Dry Needling

- Guidelines for Michigan Practices
 - Agile Case Set Up
 - Documentation
 - Coding
 - Billing



CPT Code

Effective January 1, 2020

20560 – Needle insertion(s) without injections(s), 1 or 2 muscle(s)

20561: Needle insertion(s) without injection(s), 3 or more muscle(s)

Service Based Codes (untimed)

Unless specifically instructed to do so, in writing, by the payer:

- DO NOT code as 97140
- DO NOT use any other CPT code



Coverage

Not covered by Medicare

- CMS Statement: "We are not finalizing these codes as "always" or "sometimes" therapy services because dry needling services are non-covered unless otherwise specified through a national coverage determination (NCD). Please refer to the NCD Manual, Section 30.3."
- Because codes are non-covered, an Advance Beneficiary Notice (ABN) is not required. However, a voluntary ABN may be issued prior to delivery of the service.

Most commercial insurances classify as experimental/non-covered

• Check payer requirements for required forms re: notice of non-coverage

Auto / Work Comp – some will cover

Verify coverage & coding requirements with payer



Administrative Considerations

- Have you discussed the following with your FOC(s)?
 - Scheduling considerations
 - 1:1 and length of visit
 - Patient forms specific to dry needling
 - How to set up dry needling cases in Agile
 - dry needling only vs dry needling w/PT
 - Requirement to collect fees at time of service





Is there appropriate PPE available for dry needling?

Safety & Infection Control Considerations

Is there an established process including appropriate cleaners to maintain infection control?

Have you/your staff reviewed accidental needle-stick protocol?



Needle Disposal Program

Establish a needle disposal program at your clinic.

Needle disposal companies (e.g. Stericycle) will:

- Provide OSHA compliant storage containers
- Keep record of disposals for the site.

This is an OSHA *and* Infection Control requirement

If you need assistance in establishing a needle disposal program you can contact Gretchen Walsh, Christa Bringas, or Tiffany Warden.



Complimentary Dry Needling

We can offer one complimentary dry needling treatment for patients to determine if this is a service they would benefit from. This complimentary treatment should be logged, and the log retained for auditing purposes.



Current Patient being seen for PT and DN

When a current patient is being seen concurrently for physical therapy treatment and dry needling during a visit, the documentation and billing can be added in the daily note.



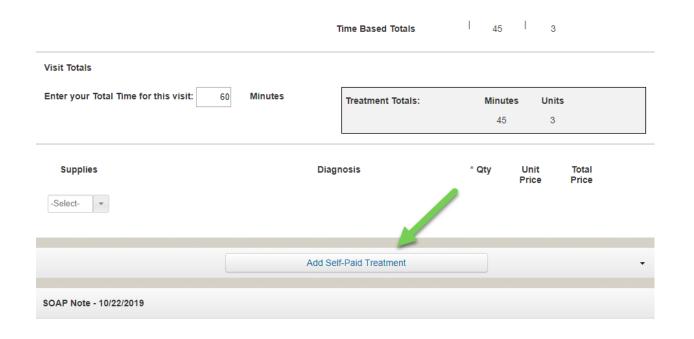
scheduled management – allocate sufficient time for DN in addition to PT time

documentation in the treatment log/ daily note for the addition of the dry needling

adding the charge for dry needling to the case.



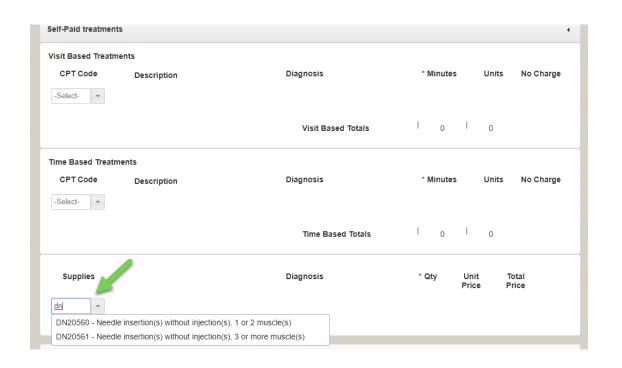
Current
Patient
being seen
for PT and
DN



- Therapists will complete the time-based treatment portion of the daily note and enter the total time for the visit.
- Under the total treatment time, therapists will select the Add Self-Pay Treatment button.

Physical Therapy Partners

Current Patient being seen for PT and DN



- This will open the Self-Paid Treatment section of the Daily Note. Dry needling will be added to the Supplies section of Self-Paid Treatments
- Enter DN20560 or DN20561 in the drop down based on the number of muscles dry needled in the session. Click "Submit" to charge the account

Physical Therapy Partners

Current
Patient
being seen
for PT and
DN

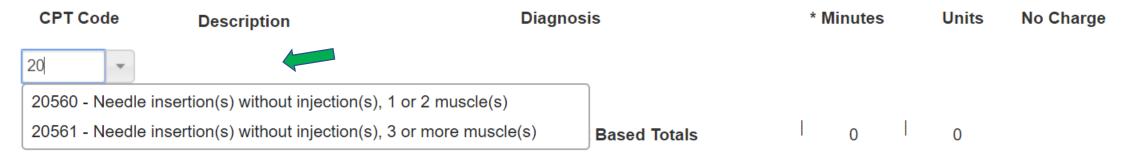


 Once submitted, the daily note will look similar to the below example:



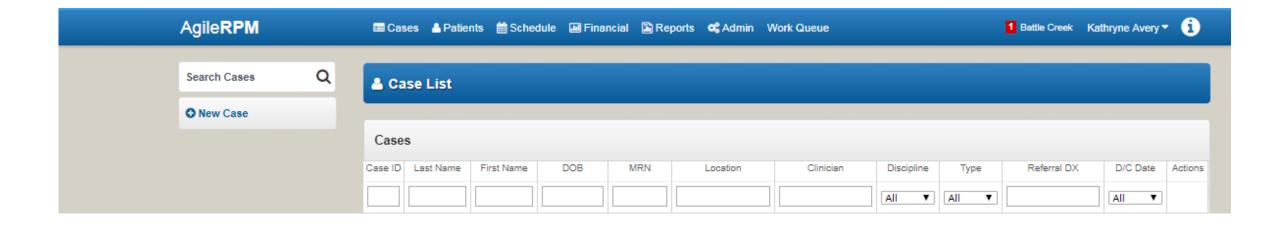
Treatments Paid by Insurance

Visit Based Treatments



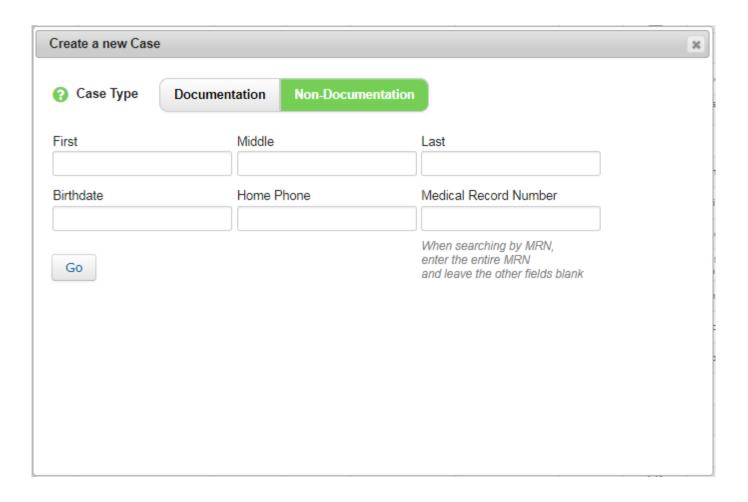
Billing for dry needling in Agile

In the event an insurance company (work comp/auto)
confirms they will pay for dry needling, charges should be
entered in the same way you enter other CPT codes for
treatment.



- Go to "Cases" to determine if patient has been seen at your clinic before
 - Outstanding balances will need to be paid before treatment begins.

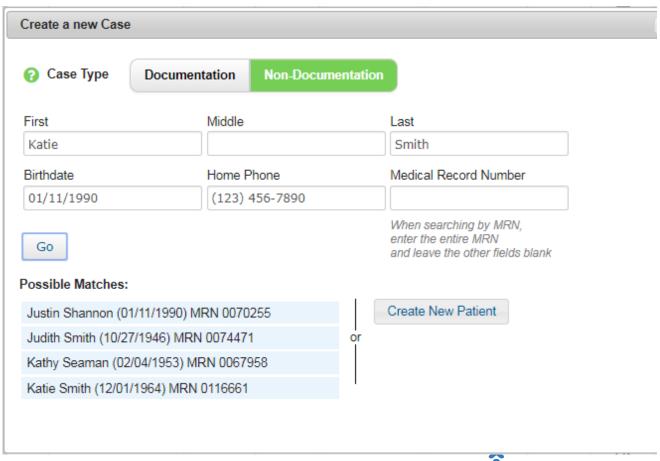
 Even if the patient has been seen before, click "New Case", "Non-Documentation"



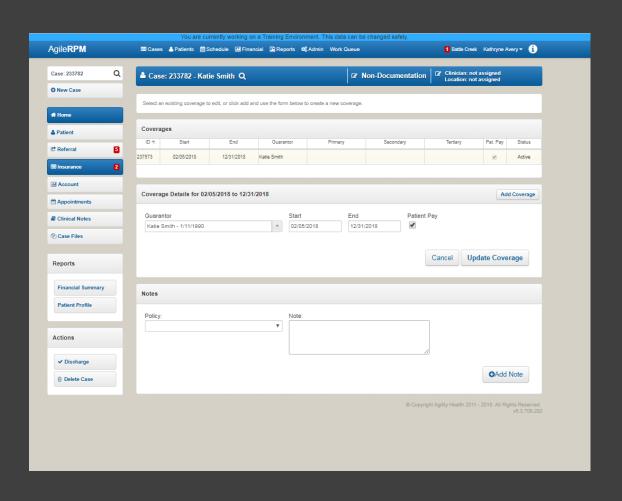


- Fill in Name (First/ Last), DOB, Home Number – Select "Go"
 - Click on patient name if listed on the left side
 - If it is a new patient click "Create New Patient"
 - If the patient has been seen before click on the patients name under Possible Matches

- The new case will build and generate in the tab
- Fill in patient demographics and all other account sections as you normally would







- Do not put medical insurance on file – most payers will not cover
- Set up as "Self-Pay".
- Treatment must be paid for at the time of service.
- A revenue cycle support ticket will need to be generated to post the payment to the charge created at each visit.

Scheduling

Dry Needling Only

Schedule 1:1 w with clinician

Generally 15-30 minutes in length

Double-check with treating clinician for appropriate scheduling

Dry
Needling
w/PT
Treatment

Schedule the dry needling with the regular therapy case

Allow for extra time for Dry Needling

Try not to double book the appointment to make sure clinician has adequate time

Double-check with treating clinician for appropriate scheduling



Michigan Direct Access

1

Many "Dry Needling Only" patients will access the treatment under direct access guidelines 2

Limited to 21 calendar days or 10 treatment days (whichever is shorter)

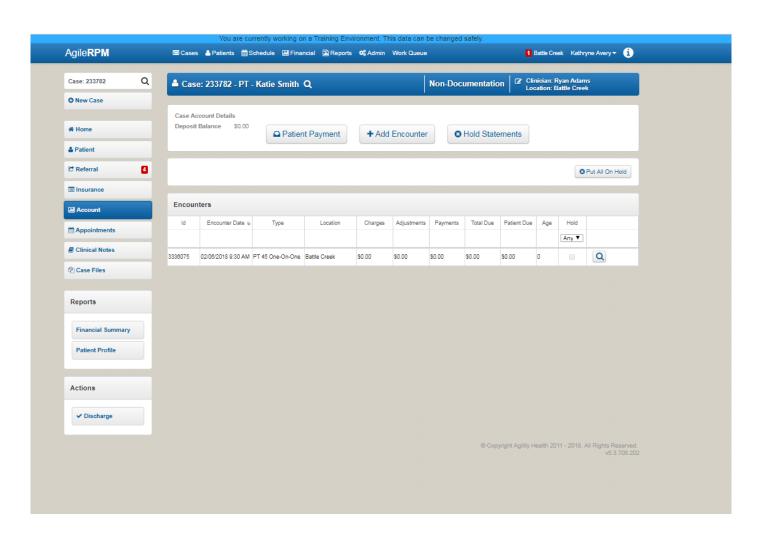
3

Referral required for ANY treatment occurring outside of the direct access guidelines



Charge Entry

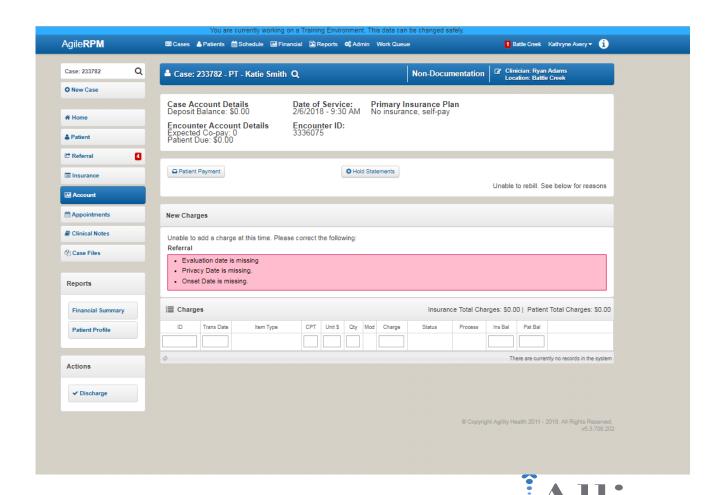
- After the patient has been treated, the FOC will need to place a charge on the account.
- Go to the Account tab under the Patient's Case
- Once the appointment is marked as arrived an encounter will generate.
- Click on the magnifying glass for that encounter. (Located in the furthest right column



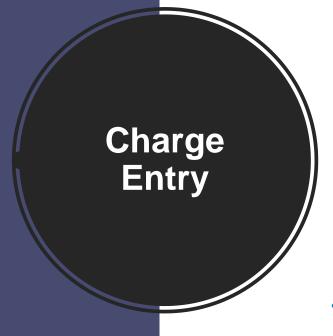


Charge Entry

- Once in the encounter you will be able to post a charge.
- Note with this image:
 - The message indicates dates are missing in the referral tab. These must be entered before you can go forward with charging the patient.
 - If this occurs to you go to the referral tab to update the correct dates, save and go back to the accounts tab.



Physical Therapy Partners



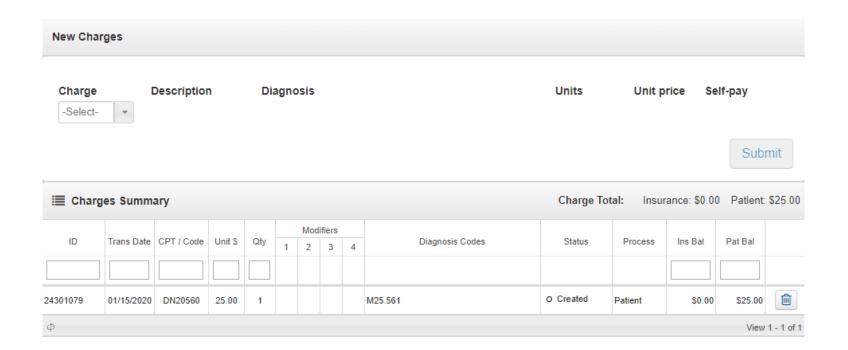


- In the encounter to submit a new charge you will be able to enter in this charge entering a Charge code.
- Click in the drop-down box to be able to type
 - Type in "dry"
 - Notice the charge will appear to select
 - DN20560 Needle insertion(s) without injection(s), 1 or 2 muscle(s)
 - DN20561- Needle insertion(s) without injection(s), 3 or 4 muscle(s)



Charge Entry

 When charge is submitted the case will look similar to:





Patient Forms

Dry Needling w/PT Treatment

All regularly required forms

Patient Self Pay Form

Dry Needling Patient Consent and Info Form

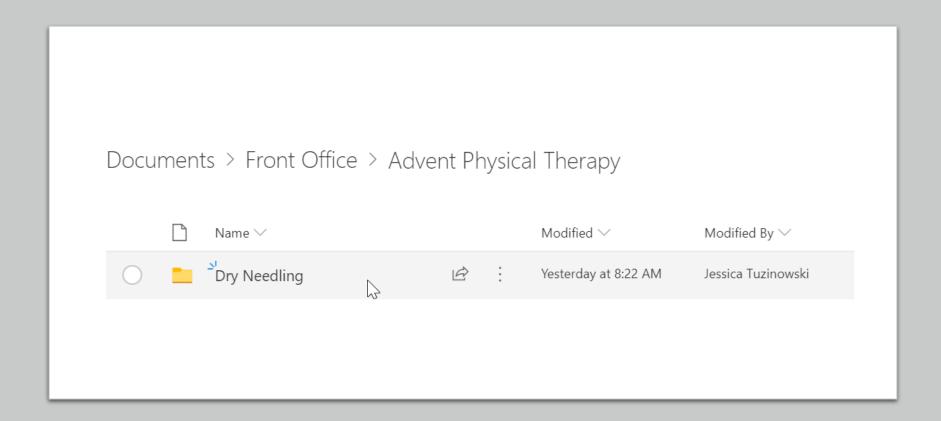


Dry Needling Only

Patient Self Pay Form Dry Needling Patient Consent and Info Form

HIPAA Privacy Form Medical Questionnaire Driver's License

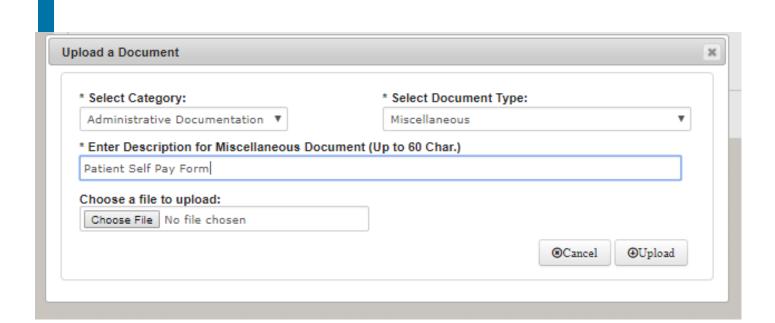




 Forms are located on the Alliance Intranet under each company in a folder labeled Dry Needling

Patient Forms





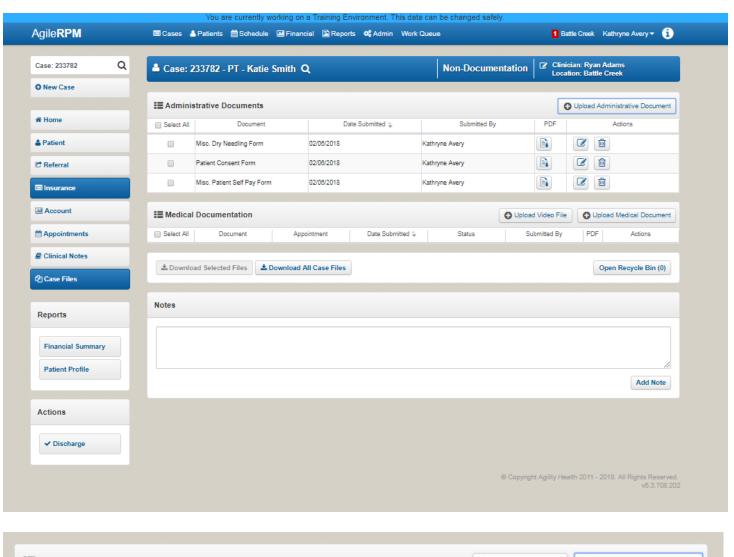
- To upload the documents
 - Select Upload Administrative Documentation
 - Document Type → Miscellaneous
 - Type in Description/ Document Title
 - Upload

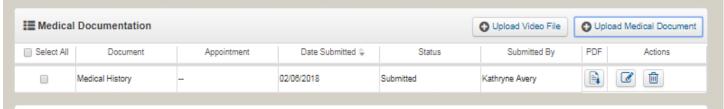
Patient Forms



Patient Forms

 Once uploaded, the case files will look similar to:

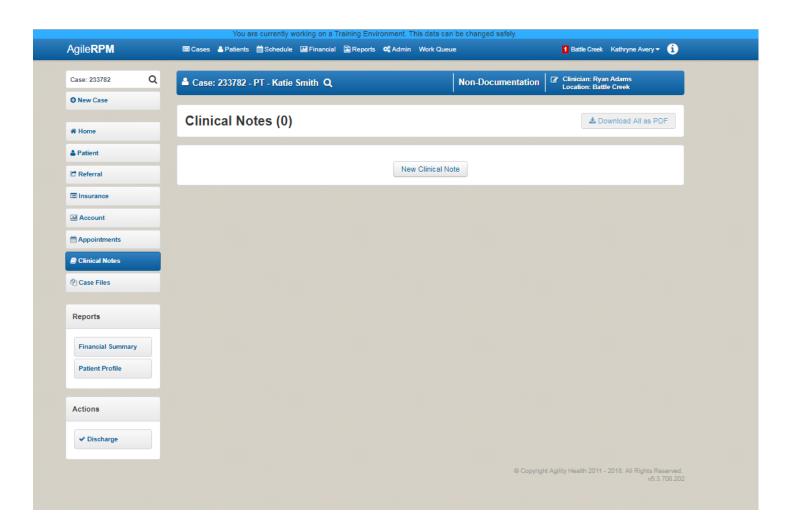






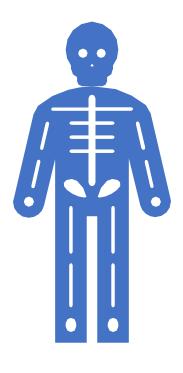
Documentation

- Since this is a Non-Documentation case the clinician will need to document a SOAP note within the Clinical Notes section
- Clinical Notes <u>will not</u> be for FOC use.





Example of defensible documentation for dry needling



- PT/PTA performed dry needling into pt.'s the R upper trapezius (w/pt. lying in prone) to stimulate active/latent, myofascial trigger points for pain control and muscle tension relief via normalization of motor end plates.
- PT/PTA performed direct oscillation soft tissue mobilization of the R upper trapezius (w/pt. in lying in prone) in conjunction with dry needling into pt.'s the R upper trapezius to stimulate active/latent, myofascial trigger points for pain control and muscle tension relief via normalization of motor end plates.

Should a therapist Use 97014 or G0283 To bill For Electrical Stimulation via dry needling?



NO



THE METHOD OF ELECTRICAL STIMULATION DELIVERY
IMPACTS HOW IT CAN BILLED. INTRAMUSCULAR
ELECTRICAL STIMULATION IS NOT SYNONYMOUS WITH
TRANSDERMAL ELECTRICAL STIMULATION AND AS SUCH
CANNOT BE BILLED THE SAME WAY

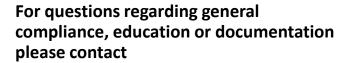


Questions



For questions regarding dry needling billing or scheduling please contact your Front Office Coordinator Lead or submit a revenue cycle support ticket.





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Thank you for joining us today!

