Insurance Billing for the Alpha-Stim®

PURCHASE
Bill most claims, including Medicare, for the Alpha-Stim® 100 or Alpha-Stim® SCS under the CPT code E1399. This is the code for durable medical equipment not normally dispensed in an office visit. It is recommended that “Alpha-Stim 100 microcurrent stimulator” or “cranial electrotherapy stimulator (CES)” be written in for the description, rather than transcutaneous electrical nerve stimulation (TENS). The prescription must include a diagnosis of anxiety, depression, or insomnia for CES. The prescription should prohibit substitutions. Since E1399 is a by report (BR) code, the practitioner will have to accompany the form with a brief letter stating why this is being prescribed. For example:

To whom this may concern:

I am prescribing an Alpha-Stim 100 microcurrent and cranial electrotherapy stimulator for my patient, Jane Doe, for her intractable neck pain accompanied by anxiety. This device has shown to be consistently effective for her [the more specific details here, the better] and I have advised her to utilize it on an as-needed basis.

Yours truly,
Dr. John Smith

If the primary diagnosis is pain, or Worker’s Compensation, bill code E1399 for the Alpha-Stim® 100 or Alpha-Stim® PPM. 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
Office visits utilizing the Alpha-Stim are a different matter. 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).

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Time</th>
<th>Avg. Charge</th>
<th>Medicare Reimbursement</th>
<th>Insurance Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>97014</td>
<td>Unattended electrical stimulation. Billed in 15 minute increments based on length of treatment. Medicare has specific coverage criteria.</td>
<td>15 min</td>
<td>15.00 per unit</td>
<td>15.00</td>
<td>17.00</td>
</tr>
<tr>
<td>G0283</td>
<td>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.</td>
<td>15 min</td>
<td>25.00 per unit</td>
<td>20.00</td>
<td>Not listed</td>
</tr>
<tr>
<td>97032</td>
<td>Attended electrical stimulation. Application of a modality to one or more areas. Recommended for in-office treatments.</td>
<td>15 min</td>
<td>25.00 per unit</td>
<td>17.00</td>
<td>22.00</td>
</tr>
<tr>
<td>90899</td>
<td>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.</td>
<td>Inclusive</td>
<td>125.00 for treatment</td>
<td>Not listed</td>
<td>Not listed</td>
</tr>
<tr>
<td>97535</td>
<td>Self care/home management training; instructions in use of adaptive equipment, direct one-on-one contact.</td>
<td>15 min</td>
<td>40.00 per unit</td>
<td>30.00</td>
<td>40.00</td>
</tr>
</tbody>
</table>

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.

Medicare Reimbursement Calculation: Amounts listed are a national average. To find out the specific reimbursement for your area, log on to: www.cms.hhs.gov/physicians/mpfsapp/display.asp or www.traiblazerhealth.com

A final word on insurance: The Alpha-Stim improves the quality-of-life of the person using it more than any competing device or drug. Don’t sell it short! It is well worth the purchase price! Considering the 5 year warranty it is far less expensive than drugs and/or professional services. Use EPI’s rent-to-own form for patient financing when there is no insurance or if the insurance company refuses to pay. Remember: Everybody needs an Alpha-Stim!
Cost Containment Analyses Between the Leading Anti-Depressant Drugs & Alpha-Stim® SCS Cranial Electrotherapy Stimulation (CES) Technology

Notes and References:

The Alpha-Stim® SCS is a prescription medical device classified as a cranial electrotherapy stimulator (CES) indicated for the treatment of anxiety, depression and insomnia. There are 126 human studies encompassing 6,007 research subjects and 29 animal studies of CES (Kirsch, Daniel. The Science Behind Cranial Electrotherapy Stimulation, Medical Scope Publishing Company, Edmonton, Alberta, 2nd Ed. 2002). Side effects are mild and self-limiting primarily consisting of headaches (0.20%) and skin irritation (0.11%). For complete prescribing information see product brochure.

The Alpha-Stim® SCS and accessories are manufacturer’s retail prices from www.thealpha-stimstore.com.

The Alpha-Stim® SCS retail price is $495, with accessories calculated as follows: $15.00 for one pack of 200 felt electrodes and $10.00 for one 15ml bottle of Alpha Conducting Solution™ per quarter and $1.75 for one 9 volt battery per month. It has a five year warranty.


Monthly dosage and prices for drugs are:
- Paxil™ $83.29 for 30, 20 mg tablets,
- Prozac™ $136.62 for 30, 20 mg capsules,
- Zoloft™ $115.00 for 30, 50 mg capsules,
- Serzone™ $136.62 for 30, 20 mg capsules,
- Effexor™ $136.62 for 30, 20 mg capsules,
- Serzone™ $136.62 for 30, 20 mg capsules,
- Almazan™ $136.62 for 30, 20 mg capsules.

Drug costs do not include ongoing physician visits to change drug prescriptions, adjust dosages, treat the side effects of drug therapy, or increasing drug costs over the five year period.

References:
