1. Purpose
The purpose of this policy is to establish criteria for the medically necessary use of ultrasound/phonophoresis.

2. Definitions
2.1. Therapeutic ultrasound is defined as the use of focused, high-frequency sound waves to produce local hyperthermia, to relieve pain and improve healing. The amount of energy that reaches a specific site is dependent upon characteristics of the ultrasound (frequency, intensity, amplitude, focus and beam uniformity) and the tissues through which it travels.

2.2. Phonophoresis is the use of ultrasound to facilitate the absorption of drugs across the skin. The use of ultrasound requires direct one-on-one 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 ultrasound/phonophoresis is always made on a case-by-case basis.

3.2. The use of ultrasound/phonophoresis may be considered medically necessary for a patient who has pain or documented functional loss, which has resulted from disease, injury or surgery.

3.3. Any treatment plan involving ultrasound/phonophoresis 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 passive modalities, such as ultrasound/phonophoresis beyond three (3) weeks has not been shown to produce meaningful long-term benefit and is considered not medically necessary. Care at this point should be focused on transitioning the patient to active and self care strategies.

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
ultrasound/phonophoresis for the treatment of musculoskeletal pain syndromes 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.

- AHRQ Evidence Report/Technology Assessment: Number 62 Diagnosis and Treatment of Worker-Related Musculoskeletal Disorders of the Upper Extremity


4.2. Related Triad Medical Policies:

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

**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>97035</td>
<td>Application of a modality to 1 or more areas; ultrasound, 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>06/23/2014</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. §3.3. second sentence changed from “the use of ultrasound/phonophoresis 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” to “the use of passive modalities, such as ultrasound/phonophoresis beyond three (3) weeks has not been shown to produce meaningful long-term benefit and is considered not medically necessary.” Also in §3.3. “care at this point should be focused on transitioning the patient to active and self care strategies.”</td>
</tr>
<tr>
<td>06/10/2013</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. Description (AMA CPT Guide) for CPT code 97035 updated.</td>
</tr>
<tr>
<td>08/06/2012</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes to policy text.</td>
</tr>
<tr>
<td>07/22/2011</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. §3.3. replaced “care 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 changes.</td>
</tr>
<tr>
<td>08/04/2009</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes.</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.