

Eli's Rehab Report

Coding Corner: Say Hello to New Rehab CPTs for 2008

Take note: Medicare will not reimburse all of them

After an uneventful 2007 for new CPT codes in rehab, 2008 promises a handful of codes to try on for size. Read on to learn about each one, as experts reveal important tips for reporting them.

Get Ready to Report More Teamwork

If you, as a PT, OT or SLP, have avoided CPT's Evaluation and Management section like the plague, you may be changing your ways soon. Take note of two new codes in the E/M section under "Case Management."

Drum roll, please: Codes 99366 (Medical team conference with interdisciplinary team of healthcare professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified healthcare professional) and 99368 (Medical team conference with interdisciplinary team of healthcare professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified healthcare professional) apply to PTs, OTs, SLPs and other qualified nonphysician healthcare professionals for reporting their participation in interdisciplinary team conferences.

But get ready for some strict guidelines outlined in your new CPT books:

- At least **three** qualified healthcare professionals **from different specialties** and that have **provided direct care** to the patient must appear in person at the team conference. These participants must also be **actively involved** in coordinating the patient's care.
- Conference participants reporting these codes must have performed face-to-face evaluations or treatments of the patient **within the last 60 days**.
- Reporting participants must **document** that they participated in the team conference, in addition to the information and recommendations they contributed.
- **Only one individual from each specialty** may report a team conference code from the same encounter.
- Your conference must be **at least 30 minutes** long to report. That time begins when providers review the individual patient and ends at the conclusion of the review. In other words, you can't count time related to record keeping and report generation, CPT says.

Tip: Be sure to watch for typos when reporting these closely related codes. Code 99367 (... participation by physician) is not reportable by nonphysician healthcare professionals, per the descriptor -- and it's only one digit away from the two codes you can report.

Don't Expect CMS to Reimburse These Codes Yet

Now that you have most of the reporting guidelines under your belt, the next question is, will I get paid for this? The answer at the present time is no, at least for CMS. "Medicare considers 99366 and 99368 to be bundled with evaluation and management," says **Steven White, PhD**, director of healthcare economics and advocacy for the American Speech-

Language Hearing Association. But from ASHA's perspective, this does not make sense for SLPs, OTs, and PTs -- because these providers can't even report E/M services. That said, the organization (and quite possibly others) plan to work out the kinks with CMS, in hopes of some reimbursement next year, White tells Eli.

Important: Just because CMS won't dish you the dough for these codes doesn't mean you shouldn't report them. "If organizations like APTA, AOTA or ASHA advocate for your reimbursement, the last thing you'd want to happen is for CMS to respond that nobody's reporting these codes anyway," says **Rick Gawenda, PT**, director of PM&R for Detroit Receiving Hospital and owner of Gawenda Seminars.

In addition, it's possible that payers such as workers' comp and auto insurance will reimburse for these codes, Gawenda says. So it doesn't hurt to check out their policies, as well as other private payers.

Another idea: If you're doing team conferences for inpatients, these codes could also be useful for your record keeping and productivity management, White says.

SLPs and OTs Get Their 961xx Wish

New code 96125 (Standardized cognitive performance testing [e.g. Ross Information Processing Assessment] per hour of a qualified healthcare professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report) is giving SLPs and OTs cause to celebrate -- and for more than one reason.

Background: CPT revamped its "Central Nervous System Assessments/Tests (e.g. Neuro-Cognitive, Mental Status, Speech Testing)" codes for 2006, only to leave SLPs and OTs out of the loop in the neurobehavioral status exam code descriptor, White says. But SLPs and OTs have their names back in the book, so to speak, thanks to two years of hard work by several professional associations, including ASHA and AOTA.

In the 96125 descriptor, the term "qualified healthcare professional" is inclusive of SLPs and OTs, White says. In fact, physicians and psychologists may not report this code. They must refer to 96101-96103 or 96118-96120, he adds.

Good News About Payment

Unlike all the other new codes that affect rehab providers in 2008, Medicare will reimburse 96125, Gawenda says.

Even better, this code counts for your time interpreting the test results and preparing the report in addition to administering the test, White says. So be careful not to short yourself. "SLPs and OTs will have to be careful to document their time and note what portion of the time was spent interpreting the results and preparing the report," he adds.

Important: Don't let the code descriptor fool you into thinking that the Ross Information Processing Assessment is the only test you can report. "This is simply an example of a wide range of tests that SLPs and OTs could report," White says. For reference documents on cognitive evaluations and a list of those that would count toward this new code, visit <http://www.asha.org>.

Note: Tune in to the next issue of Physical Medicine & Rehab Coding Alert for information on CPT's new telephone and online services codes.