Iontophoresis

Frequently Asked Questions (FAQs)

1. What is iontophoresis?
Iontophoresis is a non-invasive method to deliver medication through the skin to a specific area using a continuous direct current. Anti-inflammatory and anesthetic medications (dexamethasone and lidocaine) are the most common medications delivered using iontophoresis in physical therapy\(^1\). Iontophoresis requires two electrodes, one positively and one negatively charged. Placement of the electrodes is dependent on the polarity of the medication being delivered. For example, dexamethasone has a negative polarity. Therefore, the electrode containing dexamethasone will be placed over the affected body part and attached to the negative charge in the electrical circuit. The negative current repels the negative dexamethasone ions, driving them through the patient's skin.\(^2,3\) Conversely, lidocaine has a positive polarity so the electrode would be attached to the positive charge in the electrical circuit.

2. What types of conditions benefit from iontophoresis?
Most commonly, superficial inflammatory conditions are thought to benefit from iontophoresis. These include plantar fasciitis, bursitis, tendonitis, tenosynovitis as well as other inflammatory conditions.

3. What are the advantages of using iontophoresis?
Providers who support the use of iontophoresis believe that it offers a number of advantages over other drug delivery methods. It is believed to avoid the risks of infection and skin damage, and the discomfort associated with delivering drugs by injection. It is often stated that iontophoresis can deliver a greater concentration of medication to a local area, thereby avoiding the systemic effects of oral medications.

4. How do I report (bill for) iontophoresis?
Iontophoresis is reported using CPT code 97033 which reads "Application of a modality to one or more areas; iontophoresis, each 15 minutes." The application of this modality requires direct, one-on-one, patient contact by the provider. The number of areas to which iontophoresis is applied is not a determining factor in the number of units billed. It is the total time during which the therapist has direct contact with the patient during the preparation, application, delivery, and electrode removal that determines the number of units reported.

5. Can I bill for the patches used in iontophoresis?
No. The patches are supplies that are consumed during the treatment visit and are not separately billable.

6. Why do some insurers not cover iontophoresis?
Insurance companies are responsible for determining what services and procedures are covered in their benefit packages. Those insurers who do not cover iontophoresis typically classify it as an experimental/investigational procedure because they do not believe there is sufficient evidence to support the effectiveness of the treatment. Evidence regarding the effectiveness of treatment can be reviewed through Hooked on Evidence and APTA Open Door (see question 10).
It is advisable to check with your contracted payers to determine their coverage of iontophoresis. State chapters may also have information regarding specific payer policies. Coverage for iontophoresis under Medicare is dependent on the contractor's Local Coverage Determinations. Check with your contractor to determine coverage.

7. Can I bill the patient for iontophoresis if it is not a covered benefit under his/her insurance plan?
Yes, in most cases you can charge the patient for iontophoresis when it is not a covered benefit. The patient should be made aware of iontophoresis as a treatment option and be given the choice as to whether or not they want to pay for it out-of-pocket. In cases involving Medicare beneficiaries, the Advanced Beneficiary Notice (ABN) would be used.

Note: It is advisable to check with workers' compensation carriers to determine if the injured worker can be billed for a non-covered benefit.

8. Can I report electrical stimulation instead of iontophoresis?
No. While an electrical current is used to deliver this service, there is a code that more accurately describes the service provided.

9. Who is responsible for providing the medication to be used in iontophoresis?
Typically, a physician will prescribe the medication and the patient will pick up the prescription and bring it to the therapy appointment. If allowed by local/state regulations, the PT clinic can store medication for the patient. Contact the agency that regulates dispensing medication for more information. Medications prescribed for one patient cannot be used for another patient.

10. Can I bill the patient for the medications?
There are many factors that must be considered when billing for iontophoresis. These factors include not only the insurers' conditions of participation but also your state practice act and any regulatory agencies that have jurisdiction in your practice setting, and/or those that pertain specifically to pharmaceuticals.

Click here to view APTA's position on pharmacology in physical therapist practice.

11. Where can I review research regarding the effectiveness of iontophoresis?

Tip: Iontophoresis may also be referred to as transdermal drug delivery; include this keyword in your searches for more complete results.

12. What should be included in documentation of iontophoresis?
Documentation should demonstrate the skilled nature of services provided in addition to what services were provided (including frequency, intensity, time, duration and level of physical and/or cognitive assistance provided, as appropriate).
Documentation of each visit/encounter shall include the following elements:

<table>
<thead>
<tr>
<th>Element</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient/client self-report (as appropriate).</td>
<td>Patient reports feeling &quot;about the same&quot; today.</td>
</tr>
<tr>
<td>Identification of specific interventions provided, including frequency, intensity, and duration and level of physical and/or cognitive assistance provided as appropriate.</td>
<td>Dexamethasone delivered over right lateral epicondyle via iontophoresis for a total dose of 40mA/minutes.</td>
</tr>
<tr>
<td>Changes in patient/client impairment, functional limitation, and disability status as they relate to the plan of care.</td>
<td>Grip strength improved to 35 lbs (from 25 on initial evaluation).</td>
</tr>
<tr>
<td>Response to interventions, including adverse reactions, if any.</td>
<td>No skin irritation was noted on removal of electrodes.</td>
</tr>
<tr>
<td>Factors that modify frequency or intensity of intervention and progression goals, including patient/client adherence to patient/client-related instructions.</td>
<td>Patient demonstrating adherence to home program. Return demonstration of HEP completed. Instructed in progression of HEP. Progressing toward goals of increasing grip strength, decreasing pain and resuming normal daily activities.</td>
</tr>
<tr>
<td>Communication/consultation with providers/patient/client/family/significant other.</td>
<td>Not applicable in this situation.</td>
</tr>
<tr>
<td>Documentation to plan for ongoing provision of services for the next visit(s), which is suggested to include, but not be limited to: the interventions with objectives, progression parameters, and precautions, if indicated.</td>
<td>Anticipate two additional visits over the next week in order to achieve goal of increased grip strength to 45 lbs to participate in daily activities.</td>
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Additional documentation resources are available on the APTA Web site at www.apta.org/documentation.

References