



The UltraMIST® System 2025 Reimbursement Guide

THERAPY INDICATIONS

Low-frequency, noncontact, and nonthermal ultrasound (UltraMIST® Therapy, CPT code 97610) is a wound care therapy system for wounds, burns, and ulcers (including venous leg and diabetic foot ulcers) that may be eligible for insurance coverage when considered reasonable and medically necessary.

UltraMIST may be utilized for patients for whom:

- Traditional debridement methods have been unsuccessful, and the patient is contraindicated for sharp or excisional debridement techniques.
- There is a lack of progress observed after a continuous period of 30 days under standard wound care.

| National Medicare Reimbursement Rate for Physicians | | | | | |
|---|--|-----------------------|------------|---------------------|------------|
| CPT Code | Code Description | Non-Facility (Office) | | Facility (Hospital) | |
| | | Payment | Total RVUs | Payment | Total RVUs |
| 97610 | Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day | \$397.22 | 12.28 | \$17.14 | 0.53 |

| National Medicare Reimbursement Rate for Outpatient Hospitals | | | |
|---|--|------------------------------------|-------------|
| CPT Code | Code Description | APC | APC Payment |
| 97610 | Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day | APC 5051 Level 1 Skin Procedure | \$198.70 |

Note: RVUs, a basic component of the Resource-based Relative Value Scale (RBRVS), are used by CMS and private payors to determine physician payment. National Medicare Payment rates are based on annually updated Medicare fee schedule files. The actual payment for CPT 97610 can depend on multiple factors, including but not limited to the patient's individual insurance plan, coverage policies, and the specific details of the service provided. It is recommended to consult with the relevant insurance provider for guidance regarding coverage and reimbursement for any specific medical service.



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CODING AND BILLING GUIDELINES:

CPT code 97610 is reported once, per day, for the duration of the treatment. Complete provider documentation should include wound assessment and ongoing instructions.

The Centers for Medicare and Medicaid Services (CMS) designated CPT code 97610 to be a “sometimes therapy code”. “Sometimes therapy” services can be performed by qualified healthcare professionals outside of a certified therapy plan of care. When billed by a hospital, “sometimes therapy” codes may be paid as non-therapy services for hospital outpatients and typically do not require therapy modifiers. When “sometimes therapy” codes are furnished by a qualified therapist under a therapy plan of care (POC), therapy modifiers may be required in order to receive payment under the Medicare Physician Fee Schedule (MPFS).

To ensure all provider documentation standards met, please consult with the appropriate Medicare Administrative Contractor or private insurance carrier for specific requirements

Disclaimer:

The information presented in this coding guide is informational only and should not be construed to be advice, legal advice or a recommendation of any kind. The identification of payment rates is not a guarantee of coverage by any payor. Providers should report the procedure and related codes that most accurately describe the patient's medical condition, procedures performed, and the products used. All medical services must be reasonable and necessary for the care of the patient to support reimbursement. Providers should review Medicare and other payer bulletins, manuals, program memoranda, and guidelines to ensure compliance with billing and documentation requirements. Inquiries can be directed to the provider's appropriate Medicare Part A/Part B Administrative Contractor (MAC), Durable Medical Equipment Medicare Administrative Contractor (DMEMAC), or to the appropriate payer. SANUWAVE has made reasonable effort to provide coding information but this information should not be construed as providing clinical advice, reimbursement policy, or as a substitute for the judgement of the provider. SANUWAVE assumes no responsibilities or liabilities for the timeliness, accuracy, and completeness of the information contained herein since reimbursement information is subject to change without notice, including as a result in changes in reimbursement laws, regulations, rules, and policies. The information included herein is current as of February 2025 but subject to change without notice.

References:

1. 2025 American Medical Association Current Procedural Terminology (CPT). CPT is a registered trademark of the AMA. The AMA assumes no liability for data contained or not contained herein.
2. Centers for Medicare and Medicaid Services. 2025 Medicare Physician Fee Schedule (MPFS) Addenda.
3. Centers for Medicare and Medicaid Services. 2025 Medicare Outpatient Prospective Payment System (OPPS) Fee Schedule Addenda.
4. Centers for Medicare and Medicaid Services. 2025 Medicare Claims Processing Manual

Contact Us

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