

SAFE & EFFECTIVE
RELIEF



ALPHA-STIM®

ALLEVIA
Health

Authorized Alpha-Stim® Sales & Service
Phone: (800) 684-9343 Fax: (888) 684-8414
www.AlleviaHealth.com

INSURANCE BILLING BY PRACTITIONER

Purchase

If the diagnosis is *anxiety, depression, or insomnia*, bill claims for the Alpha-Stim® M or Alpha-Stim® AID under the CPT code E1399. This is the code for unlisted durable medical equipment, and because it is not a unique billing code, most insurance companies will not pay on this code. (One exception is motor vehicle claims. Bill them using E1399, even if pain is the primary issue. They typically pay in full.) It is recommended that "Alpha-Stim® cranial electrotherapy stimulator (CES)" be written in for the description. The prescription should prohibit substitutions. Since E1399 is a by report (BR) code, the practitioner should accompany the claim with a brief letter stating why this is being prescribed.

If the primary diagnosis is *chronic pain* below the head, bill with code E0730 for the Alpha-Stim® M. (For motor vehicle claims see above.) Most insurance companies will make a partial payment using this code. If the patient is ordering extra electrodes, AS-Trodes™ are A4556 and ear clip electrodes are A4595. Lead wires should be billed as A4557. Replacement batteries are billed as A4630. Alpha Conducting Solution is billed as A4558 and felt electrodes are A4595.

Office Visits

For office visits utilizing the Alpha-Stim®, there are several possible codes a practitioner can utilize. The best ones are the physical medicine codes. Medical doctors, osteopaths, dentists, chiropractors, naturopaths, podiatrists, registered nurses, and physical therapists can use all the following codes (except 90899, which are for psychiatrists).

Code	Description	Time	Avg. Charge	Medicare Reimbursement	Insurance Reimbursement
97014	Unattended electrical stimulation. Billed in 15 minute increments based on length of treatment. Medicare has specific coverage criteria.	15 min.	15.00 per unit	15.00	17.00
G0283	Unattended electrical stimulation other than wound care, as part of a therapy plan of care. Billed in 15 minute increments based on length of treatment. Medicare has specific coverage criteria and prefers this code over 97014.	15 min.	25.00 per unit	20.00	Not listed
97032	Attended electrical stimulation. Application of a modality to one or more areas. Recommended for in-office treatments.	15 min.	25.00 per unit	17.00	22.00
90899	Unlisted psychiatric service or procedure. There is not a set fee schedule amount. Bill what you as the provider deem as your usual and customary charge based on length of service provided.	Inclusive	125.00 for treatment	Not listed	Not listed
97535	Self care/home management training; instructions in use of adaptive equipment, direct one-on-one contact.	15 min.	40.00 per unit	30.00	40.00

All codes listed above should be accompanied by an office visit 99201 - 99215, except Worker's Comp, which is 99455 for a physician or 99456 for personnel other than the treating physician. The more work a clinician does, and the more body parts treated, the greater the level of codes, and the more expensive the visit becomes. It is best not to exceed usual, customary, and reasonable ("UCR") fees for the area the practice is in, regardless of which combination of codes are used. The more UCR the codes appear, the greater the likelihood of the patient or practitioner being reimbursed. UCR is the general rule of thumb insurance companies live by. Everything must be UCR. The CPT codes, description, fees, ICD-9 (diagnosis), and even the total amount of the claim form being submitted must be UCR.

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