Medical Policy

Iontophoresis and Phonophoresis as a Transdermal Technique for Drug Delivery

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Policy Number: 095
BCBSA Reference Number: 8.03.14A
NCD/LCD: N/A

Related Policies
- Treatment of Hyperhidrosis (includes iontophoresis as treatment of hyperhidrosis), #406

Policy
Commercial Members: Managed Care (HMO and POS), PPO and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

Iontophoresis to administer local anesthesia prior to a venipuncture or dermatologic procedure may be MEDICALLY NECESSARY.

Iontophoresis of fentanyl for the short term (i.e., less than 24 hours) management of acute postoperative pain in adult patients requiring opioid analgesia in a monitored facility (e.g., inpatient hospital, outpatient hospital, ambulatory surgical center) may be MEDICALLY NECESSARY.

Iontophoresis as a transdermal drug delivery technique for other medical indications is INVESTIGATIONAL.

Phonophoresis alone or in combination with iontophoresis as a transdermal drug delivery technique for any medical indication is INVESTIGATIONAL.

Prior Authorization Information
Pre-service approval is required for all inpatient services for all products. See below for situations where prior authorization may be required or may not be required for outpatient services.
Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.
N/A indicates that this service is primarily performed in an inpatient setting.
### CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:
Examples of phonophoresis devices for ultrasound transdermal delivery include the SonoPrep® device from Echo Therapeutics, Inc. All phonophoresis devices for ultrasound transdermal delivery are considered investigational regardless of the commercial name, the manufacturer or FDA approval status.

**Summary**
The available evidence for the use of iontophoresis to administer local anesthesia prior to a venipuncture or dermatologic procedure, and fentanyl for the short-term (i.e., less than 24 hours) management of acute postoperative pain in adult patients is sufficient to show improvement in net health outcome. Therefore, their use for these indications may be medically necessary.

Given the lack of evidence to show improvement in net health outcome, the use of phonophoresis as a transdermal delivery technique, alone or in combination with iontophoresis, is investigational.

**Policy History**

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<th>Date</th>
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<tr>
<td>9/2015</td>
<td>Clarified coding language.</td>
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**Information Pertaining to All Blue Cross Blue Shield Medical Policies**
Click on any of the following terms to access the relevant information:
- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
- Clinical Exception Process
- Medical Technology Assessment Guidelines

**References**
1. 2003 TEC Assessments: Tab 3.