Opus Myo

How-To Tips for Insurance

Insurance is tricky! Here is a guide to help you navigate.

Please read this guide through in its entirety — it has the answer to most of your questions!

Overview & FAQ

- These steps apply to both dental and medical submissions. If you have both dental and medical insurance, we recommend you submit to both.

  This How-To is a guide only. There are thousands of insurance companies, each with their own forms and rules, so your process may differ. If you have questions, ask your insurance company directly.

- Opus Myo is not enrolled or credentialed with insurance carriers and does not bill insurance on your behalf. Submitting any and all forms and information is your responsibility, as the client.

  All insurance estimates, submissions, changes, corrections, and any additional information must be requested and submitted by you, directly to your insurance.

- It is most common for our services to be handled on a 'reimbursement' basis.

  I.e., you pay Opus Myo directly, and your insurance may reimburse you afterward. Reimbursement is never guaranteed and varies by carrier and plan.

Important — Please Read About Codes

The diagnosis and treatment codes in this guide are provided as **examples and reference only**. Opus Myo does **not** assign, bill, certify, or guarantee any code, and does not submit claims on your behalf. Codes, plan rules, and coverage change often and differ between carriers. It is your responsibility to confirm the correct codes and coverage directly with your own insurance company before you submit. Coverage for out-of-network services varies by carrier and by provider type, and some plans may not cover it at all. Opus Myo is not responsible for any claim denial, delay, or outcome.

For Pre-Estimates / Finding Out If You Have Coverage

1. Call the Customer Service (or 'Member') phone number on the back of your insurance card.
2. Ask the representative: "Does my plan have coverage for out-of-network treatment for frenectomy, myofunctional therapy, physical therapy, or oral myology?" If they ask for specific codes, you can reference the lists below.

Diagnosis Codes (ICD-10)

Q38.1 Ankyloglossia (tongue tie)
M26.59 Other dentofacial functional abnormalities
G47.63 Sleep-related bruxism (grinding)
R06.5 Mouth breathing
K14.8 Other diseases of tongue (e.g., tongue thrust / thumb-finger habit effects)
K13.1 Cheek and lip biting

M26.69 Other specified disorders of the temporomandibular joint (TMJ dysfunction)
M62.838 Other muscle spasm (facial muscle spasms)
R51.9 Headache, unspecified (facial pain)
K13.0 Diseases of lips (oral incompetence, short upper/lower labial frenulum)
M26.220 Open anterior occlusal relationship (anterior open bite)
M26.24 Reverse articulation (crossbite)
M26.25 Anomalies of interarch distance (inadequate inter-arch distance)

Treatment / Service Codes (CPT)

99205 Evaluation & management, new patient (initial exam / evaluation)
97110 Therapeutic exercises
96158 Health behavior intervention, individual (oral habit intervention)
97140 Manual therapy techniques / myofascial release
97112 Neuromuscular re-education
97530 Therapeutic activities (functional performance)

If any of the above codes are recognized, ask what percent your specific policy covers (e.g., 20%, 50%, etc.).

If none are recognized, ask them to send you “a complete list of covered codes, diagnoses, and coverages for my current policy.” This is a long document listing everything your policy covers, each code shown numerically and alphabetically with a short description, for example:

M26.59	Dentofacial functional abnormality
Q38.1	Ankyloglossia

Manually search that list for the same or numerically similar codes to the lists above. There are thousands of policies and your codes may differ — you may have more, fewer, or none of those listed. Related treatments are usually numerically close, so that is a good place to start. Keep everything you find on hand for your reimbursement submission.

For Payment Reimbursement Submissions

Call the Customer Service (or Member) number on the back of your card and ask for two things: (1) a ‘Reimbursement Form’ (sometimes called a Superbill), and (2) a complete list of codes, diagnoses, and coverages for your current policy (if you have not already obtained one above).

Search your list of covered codes for the same or similar codes to the reference lists above, then complete your Reimbursement Form:

Your information, plus the Opus Myo business information:

Opus Myo
Jessica Luffey, CSOM
25 First Ave. SW, STE A
Watertown, SD 57201 (Codington County, USA)
TAX EIN: 99-2973176
NPI: N/A (not applicable)

1. List your codes. Only include codes that could apply to that specific visit (e.g., do not list a frenectomy surgery code for a myo session — it is not applicable and will likely be denied).
2. You may list multiple codes for a single visit, and we recommend it. Use the descriptions next to each code to help you choose. Your Opus Myo receipts do not come with codes pre-filled — this is intentional, because codes change between carriers and the wrong one can cause a rejection. Confirming and listing the correct codes is your responsibility (see the notice above).
3. Attach any additional receipts, payments, or other information they require.
4. Submit to your insurance company.
5. You can repeat this whole process on a separate form for your surgery/release payment, if applicable, using the surgery codes provided by your release provider (these differ from the myo codes above).

Don't be discouraged if your first attempt (or first few) is denied — simply make the corrections they ask for and resubmit. Stay positive and persistent; it often takes more than one try. :)

For Clients Outside the U.S.

This guide uses U.S. insurance codes and forms. If you are outside the United States, the general idea — pay out of pocket, then ask your insurer whether they reimburse private / out-of-network therapy — may still apply, but the codes, forms, and identifiers here (ICD-10-CM, CPT, EIN, NPI, 'superbill') are U.S.-specific and will likely not match your system. Please ask your own national or private insurer for their required forms and codes.

If you have further questions about your coverage, please contact your insurance company directly. Thank you!