulation (attended, timed) Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes. (NOTE: 97032 should NOT be reported for wound care of any sort because electrical stimulation for wound care does not require constant attendance.)

Coding Scenarios for Untimed, Supervised Modalities:

- **Medicare Part A** - Only the skilled minutes of the application of electrical stimulation can be counted in treatment time. In the IRF/ARU setting, per CMS guidelines for reporting minutes of therapy “Therapy time” is time spent in direct contact with the patient. Time spent documenting in the patient’s medical record, unsupervised modalities, and significant periods of rest are examples of time not spent in direct contact with the patient and, therefore, may not be documented/counted as minutes of therapy provided.
- **Medicare Part B** – G0283 is a service based code and can only be billed one time each day unless you have a BID order and perform the exact same treatment to the same area 2 times.

If code 97032 is utilized, this is a timed procedure code for attended e-stim, the 8-minute rule applies for Part B billing. This does not apply in the ARU/IRF level of care. This code requires constant attendance, examples of use include providing verbal or tactile cuing to initiate active range of motion or isometric contractions to invoke strengthening or neuromuscular reeducation. You could also bill the codes, 97110 Ther EX or 97112 Neuromuscular ReEd depending on your purpose. In this scenario an alternate coding could have been used; code 5 minutes of G0283 and 25 minutes to 97110. Either of these would be accurate, you must accurately represent the services provided.

Speech Therapy Electrical Stimulation – Dysphagia

- **CPT 92526** (dysphagia treatment session) is not time-based and may be billed only once per day. Please note that most payers have ruled that only 92526 can be billed for services that address goals in the dysphagia treatment plan. Every Medicare Administrative Contractor (MAC) that has established a dysphagia local coverage determination (LCD) has ruled that while payment is allowed only for non-e-stim methods of treatment, e-stim treatment can also be used.
- **CPT 97032** (electrical stimulation-manual-each 15 minutes) Medicare does not accept claims for 97032 and 92526 on the same day by speech-language pathologists. For private health plans that accept this code, CPT 97032 is for face-to-face treatment time; the practitioner cannot be attending other patients. If, during the course of treatment, the practitioner attends other patients, the clock stops until he/she returns to the patient.
- **CPT 92526 + CPT 97032:** Medicare Correct Coding Initiative (CCI) edits automatically deny payment of CPT 97032 when billed on the same day as CPT 92526 and performed by speech-language pathologists. The Centers for Medicare & Medicaid Services (CMS) rejected arguments that 92526 and 97032 should be billed on the same day, stating that the former is an umbrella code for services performed to meet dysphagia treatment goals.

Private health plans may allow this pair to be billed on the same day if CPT 92526 represents treatment time that is separate and distinct from CPT 97032 and the medical record indicates that CPT 92526 comprises treatment techniques not administered during e-stim. Treatment techniques common to attended electrical stimulation are; cueing, feeding and tactile stimulation.

Please contact your Clinical Performance Team member if there are further questions regarding the use of electrical stimulation codes.