

L-Dex[®] 2021 CPT[®] Coding Guide

L-Dex is intended to assess and monitor patients at risk of subclinical lymphedema, prior to the presence of visible signs and symptoms. Bioimpedance Spectroscopy (BIS) makes it possible to document a standardized and objective quantitative measurement for the presence of the impairment or to assess a patient’s response to lymphedema treatment. This is achieved through the establishment of a pre-surgical baseline followed by periodic surveillance during the period of highest incidence.

Billing and coding questions: reimbursement@impedimed.com or 760-585-2060.

CPT Code	Descriptor	2021 Medicare National Physician Payment		2021 Medicare Hospital Outpatient Payment	
		RVU	Payment	APC	Payment
93702	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment	3.90	\$ 143.25	5721	\$ 139.55
CPT Code	Descriptor	Physician Office Setting		Facility Setting	
		RVU	Payment	RVU	Payment
99212	Evaluation and Management Code	1.67	\$ 54.12	1.06	\$ 34.35
99213	Evaluation and Management Code	2.68	\$ 86.85	1.95	\$ 63.19
99214	Evaluation and Management Code	3.81	\$ 123.48	2.88	\$ 93.34
99215	Evaluation and Management Code	5.33	\$ 172.74	4.27	\$ 138.39

CPT 93702 does not include a relative value unit (RVU) for the physician work.

The provider can bill an evaluation and management (E/M) service to account for the work portion of this service. The report generated is reviewed by the provider and this work would then be included in the E/M service. Modifier -25 should be added to an E/M code if billed on the same day as 93702 (modifier -25 verifies that the E/M code is a separate and identifiable procedure).

Frequently Asked Questions:

Q: What are the FDA-cleared Indications for Use for the ImpediMed SOZO device, using L-Dex technology?

“A bioimpedance spectroscopy device for use on adult human patients, utilizing impedance ratios that are displayed as an L-Dex ratio that supports the measurement of extracellular volume differences between the limbs and is presented to the clinician on an L-Dex scale as an aid to their clinical assessment of lymphedema.

The use of the device to obtain an L-Dex score is only indicated for patients who will have or who have had lymph nodes, from the axillary and/or pelvic regions, either removed, damaged, or irradiated.”

Q: Can a physician bill an Evaluation and Management code at same time as CPT code 93702 is billed?

CPT code 93702 does not have any physician work RVUs. If the physician or mid-level practitioner sees the patient for a medically necessary visit the same day as the L-Dex procedure, it may be appropriate to bill evaluation and management code (E/M). Modifier -25 should be added to evaluation and management code (E/M) if billed on the same day as 93702 (modifier-25 verifies that the E/M code is a separate and identifiable procedure).

Q: What are applicable diagnosis codes typically used in conjunction with L-Dex?

While there are no specific diagnoses codes for L-Dex, providers may use diagnosis code of underlying disease (e.g. breast cancer C50.xxx), lymphedema-associated diagnosis code (I89.9), or a combination of the two. Some payers may have policies requiring the use of a particular diagnosis code for L-Dex.

Q: Which payers cover L-Dex?

CPT code 93702 was effective January 1, 2015. Please contact our reimbursement team for assistance with commercial payer coverage.

Q: What type of healthcare provider can perform L-Dex procedure?

CPT code 93702 does not have any physician work RVUs; therefore the services associated with 93702 can be performed by trained personnel such as a PA, MA, Physical Therapist or RN.

Q: Can a Physical Therapist bill CPT code 93702?

There are no coding restrictions on a physical therapist billing CPT code 93702. However, providers should contact their payers directly to confirm that CPT code 93702 is an approved CPT code under the physical therapy contract. Physical therapists practicing in an independent rehabilitation facility should contact payers to pursue adding CPT code 93702 as an allowable service, as 93702 is not a physical therapy code.

Q: The Medicare fee schedules provided above are national averages. Where would I find the local Medicare fee schedules for physicians in my state?

The Center for Medicare and Medicaid (CMS) has a search engine that you can find state and local fee schedules for all CPT codes. The website is: <https://www.cms.gov/apps/physician-fee-schedule/overview.aspx>

Q: What should I do if my L-Dex claim is denied?

Claims denials can occur for a wide variety of reasons. It is important to understand why the claim was denied and what options are available to re-submit or appeal the claim, as appropriate. Contact your local ImpediMed representative for template denial appeal letters.

Q: Is there a Reimbursement Resource for Questions?

Email your reimbursement questions to reimbursement@impedimed.com or call us at 760-585-2060.

Coding Resources:

- Current Procedural Terminology (CPT[®]) Professional Edition 2019. Copyright 2018 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.
- CMS Physician Fee Schedule CY2020 Final Rule 1715-F. Conversion Factor 36.0896. Fee schedules are national averages and are not geographically adjusted.
- CMS Hospital Outpatient Prospective Payment System 2020 Final Rule - CMS 1717-FC. Fee schedules are national averages and are not geographically adjusted.

DISCLAIMER: While reasonable efforts have been made to ensure the accuracy of the information set forth, ImpediMed cannot guarantee reimbursement for any product or procedure. ImpediMed has gathered this information from third-party sources which are subject to change without notice resulting from changing laws, regulations and policies. We present this information for illustrative purposes only; this document does not constitute reimbursement or legal advice. It is the responsibility of the medical provider to determine the medical necessity for all services, contact insurance companies for specific coverage, coding and billing policies as well as update the information described herein.

L-Dex® 2021 Physical and Occupational Therapy Reimbursement Guide

L-Dex is intended to assess and monitor patients at risk of subclinical lymphedema, prior to the presence of visible signs and symptoms. Bioimpedance Spectroscopy (BIS) makes it possible to document a standardized and objective quantitative measurement for the presence of the impairment or to assess a patient's response to lymphedema treatment. This is achieved through the establishment of a pre-surgical baseline followed by periodic surveillance during the period of highest incidence.

CPT Code	Descriptor	2021 Medicare Hospital Outpatient Payment	
		APC	Payment
93702	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment	5721	\$139.55

Frequently Asked Questions:

Q: What are the FDA-cleared Indications for Use for the ImpediMed SOZO device, using L-Dex technology?

"A bioimpedance spectroscopy device for use on adult human patients, utilizing impedance ratios that are displayed as an L-Dex ratio that supports the measurement of extracellular volume differences between the limbs and is presented to the clinician on an L-Dex scale as an aid to their clinical assessment of lymphedema.

The use of the device to obtain an L-Dex score is only indicated for patients who will have or who have had lymph nodes, from the axillary and/or pelvic regions, either removed, damaged, or irradiated."

Q: Can a physical or occupational therapist bill for a physical or occupational therapy evaluation at the same time as CPT code 93702 is billed?

CPT code 93702 does not have any physician work RVUs, and there are no coding restrictions on a physical therapist billing the code as long as the CPT 93702 is billed under the national provider identification number of an affiliated outpatient facility. If a physical therapist performs a medically necessary evaluation, this can be billed along with CPT 93702.

Q: Will a claim for CPT code 93702 contribute toward a patient's annual physical and occupational therapy cap?

CPT code 93702 is not a physical therapy code, therefore it will not count toward a patient's annual physical therapy cap.

Q: Can a physical or occupational Therapist practicing in an independent facility bill CPT code 93702?

CPT code 93702 is not a physical therapy code, therefore it will not count toward a patient's annual physical therapy cap. Providers should contact their payers directly to confirm that CPT code 93702 is an approved CPT code under the physical therapy contract. Physical therapists practicing in an independent rehabilitation facility should contact payers to pursue adding CPT code 93702 as an allowable service, as 93702 is not a physical therapy code.

Q: What are applicable diagnosis codes typically used in conjunction with L-Dex?

While there are no specific diagnosis codes for L-Dex, providers may use diagnosis code of underlying disease (e.g. breast cancer C50.xxx), lymphedema-associated diagnosis code (I89.9), or a combination of the two. Some payers may have policies requiring the use of a particular diagnosis code for L-Dex. It is recommended you contact your commercial payers directly to inquire regarding specific requirements.

Q: Which payers cover L-Dex?

CPT code 93702 is a CPT code effective January 1, 2015. Please contact our reimbursement team for assistance with commercial payer coverage.

Q: What should I do if my L-Dex claim is denied?

Claims denials can occur for a wide variety of reasons. It is important to understand why the claim was denied and what options are available to re-submit or appeal the claim, as appropriate. Contact your local ImpediMed representative for template denial appeal letters.

Q: Is there a Reimbursement Resource for Questions?

Email your reimbursement questions to reimbursement@impedimed.com or call us at 760-585-2060.

Coding Resources:

- Current Procedural Terminology (CPT®) Professional Edition 2019. Copyright 2018 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.
- CMS Hospital Outpatient Prospective Payment System 2020 Final Rule - CMS 1717-FC. Fee schedules are national averages and are not geographically adjusted.

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The logo for ImpediMed, featuring the word "impedimed" in a lowercase, sans-serif font. The "i" and "d" are slightly larger and more prominent than the other letters.

ImpediMed Inc.
5900 Pasteur Court, Suite 125, Carlsbad, CA 92008
Toll Free: +1-877-247-0111
Email: info@impedimed.com
www.impedimed.com

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