

REIMBURSEMENT, BILLING AND DOCUMENTATION GUIDE

MIST THERAPY – CPT CODE: 97610

CPT Code	Code Description	Medicare National Rate*
97610	Low-frequency, non-contact, non-thermal ultrasound therapy (one service per treatment session)	\$399.45

Billing Rules for Low frequency, non-contact, non-thermal ultrasound (MIST Therapy) – CPT 97610

One unit of CPT 97610 is allowable per day for a qualifying wound. CPT 97610 is not separately reportable for treatment of the same wound on the same day as other active wound care management CPT codes (97597–97606) or wound debridement CPT codes (11042–11047, 97597, 97598).¹

***IMPORTANT NOTES ABOUT RATES:**

²CMS finalized two distinct Medicare Physician Fee Schedule (MPFS) conversion factors (CFs) in 2026:

- Qualified Advanced Alternative Payment Model (APM) participants have a 2026 CF of **\$33.57**
- All other clinicians, Non-Qualified APM participants (“Non-QP”) have a CF of **\$33.40**

For QPP Participation Status, please visit: <https://qpp.cms.gov/eligibility-participation/eligibility/check>

For CPT code 97610 – Low-frequency, non-contact, non-thermal ultrasound therapy:

- The Medicare National Average Payment for Qualifying Alternative Payment Model (APM) participants is **\$399.45**.³
- The Medicare National Average Payment for Non qualifying APM (“Non-QP”) participants is **\$397.47**

Medicare physician fee payments vary by the Geographic Practice Cost Index (GPCI). It is important to check your local MAC for allowable rates in your area.³

Nurse Practitioners (NPs) and other mid-level providers are reimbursed at 85% of the Physician Fee Schedule (PFS) when the service is billed under their own NPI.³

NUVEXA REIMBURSEMENT SUPPORT

**For additional reimbursement support please contact the
Nuvexa Health Reimbursement Support Team:**

Phone: 1-888-908-0232

Fax: 1-888-908-0492

EMAIL: reimbursement@nuvexahealth.com

Sources:

1. CMS Article A58565 (Noridian MAC). Wound and Ulcer Care*. Please check your local MAC for additional information. <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=58565&ver=43>
2. Calendar Year (CY) 2026 Medicare Physician Fee Schedule Final Rule (CMS-1832-F): <https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2026-medicare-physician-fee-schedule-final-rule-cms-1832-f>
3. The CMS Physician Fee Schedule: <https://www.cms.gov/medicare/physician-fee-schedule/search>

Disclaimer: This document does not guarantee coverage or payment. A coverage determination does not ensure payment. Payer policies vary by time and location; coverage and payment questions should be directed to the payer. LCDs and Articles vary by Medicare Administrative Contractor. Providers must verify coverage requirements with their local MAC. Providers are solely responsible for coding and documentation. Nuvexa Health and its employees, stakeholders, and consultants assume no liability for use of the information in this document.

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DOCUMENTATION GUIDELINES¹

Low-Frequency, Non-Contact, Non-Thermal Ultrasound uses continuous low-frequency ultrasonic energy to produce and propel a mist of liquid, delivering continuous ultrasound energy to the wound bed.

Low-Frequency, Non-Contact, Non-Thermal Ultrasound is considered reasonable and necessary wound therapy when provided for:

- Wounds too painful for sharp or excisional debridement that have failed conventional debridement.
- Wounds meeting debridement criteria with documented contraindications to sharp or excisional debridement.
- Wounds where healing has not progressed as expected after 30 days.

Typically provided two to three times per week. Treatment length varies by wound size.

Observable improvement should be evident **after six treatments**, *including reduced pain, necrotic tissue, or wound size, or improved granulation tissue.*

Documentation must support medical necessity and include clinical evaluation, diagnosis, treatment plan, and documented improvements such as pain reduction, reduced wound size, improved granulation tissue, or reduced necrotic tissue.

Low-frequency, non-contact, non-thermal ultrasound may be provided up to two to three times per week. No more than 18 services within a six-week period are considered reasonable and necessary.

Sources:

1. CMS LCD **L38902** (Noridian MAC). Wound and Ulcer Care. Please check your local MAC for additional information.

<https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=58565&ver=43>

For additional reimbursement support please contact

Nuvexa Health Reimbursement Support

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