

Part B Insider (Multispecialty) Coding Alert

Physical Therapy: Say Hello to A New Code for Canalith Repositioning Maneuvers

Medicare's recent reimbursement decision could affect you.

[CPT Codes](#) finally delivers a New Year's gift to physical therapy coders, with the new procedure code to describe canalith repositioning, [CPT 95992](#) (Canalith repositioning procedure[s] [e.g., Epley maneuver, Semont maneuver], per day).

What it is: Canalith repositioning, or "CRM," consists of specialized techniques to help relieve patients from Benign Paroxysmal Positional Vertigo (BPPV).

When a person has BPPV, small crystals, or otoconia, from the inner ear become dislodged and float into the canal system, inadvertently hitting sensory organs that, in response, send signals triggering eye movement to adjust for repositioning,

explains **Christopher T. Morrow, PT, NCS**, with Pacific Balance & Rehabilitation Clinic in Seattle.

The result is vertigo and dizziness for a person lying down and then sitting up, or lying down and rolling over.

The solution: CRM is one of several techniques the therapist performs while watching the patient's eye movements for cues, using gravity to direct the otoconia out of the canals, Morrow says.

"This new CPT code is desperately needed for many reasons," says **Deanna Dye, PT, PhD**, assistant professor and co-director of the Dizziness and Balance Clinic at Idaho State University. "First, the procedure is unique and has a clearly

defined skill set. Second, the skill set for performing the procedure correctly should be valued greater than therapeutic exercise."

Not to mention, there's considerable evidence that these techniques are both cost-effective and effective at relieving BPPV symptoms, Dye adds.

Choose CPT Wisely

Most therapists have reported CRM as therapeutic exercise (97110) or therapeutic activities (97530), to describe what they did, says **Melissa Horton, PT**, owner and director of Carolina Balance and Rehabilitation Center in Raleigh, N.C. Some

have even coded CRM as manual therapy (97140) or neuromuscular reeducation (97112).

Critical: But that will have to change come Jan. 1, since 95992 more accurately describes CRM, and it would be fraudulent to code it otherwise. Unfortunately, CMS just released its 2009 Medicare Physician Fee Schedule, and it considers the new code for CRM bundled into E/M services, thus it's not reimbursable for therapists for 2009.

That's too bad because the RUC committee recommended that CRM have a work relative value unit (RVU) of 0.75 -- that's about .30 points higher than the current commonly used CPT codes for this procedure.

Despite the current bundling status, there may be a chance for physical and occupational therapists to get reimbursed separately for this code in 2009. "We have a meeting scheduled with CMS the first week of December to urge them to unbundle this code," says **Gayle Lee, JD**, director of regulatory affairs for the American Physical Therapy Association.

"And CMS does do quarterly updates, so it's possible the code could be updated next quarter, but we'll have to wait and see."

Don't miss: Regardless of which CPT you report for CRM, make sure your therapy diagnosis is solid. "There is an ICD-9 code for BPPV (386.11), but therapists can't report that because it's a medical diagnosis," Horton points out. Unfortunately, there's no great functional ICD-9 code for therapists to use, so many providers will simply report 781.2 (Abnormality of gait).

But that's not even a great choice because although the patient may have initial dizziness when standing up, if he just has a straightforward case of BPPV, he doesn't really have a functional gait disorder, Horton explains.

Another option: There is also 780.4 (Dizziness and giddiness). Or, you can code the 386.11 if a physician performs the CRM.