

Heat, Cold, and Light Therapy

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Overview

Heat, cold, and light therapy devices and services are covered for eligible Medical Assistance and MinnesotaCare members who have a medical condition and require treatment involving application of heat, cold, or light.

Eligible Providers

The following providers may provide heat, cold, and light therapy devices and services:

- Federal qualified health centers
- Home health agencies
- Hospitals
- Indian Health Services
- Medical suppliers
- Pharmacies
- Rural health clinics

TPL and Medicare

Providers must meet any provider criteria, including accreditation, for third party insurance or for Medicare to assist members for whom Minnesota Health Care Programs (MHCP) is not the primary payer.

MHCP quantity limits and thresholds apply to all members unless only Medicare coinsurance or deductible is requested.

Refer to the [Medicare and Other Insurance](#) section of the MHCP Provider Manual for more information.

Eligible Members

Heat, cold, and light therapy devices are covered for eligible Medical Assistance and MinnesotaCare members who meet criteria for the specific device.

Covered Services

Codes: A4633, A4634, A9901, E0200, E0202, E0203, E0205, E0210, E0215, E0217, E0218, E0236, E0249, E0691-E0693

MHCP covers the following types of devices:

- Heat lamp, table model (E0200)
- Phototherapy light with photometer (E0202)
- Therapeutic lightbox, table model (E0203)
- Heat lamp, stand model (E0205)

- Standard electric heat pads (E0210)
- Moist electric heat pads (E0215)
- Water circulating heat pad (E0217)
- Fluid circulating cold pad (E0218)
- Pump for water circulating pad (E0236)
- Ultraviolet light therapy systems (E0691 to E0693)

Heat and cold therapy devices

Heat therapy promotes relaxation of collagen tissues within muscles, tendons, and ligaments. Heat causes blood vessels to open and increases blood flow and allows tissue purging of debris of an injury. Minnesota Health Care Programs (MHCP) covers heat lamps, standard and moist electric heat pads, and water circulating heat and cold pads for members with a medical condition that requires application of heat or cold. Documentation must detail why the item is necessary for the member's medical condition.

Heat lamps (E0200, E0205) are covered for members who cannot tolerate pressure of directly applied heat source or require positioning needs.

Heat pads (E0210, E0215) and water circulating heat pads and pumps (E0217, E0236) are covered for members who suffer from chronic pain and require adjustable and consistent application of heat.

Replacement pads for water circulating heat units (E0249) are covered for member-owned devices when the original pad no longer functions. Document in the medical record that the original item is no longer functional. HCPCS code E0249 is not separately reimbursable within the same month of dispensing of water circulating heat pads or pumps.

Cold therapy involves application of cold treatment to affected tissues, usually during the postoperative or post-trauma period to enhance pain control and reduce edema. Pain sensations are held in check by cold, which reduces the speed of impulses conducted by nerve fibers. MHCP covers fluid circulating cold pads (E0218) for members who require treatment to reduce muscle spasms and hemorrhaging and swelling within injured tissues.

Phototherapy lights

Phototherapy lights (E0202) are used to treat newborns with jaundice caused by heightened levels of bilirubin in the blood. Phototherapy lights provide a particular wavelength of blue, fluorescent light that breaks down bilirubin into nontoxic water-soluble components that are excreted by the newborn. Lights are available as a lamp, light panel, or special light blanket.

MHCP covers phototherapy lights as short-term rentals. Treatment is limited to 10 consecutive days within the first 30 days of life. MHCP pays for the daily rental of the phototherapy light and the service fee per patient episode. HCPCS code A9901 and modifier U3 are used for the service fee. HCPCS code A9901 U3 must be billed on the same claim as HCPCS code E0202.

Seasonal affective disorder (SAD) lights

Therapeutic lightboxes (E0203) are covered for members who suffer from recurring major depression, bipolar disorder, and SAD. Members must have a documented history of winter depressive episodes with seasonal onset that significantly outnumber any non-winter depressive episodes. The device must be ordered by a mental health specialist or physician. Documentation must detail the member's ability and willingness to use the device, mental health diagnosis, member compliance with other mental health treatments, depressive symptoms, and dates of depressive episodes.

Replacement bulbs for therapeutic lightboxes (A4634) are covered for member-owned devices when the original bulb no longer functions. Document in the medical record that the original item is no longer functional. HCPCS code A4634 is not separately reimbursable within the same month of dispensing of therapeutic lightbox.

Ultraviolet light therapy systems

Ultraviolet light therapy systems (E0691 to E0693) are used for treatment of severe cases of skin conditions such as psoriasis, pruritic eruptions of HIV, eczema, and acne. Authorization is always required.

Ultraviolet light therapy systems are covered if the following criteria are met:

- The member has a skin condition in which conservative treatments have failed; and
 - The member is unable to attend therapy in the outpatient setting due to a medical condition; or
 - The member requires treatment more than two times weekly over a period of at least three months.

Replacement bulbs and lamps for ultraviolet light therapy systems (A4633) are covered for member-owned devices when the original item no longer functions. Document in the medical record that the original item is no longer functional. HCPCS code A4633 is not separately reimbursable within the same month of dispensing of ultraviolet light therapy system.

Noncovered Services

MHCP does not cover the following:

- Infrared heating pad systems (E0221)
- Hydrocollator units (E0225)
- Noncontact wound-warming devices (E0231) and warming cards (E0232)
- Portable hydrocollator units (E0239)
- Multidirectional ultraviolet light therapy systems (E0694)
- Home ultraviolet light A (UVA) systems
- Red light therapy devices
- Therapy devices for members living in nursing facilities or intermediate care facilities for the developmentally disabled (ICF/DD)
- Therapeutic lightboxes for indications not listed in this policy
- Purchases of phototherapy lights
- Repair costs for phototherapy lights
- Rentals of phototherapy lights for indications not listed in this policy

Authorization

Authorization is required for the following:

- Quantities over MHCP quantity limits
- Ultraviolet light therapy systems (E0691 to E0693)
- Rentals for phototherapy lights lasting longer than 10 consecutive days

Submit authorization request and required documentation to the [Medical Review Agent](#).

Documentation for ultraviolet light therapy systems must include:

- Member's diagnosis and clinical history, including the severity of the condition
- History of conservative treatment, including oral and topical medications, and why treatment has failed or is contraindicated
- Member's response to therapy in an outpatient setting

- Documentation explaining why treatment in the home is requested
- Documentation illustrating the ability and willingness of the member or their caregiver to effectively and safely use the equipment in the home

Billing

Providers are responsible to [coordinate services](#). Refer to the [Billing Policy Overview](#) section of the MHCP Provider Manual for general billing information.

Bill heat, cold, or therapy lights using [MN-ITS 837P Professional](#). Refer to the [Billing for Durable Medical Equipment, Medical Supplies, Prosthetics, Orthotics, and Augmentative Devices](#) MN-ITS user manual for general billing requirements and guidance when submitting claims.

- Use modifier NU for purchases
- Use modifier RR for rentals
- Bill HCPCS code E0202 as a date span with one unit as one date of service
- Bill HCPCS code A9901 and modifier U3 for the service fee for phototherapy light rentals
- Bill HCPCS codes A9901 U3 and E0202 on the same claim

Documentation must include:

- Member's diagnosis
- Order
- Item to be dispensed
- Anticipated duration of need
- Requested medical necessity and policy information for the specific device

Electric heat pads, water circulating heat pads and pumps, fluid circulating cold pads, and replacement bulbs, lamps, and pads are purchase items only.

Phototherapy lights are rental items only. Documentation must be less than one day old. Dispensing of phototherapy light rentals and the service fee include all accessories, education on use of equipment, and routine servicing and repairs to make the light functional.