

Eli's Rehab Report

Coding Corner: Increase Your Reimbursement Odds in Vestibular Rehab

Did you rule out a CNS lesion in your documentation?

This spring, Noridian Administrative Services (Medicare Part B MAC for Jurisdiction F) released an article clarifying how to properly report vestibular rehab services. Chances are, if one MAC has this issue on its radar, other payers do as well. Find out if your vestibular rehab coding is on track for optimal reimbursement.

"Payment policies vary by payer, so it is best to check with your payer to determine if it will cover the treatment," says **William Peña PT, DPT, CHCC**, with Atlantic Billing & Coding in Canton, NY. For example, some insurance payers will cover vestibular rehab under 97112 (Neuromuscular re-education), he says. CPT® 95992 (Canalith repositioning), however, may be a better bet now, since the Medicare Physician Fee Schedule just recognized it as an active code.

ICD-9s: Beware of reporting a medical diagnosis code, such as 386.11 (BPPV). "In some states, PTs can produce a medical diagnosis, but in most, they [legally] can't," says **John Wallace, PT, OCS**, CEO of BMS Practice Solutions in Upland, CA. "You need to get the diagnosis signed off by someone who can legally diagnose it."

Don Your Appeal Armor for Eval Codes

The work you spend testing (not treating) your patients' vestibular functioning can be a tricky reimbursement game. "The single biggest problem with vestibular rehab is that some of the testing codes are not therapist codes in the Medicare program," Wallace says. Many are in the neurology section of CPT®.

Some therapists will use 97001 (PT evaluation), and others use 97750 (Physical performance test/measurement) Wallace says. However, these are slim pickings to best describe what you did. You must also keep in mind your testing methodology and whether or not it is standardized.

Bottom line: Be prepared to appeal your claims and "fight the battle payer by payer" since most commercial payers aren't used to seeing vestibular rehab codes from physical therapists, Wallace explains. Be ready to explain to your payer why you chose the testing code you did.

Catch These Critical Documentation Pieces

Make sure your documentation leaves no questions unanswered for your payer. If you're going to bill for a vestibular rehab treatment, you need to be specific about the type of intervention you do, Wallace says. For example, if you used the Epley procedure, use that name.

Most important: "Describe what you did, and describe the effect on the patient," Wallace stresses. "Therapists often fall short on describing why they did the procedure and how the therapist responded," Wallace notes.

"It is important to also screen other system disorders that may masquerade as a vestibular problem, such as a CNS lesion or cardiac dysfunction" -- and include this in your documentation, says **Janine Hatch, PT, DPT, MS, GCS**, clinician faculty at the Sacred Heart University Department of Physical Therapy and Human Movement Sciences in Fairfield, CT.

Don't miss: Noridian noted in its bulletin the importance of documenting your home training component of the rehab session.

Things to consider when recording this: "Vestibular rehab is very dose dependent," Hatch says. "The prescribed regime is patient and condition specific. Some patients require habituation exercises, some gaze-stabilization exercises, and some

need to perform accommodation activities to train the CNS to reweight the imbalance in vestibular information from bilateral inputs."

So be sure to document what exercises you prescribed and why you sent the patient home with that particular routine.