

REIMBURSEMENT POLICY	
Policy Name:	Hot and Cold Packs
Policy Number:	PI-002
Original Effective Date:	05/15/2015
Annual Approval Date:	01/01/2022
Products:	Pennsylvania HealthChoices Medical Assistance All Medicare Products

Disclaimer

Highmark Wholecare medical claims payment and prior-authorization policy is a reference resource regarding payment and coverage for the services described. This policy does not constitute medical advice and is not intended to govern and/or otherwise influence medical necessity decisions.

POLICY SCOPE

This policy applies to claims submitted to Highmark Wholecare under the Health Choices Medical Assistance and all Medicare products.

Hot and Cold Packs

Effective May 15, 2015, we will no longer provide separate reimbursement for code 97010 – “Application of a modality to one or more areas; hot or cold packs.” This code is listed as ‘Status B’ in the Medicare Physician Fee Schedule Database (MPFSDB). Status B codes as defined by the Centers for Medicare and Medicaid Services (CMS) are bundled. Payment for these services is always included in the payment for other services performed on the same date. Regardless of whether submitted on a claim alone or in conjunction with another therapy code, a separate payment will never be made for the codes and the patient cannot be billed for these services.

This policy applies to all Gateway products, all network and non-network providers.

POLICY SOURCES

American Medical Association, *Current Procedural Terminology (CPT)*

Centers for Medicare & Medicaid Services, *Medicare Physician Fee Schedule Database (MPFSDB)* <https://www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfeesched>

Policy History

Date	Activity
05/15/2015	Initial effective date
02/01/2021	Policy Sources updated
01/01/2022	Reviewed with no changes