

DYNAROM BILLING

Billing codes for insurance reimbursement

As you know, insurance companies across the board are cutting back on many services that are provided by health care providers. For practitioners, this means that third party payers are refusing to pay for many "passive" therapies especially when provided after two weeks of care. However, insurance companies are much more willing to pay with proper codes and modifiers.

The following codes are used:

Note: The Dynamic sEMG codes are only being paid under PIP at this point.

Procedure	Code	Rate
Static EMG	95999	\$25
Range of Motion	95851	\$35
Dynamic EMG Test	96002	\$75
Dynamic EMG Report	96004	\$150



I do not recommend billing for ROM or sEMG on the first visit. The following is a suggested model for billing:

Day 1 : 9920X and static EMG, adjust

Day 2 : ROM, dynamic EMG, treat. Use proper modifiers such as -25 and -59

Day 2 should always be the re-exam. Practitioners should get away from using 9921X as their exam code.

NOTES:

1. Most who are billing for DynaROM testing are not billing for ROM as it requires the test be performed on a different day. The fact that the 96002 and 96004 code are reimbursed well under PIP makes the ROM code less relevant.
2. You must bill the interpretation (96004) for each DynaROM evaluation to be paid. The Feature Pack C Software (and higher) includes a simple interpretation report output which makes the process of writing the report simple and fast. Insurers no longer pay for computer generated reports, as interpretation is required to be paid. The new report writer feature makes this quick and easy.