

## Eli's Rehab Report

### Coding Corner: Brush Up on Your Speech-Language Coding Skills

#### Think in units of hours for the timed codes.

Think you've got coding rules down pat for timed therapy procedures? While you may be comfortable reporting physical and occupational therapy, make sure you're not leaving any stones unturned in the speech language pathology realm.

#### Watch for These Untimed Code Pitfalls

If you're in PT and OT mode and used to a bunch of 15-minute increment timed codes, be sure to switch gears for SLP codes. Most common speech-language pathology codes do not have timed units assigned to them, specifically 92506 (speech-language evaluation), 92507 (speech language treatment), 92610 (swallowing evaluation), and 92526 (swallowing therapy), says **Nancy B. Swigert, MA, CCC/SLP, BRS-S**, ASHA Fellow and director of respiratory care and speech-language pathology for Central Baptist Hospital in Lexington, Ky.

**Critical:** You may bill only one unit of a non-timed code per day. If the descriptor doesn't list a time increment, it's an untimed code, and you would count it as one session, Swigert clarifies. Do not make the mistake of interpreting these codes as being 15-minute units and thus billing multiples of these codes.

The same applies to PT and OT codes without a time increment in the descriptor. You may only bill them once per session.

**Warning:** You may not be billing the same exact code multiple times for an eval, but you could be double-billing evaluations if you're not checking the CCI edit table. For example, using the eval for speech-generating device code (92607) and the code for voice prosthesis eval (92597) on the same date is not allowed, even with a modifier.

However, if you perform an aphasia assessment (96105) and standardized cognitive performance testing (96125) on the same date, you can use modifier 59 (distinct procedural service) to get paid for both, Swigert says.

#### Watch Code Descriptors Closely With Timed Codes

SLP codes are generally in 1-hour units -- not 15 minute units, unlike PT/OT timed codes.

**Example:** Suppose an SLP spent an hour evaluating a patient for a speech-generating device. You would bill one unit of 92607 (Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour).

Also be on the lookout for add-on codes, which, if applicable, directly follow their parent codes in your CPT book. Suppose, in the example above, the SLP spent an hour and a half evaluating the patient. You should not bill two units of 92607 because there is an add-on code available. You should bill one unit of 92607 and one unit of +92608 (each additional 30 minutes).

**Key:** In this example, be sure that all the time you're billing is based on face-to-face time with the patient, as the code describes, Swigert cautions.

Aural rehabilitation assessment (92626) is another example of a 1-hour unit SLP code that has an add-on code. However, the add-on code for aural rehab (92627) is for each additional 15 minutes, Swigert points out.

**Bottom line:** Read the codes descriptor carefully when you're counting time. Some codes, such as 92607, count only face-to-face time with the patient. However, other codes, such as assessment of aphasia (96105) count the SLP's analysis

and report writing time.

For example, if you were with the patient for one hour and 15 minutes, and then it took you 45 minutes to analyze the test results and write the report, you would bill two units of 96105, Swigert says.

### **Tread Carefully With Discipline Crossover**

SLPs should generally stick with codes designed for their own discipline. CMS has made it clear that SLPs are not to use the following physical medicine codes: 97110 (therapeutic procedure), 97112 (neuromuscular re-education), 97530 (therapeutic activity), and 97535 (self care), Swigert warns. CMS considers the basic speech treatment codes, 92507 and 92526, to be umbrella codes.

SLPs can't use modifier 59 to bill those codes with 97000 codes, Swigert adds. The purpose of the modifier, in this case, is to allow billing of 97000 procedures performed by OTs and PTs on the same day that SLPs are billing 92507, 92508, or 92526.

**Exception:** All local coverage determinations for SLPs allow some physical medicine codes: 97532 (development of cognitive skills) and 97533 (sensory integrative techniques), points out **Mark Kander**, director of health care regulatory analysis for the American Speech-Language Hearing Association. Highmark, in addition, includes 97110, 97530, and 97535, effective July 2007.

Just be sure to read your LCD carefully for its specific billing requirements, especially with the conversion from carriers and fiscal intermediaries to Medicare Administrative Contractors. It will be important to read your MACs regulations to see if any physical medicine codes are covered, Swigert says.