Part B Insider (Multispecialty) Coding Alert

THERAPY: Put Your Rehab Coding Knowledge to the Test

This quick quiz will show you where your therapy coding and billing skills fall.

Want to stay polished on your rehab coding and billing skills to ensure stellar pay and compliance? Give this quiz a whirl, and then check out the experts' answers.

Questions: 1. Which of the following is an example of a skilled AND billable therapy service?

a) A patient is exercising on a bike while you monitor him, and you code for therapeutic exercise (97110).

b) A patient is exercising on a bike while you actively coach the patient on technique and muscles he needs to strengthen to reduce knee pain. You report 97110.

c) A patient is doing self stretching exercises for the shoulder using the pulleys while you are performing manual therapy on another patient.

2) A new Medicare patient needs occupational therapy for two unrelated diagnoses from different physicians. How should you charge for the initial eval?

a) Put everything under one evaluation code. Report 97003 once, and append modifier 76 (Repeat procedure or service by the same physician).

b) Code 97003 twice, appending modifier 59 (Distinct procedural service).

c) Bill 97003 once if you're doing both evals on the same day; bill 97003 twice if you do the second eval on a different day.

3) Your rehab department has speech therapy orders for a patient suffering from post-stroke dysphagia. What should you code as the patient's primary diagnosis?

a) 434.91 (Cerebrovascular accident).

b) 438.x (Late effects of cerebrovascular disease).

c) 438.82 (Dysphagia due to late effect of cerebrovascular accident) and 787.2x (Dysphagia).

Answers:

1) Answer: B. Even if a code is reimbursable, like 97110, bill it only for skilled services. Billing 97110 when you're just watching a patient won't fly -- because anyone can watch a patient.

"When selecting codes, remember that we are paid for what we are doing, not for what the patient is doing," says **Ken Mailly, PT,** of Maily & Inglett Consulting in Wayne, N.J. Also, when you're deciding, for example, between therapeutic exercise versus neuromuscular re-education codes, etc., keep in mind you should bill for the intent of what you're delivering, he adds.

Note: Bill for the patient education and training component of 97110. Once that's done, the rest of the time would not be billable.

2) Answer: C. Modifier 76 is intended for physician services, and modifier 59 is not appropriate because this case is not a

CCI edit. "If both evaluations are done on the same day, regardless of the payer, bill only one unit of the evaluation CPT code since it is un-timed," says **Rick Gawenda, PT,** director of finance for Kinetix Advanced Physical Therapy, Inc. and President/CEO of Gawenda Seminars & Consulting. "If done on separate days, the Medicare program will reimburse for a second evaluation for the second diagnosis." Chapter 15 in the Medicare Benefit Policy Manual supports billing for two evaluations if a second condition arises during the episode of care, points out **Joanne Byron, LPN, BSNH, CHA, CMC, CPC, CPC-I, MCMC, PCS,** president of HCCS, Inc. in Medina, Ohio.

"After the second condition is evaluated, then the plan of care is adjusted to include new treatments and everything is done under one plan of care, according to Medicare."

3) Answer: C. "The SLP should code for the reason he is seeing the patient, and that is dysphagia," not the CVA, says **Nancy Swigert, MA, CCC-SLP, BRS-S,** director of speech-language pathology & respiratory care at Central Baptist Hospital in Lexington, Ky. ICD-9 code 438.82 is the most specific code to describe the reason for the visit. You'd then add the 787.2x code to describe the phase of dysphagia. "If you don't know the phase, choose 787.20 (Dysphagia; unspecified), Swigert says. Answer B would be better for your secondary or medical diagnosis, she adds.