1. **Purpose**

The purpose of this policy is to establish the criteria for the medically necessary use of iontophoresis.

2. **Definitions**

Iontophoresis is a transdermal delivery system in which a drug or other substance is propelled through the skin by a low level electrical current. The use of iontophoresis requires direct provider contact and should be reported for each 15 minute time period.

3. **Statement of Policy**

3.1. The determination of medical necessity for the use of iontophoresis is always made on a case-by-case basis.

3.2. Iontophoresis **may be considered medically necessary** for a patient who has reported pain, documented loss of function or for wound care.

3.3. Any treatment plan involving the use of iontophoresis should ultimately result in a reduction in the patient’s pain and/or an improved ability to perform age appropriate activities of daily living. The use of iontophoresis beyond two to three (2-3) weeks without a clinically meaningful reduction in pain levels and clinical signs of functional improvement is **considered not medically necessary**.

4. **References**

4.1. **Scientific:**

The following scientific references were utilized in the formulation of this medical policy. Triad Healthcare, Inc. will continue to review clinical evidence surrounding the use of iontophoresis and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to Triad Healthcare, Inc. so the information can be reviewed by the Academic Advisory Committee (AAC) and the Medical Quality Improvement Committee (MQIC) to determine if a modification of the policy is in order.


4.2. Related Triad Medical Policies:

- **TMMP 10 - Use of Passive and Active Care**
- **TMMP 13 – Use of Adjunctive Modalities and / or Therapeutic Procedures**
- **TMMP 18 - Medical Necessity**

**CPT Codes**

This policy relates to the use of the following CPT Codes:

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description (AMA CPT Guide)</th>
</tr>
</thead>
<tbody>
<tr>
<td>97033</td>
<td>Iontophoresis, each 15 minutes</td>
</tr>
</tbody>
</table>

This list may not be all inclusive and is not intended to be used for coding/billing purposes.

**Table of Revisions**
<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Modified By</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/22/2011</td>
<td>Level 1,2,3</td>
<td>Annual review. §3.3 replaced ‘carry out usual’ with ‘perform age appropriate’. §4.2 added reference to TMMP 13 – Use of Adjunctive Modalities and/or Therapeutic Procedures. Removed §5, Attachments and §5.1 Provider Manual as the provider manual has been re-written administratively. Added CPT Code table.</td>
</tr>
<tr>
<td>08/09/2010</td>
<td>Level 1,2,3</td>
<td>Annual review. No change</td>
</tr>
<tr>
<td>08/04/2009</td>
<td>Level 1,2,3</td>
<td>Annual review. Corrected titles in §4.2. §3.3 text changed from “the use of iontophoresis beyond two to three (2-3) weeks without a clinically meaningful reduction in pain levels and clinical signs of functional improvement may not be considered medically necessary” to “the use of iontophoresis beyond two to three (2-3) weeks without a clinically meaningful reduction in pain levels and clinical signs of functional improvement is considered not medically necessary.”</td>
</tr>
<tr>
<td>08/17/2008</td>
<td>Level 1,2,3</td>
<td>New medical policy.</td>
</tr>
</tbody>
</table>

Triad’s Medical Policies are not recommendations for treatment and providers are expected to exercise their clinical judgment in providing the most appropriate care. Health care providers and patients should not rely on these Medical Policies in making health care decisions. These Medical Policies are guidelines and do not constitute an authorization, certification, explanation of benefits or guarantee of payment. Applications of Triad’s Medical Policies are determined by the enrollee’s benefit documents and contracts and as such individual benefits must be verified. Determinations of medical necessity apply only if the benefit exists and no contract exclusions are applicable. In the event of a conflict, a participant’s benefit plan document shall supersede the information contained in Triad’s Medical Policies.