

## LCD for Infrared Heating Pad Systems (L12873)

### Contractor Information

**Contractor Name**

[NHIC, Corp.](#)

**Contractor Number**

16003

**Contractor Type**

DME MAC

### LCD Information

**LCD ID Number**

L12873

**LCD Title**

Infrared Heating Pad Systems

**Contractor's Determination Number**

INFRED20070701

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**CMS National Coverage Policy**

CMS PUB 100-3, Medicare National Coverage Determinations Manual, Chapter 1, Section 270.6

**Primary Geographic Jurisdiction**

Connecticut  
District of Columbia  
Delaware  
Massachusetts  
Maryland  
Maine  
New Hampshire  
New Jersey  
New York - Entire State  
Pennsylvania  
Rhode Island  
Vermont

## LCD Information

### **Oversight Region**

Region I

### **DME Region LCD Covers**

Jurisdiction A

### **Original Determination Effective Date**

For services performed on or after 10/01/2003

### **Original Determination Ending Date**

### **Revision Effective Date**

For services performed on or after 07/01/2007

### **Revision Ending Date**

### **Indications and Limitations of Coverage and/or Medical Necessity**

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity.

For an item to be covered by Medicare, a written signed and dated order must be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not medically necessary.

There are no indications for which these devices have been demonstrated to have any therapeutic effect. The device and any related accessories will be denied as not medically reasonable and necessary.

### **Coverage Topic**

Durable Medical Equipment

## Coding Information

### CPT/HCPCS Codes

The appearance of a code in this section does not necessarily indicate coverage.

#### HCPCS MODIFIERS:

EY - No physician or other licensed health care provider order for this item or service

#### EQUIPMENT:

E0221                    INFRARED HEATING PAD SYSTEM

#### ACCESSORIES:

A4639    REPLACEMENT PAD FOR INFRARED HEATING PAD SYSTEM, EACH

### ICD-9 Codes that Support Medical Necessity

None

### Diagnoses that Support Medical Necessity

None

### ICD-9 Codes that DO NOT Support Medical Necessity

All

### ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

### Diagnoses that DO NOT Support Medical Necessity

All

## General Information

### Documentation Requirements

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider." It is expected that the patient's medical records will reflect the need for the care provided. The patient's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available upon request.

An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available upon request. Items billed before a signed and dated order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.

Refer to the Supplier Manual for more information on documentation requirements.

### Appendices

### Utilization Guidelines

Refer to Indications and Limitations of Coverage and/or Medical Necessity

## General Information

### Sources of Information and Basis for Decision

### Advisory Committee Meeting Notes

### Start Date of Comment Period

09/06/2002

### End Date of Comment Period

10/25/2002

### Start Date of Notice Period

06/01/2003

### Revision History Number

INFRED002

### Revision History Explanation

Revision Effective Date: 07/01/2007

INDICATIONS AND LIMITATIONS OF COVERAGE:

Removed DMERC references

DOCUMENTATION REQUIREMENTS:

Removed DMERC references

SOURCES OF INFORMATION:

Information in this section was removed.

03/01/2006 - In accordance with Section 911 of the Medicare Modernization Act of 2003, this policy was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision Effective Date: 07/01/2004

LMRP converted into LCD and Policy Article

06/01/2007 - In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

03/01/2008- In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) LCD L12873 from DME PSC TriCenturion (77011) LCD L12873.

### Reason for Change

### Last Reviewed On Date

## General Information

04/30/2004

### Related Documents

#### Article(s)

[A19812 - Infrared Heating Pad Systems – Policy Article – Effective August 2009](#)

### LCD Attachments

There are no attachments for this LCD

**Article for Infrared Heating Pad Systems – Policy Article – Effective August 2009 (A19812)**

**Contractor Information**

**Contractor Name**

[NHIC, Corp.](#)

**Contractor Number**

16003

**Contractor Type**

DME MAC

**Article Information**

**Article ID Number**

A19812

**Article Type**

Article

**Key Article**

Yes

**Article Title**

Infrared Heating Pad Systems – Policy Article – Effective August 2009

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Maine  
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New Jersey  
New York - Entire State  
Pennsylvania  
Rhode Island  
Vermont

## Article Information

### DME Region Article Covers

Jurisdiction A

### Original Article Effective Date

06/01/2004

### Article Revision Effective Date

08/01/2009

### Article Text

#### CODING GUIDELINES

An infrared heating pad system (E0221) consists of a pad or pads containing mechanisms (for example, luminous gallium aluminum arsenide diodes) that generate infrared (or near infrared) light and a power source. Replacement pads are coded A4639.

Suppliers should contact the Pricing, Data Analysis and Coding (PDAC) Contractor for guidance on the correct coding of this item.

### Coverage Topic

Durable Medical Equipment

## Coding Information

No Coding Information has been entered in this section of the article.

## Other Information

### Revision History Explanation

#### Revision Effective Date: 08/01/2009

CODING GUIDELINES:

Changed: SADMERC to PDAC.

**03/01/2008** - In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) Article A19812 from DME PSC TriCenturion (77011) Article A19812.

**06/01/2007** - In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

**03/01/2006** - In accordance with Section 911 of the Medicare Modernization Act of 2003, this article was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

#### Revision Effective Date: 07/01/2004

LMRP converted into LCD and Policy Article.

## Other Information

### Related Documents

#### LCD(s)

[L12873 - Infrared Heating Pad Systems](#)