

## Eli's Rehab Report

### Industry Notes: NCCI 18.0 Brings Physical and Occupational Therapy Services Edits

The latest from the National Correct Coding Initiative (NCCI) for 2012 does not bode well for therapists, **Kristi Stumpf MCS-P, CPC, COSC, ACS-OR**, precision auditing and coding, owner senior orthopedic coder & auditor, The Coding Network told **Eli**. She pointed out that there is a new addition to the edits with regard to when you can or cannot bill for simultaneous therapy services.

"Physical or occupational therapy services performed at the same patient encounter as cardiac rehabilitation or pulmonary rehabilitation services are included in the cardiac rehabilitation or pulmonary rehabilitation benefit and are not separately reportable. [CMS Final Rule (Federal Register, Vol. 74, No. 226, November 25, 2009, pages 61884-61885)]. If physical therapy or occupational therapy services are performed at a separate, medically reasonable and necessary patient encounter on the same date of service as cardiac rehabilitation or pulmonary rehabilitation services, both types of services may be reported utilizing an NCCI-associated modifier. Similarly physical and occupational therapy services are not separately reportable with therapeutic pulmonary procedures (e.g., HCPCS codes G0237-G0239) for the same patient encounter," is the advice given by the NCCI edit.

#### Look to V57.x Codes for Therapy-Only

**Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C**, consultant and principal of Selman-Holman & Associates and CoDR -- Coding Done Right in Denton, Texas offered this clarification on how to code when a home health agency or SNF is providing only therapy to a patient. One of our readers asked -- our new patient has the following diagnoses: lumbosacral spondylosis, lumbar spinal stenosis, difficulty ambulating, weakness, osteoarthritis, and peripheral neuropathy. He also has a history of recent falls. We are providing physical therapy only for strength training, gait training, and to improve safety. The patient needs reminding to use his walker for gait stability. He is at high risk for falling. How should we code for him?

She said that for this patient, you would list the following codes:

- M1020a: V57.1 (Care involving other physical therapy);
- M1022b: 721.3 (Lumbosacral spondylosis without myelopathy);
- M1022c: 724.02 (Spinal stenosis; lumbar region, without neurogenic claudication);
- M1022d: 356.9 (Hereditary and idiopathic peripheral neuropathy; unspecified);
- M1022e: 715.90 (Osteoarthritis, unspecified whether generalized or localized; site unspecified); and
- M1022f: V15.88 (History of fall).

List V57.1 first because this is a therapy-only case. Follow this with the condition physical therapy is caring for, in this scenario, lumbosacral spondylosis and lumbar spinal stenosis.

The next code -- for your patient's peripheral neuropathy -- includes weakness as a symptom, so there's no need to code weakness separately. Never list a symptom code when you have a definitive diagnosis.

Next, list 715.90 for osteoarthritis. Fifth digit "0" indicates that the affected joint isn't identified. Try to be more specific for the sites of the osteoarthritis. If multiple joints were affected, you would use 715.89 (Osteoarthritis involving, or with mention of more than one site, but not specified as generalized).

Finally, list V15.88 to indicate that your patient has a history of falls and is at risk of falling again.

#### MI Physicians Indicted In Alleged HHA Fraud Scheme

A Michigan Home Health Agency owner and physician have been indicted in federal court on kickback charges. Babubhai Rathod and six others were charged in Grand Rapids, Mich., federal court, according to press reports.

The indictment alleges that Rathod owned and operated HHAs, medical clinics, and outpatient rehabilitation facilities that paid employees and outside healthcare providers for the referral of patients, reports the Mt. Pleasant Morning Sun newspaper.

Rathod, Lakeshore Spine & Pain administrator Rajesh Makwana and U.S. Rehab Services manager Raju Nakum allegedly paid health care providers agreed-to rates for the referral of patients for home health care services, electro-diagnostic testing, and physical therapy, the indictment says, according to the Morning Sun.

Physicians Lino S. Dial Jr., Niti Thakur, Andre Blair Smith and Muhammad Salman Rais, along with a physician's assistant, are identified in the indictment as referring Medicare and Medicaid patients to companies operated by Rathod in return for illegal kickback payments, the newspaper says. As part of the investigation, the FBI raided Rathod's Mt. Pleasant office.