



LASER THERAPY

Can your practice afford not to offer it?

By Mark Callanen, PT, DPT, OCS

HEALTH CARE PRACTITIONERS' FIRST QUESTION when assessing a modality is normally "Does it work?" Usually within minutes this transitions to "What is the CPT code?" and "Is it reimbursable?" If the answers to these questions are uninspiring, the conversation dries up quickly.

So how does laser therapy, commonly referred to as Low Level Laser Therapy (LLLT), stack up?

Does it work? Laser therapy, as of March 2018, has over 7,400 studies in PubMed related to how LLLT impacts musculoskeletal tissue. LLLT can be utilized as an adjunct to normal plans of care to help reduce

pain and inflammation.^{1,2} Pain is reduced in various ways with laser therapy, which is more correctly referred to as photobiomodulation (PBM). Its mechanisms center around direct effects on afferent nerves as well as a variety of positive influences on the inflammatory cascade.^{3,4,5,6,7,8}

Laser therapy has impacted professional and college training rooms for years. Lasers are currently being used by Major League Baseball organizations, multiple NFL and NBA teams, as well as over 100 Division I college training rooms. Traditionally it has been used in the chiropractic and veterinary markets, and in the past few years has begun to pick up momentum in the physical therapy space.

What is the CPT code? LLLT currently does not have a CPT code associated with it.

Is it reimbursable by third-party payers? LLLT has been reimbursed by specific insurers on occasion,* but there is no specific CPT code for it, which precludes it from being recognized by many insurers.

In 2004 a Healthcare Common Procedure Coding System (HCPCS) code (S8948) was developed for LLLT which can be utilized by insurers that recognize it. For carriers such as Medicare that do not recognize HCPCS codes, the appropriate CPT Code for LLLT is 97039, "Unlisted Modality."

If you are like most practitioners, this is usually where your attention starts to wane. **"If I can't bill for it, why would I purchase a laser?"**

The current economic environment with increasing overhead and decreasing reimbursement in the outpatient market has forced clinic owners to consider different cash options to generate revenue and differentiate their clinics from competitors, not only to be competitive, but to survive.

Higher power, Class 4 laser therapy positions itself well as a cash modality as it has the ability to reduce pain complaints in minutes.^{9,10,11} This unique ability to create quick analgesia for patients has many practices embracing laser therapy as an adjunctive cash option to enhance patients' plans of care. The reduction of pain and inflammation will accelerate most plans of care, which holds value for both the patient and the clinician.

Given factors such as the opioid crisis in the United States and the large deductibles American families face for outpatient services, many patients are now actively looking for conservative, non-pharmaceutical solutions to quickly reduce their pain complaints. Class 4 laser is a value proposition many practices have historically overlooked due to the reimbursement obstacle, and in doing so have missed out on a significant opportunity.

How significant is the pain market? Pain-related diagnoses including low back pain, osteoarthritis, and general joint-related disorders account for over 57 percent of primary physician care visits annually.¹² In 2010 the total financial cost of pain to the United States society was calculated to range from \$560 to \$635 billion, nearly 30 percent higher than the combined cost of cancer and diabetes.¹³

Treating pain is a complex topic that may require unique solutions. Starting a laser therapy program, or any cash program in a medical setting, requires training



and coaching from experts in this area. That being said, having unique tools to treat the pain population is not only advisable, but if done well, could improve the financial health of a practice and the lives of many patients.

*TriWest/Tricare has reportedly reimbursed for LLLT in California and Maryland.

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Additional references available upon request.



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