

Eli's Rehab Report

Outpatient Outlook: Say Hello to a New CPT for CRM Procedures

Learn important information on Medicare's reimbursement decision.

New [CPT Codes](#) just came out, and therapists who work in vestibular rehab have something to be excited about. There's now a procedural code to describe canalith repositioning, 95992 (Canalith repositioning procedure[s] [e.g., Epley maneuver, Semont maneuver], per day).

What it is: Canalith repositioning (CRM) consists of specialized techniques to help relieve patients from Benign Paroxysmal Positional Vertigo (BPPV).

When a person has BPPV, small crystals, or otoconia, from the inner ear become dislodged and float into the canal system, inadvertently hitting sensory organs that, in response, send signals triggering eye movement to adjust for repositioning,

explains **Christopher T. Morrow, PT, NCS**, with Pacific Balance & Rehabilitation Clinic in Seattle. The result is vertigo and dizziness for a person lying down and then sitting up, or lying down and rolling over.

The solution: CRM is one or more of several techniques the therapist performs while watching the patient's eye movements for cues, using gravity to direct the otoconia out of the canals and into an area where the body can reabsorb them, Morrow says.

"This new CPT code is desperately needed for many reasons," says **Deanna Dye, PT, PhD**, assistant professor and co-director of the Dizziness and Balance Clinic at Idaho State University. "First, the procedure is unique and has a clearly defined skill set. Second, the skill set for performing the procedure correctly should be valued greater than therapeutic exercise."

Not to mention, there's considerable evidence that these techniques are both cost-effective and effective at relieving BPPV symptoms, Dye adds.

Choose Wisely What CPT You'll Report

Most therapists have reported CRM as therapeutic exercise (97110) or therapeutic activities ([CPT 97530](#)) to describe what they did, says **Melissa Horton, PT**, owner and director of Carolina Balance and Rehabilitation Center in Raleigh, N.C. Some have even coded CRM as manual therapy (97140) or neuromuscular reeducation (97112).

Critical: But that will have to change come Jan. 1 since 95992 more accurately describes CRM, and it would be fraudulent to code it otherwise. Unfortunately, Medicare just released its preliminary version of the 2009 Physician Fee Schedule, and it considers the new code for CRM bundled into E/M services, thus it's not reimbursable for therapists for 2009.

That's too bad because the Relative Value Update Committee (RUC) recommended that CRM have work relative value units (RVU) of 0.75 -- about .30 points higher than the current commonly used CPT codes for this procedure.

The good news: "CMS will consider comments for 95992," the Final Rule says. So don't give up yet.

Tip: For what it's worth, if the code eventually does become reimbursable, note that you should not report it in conjunction with 92531 or 92532, which are evaluation codes for vertigo. Therapists don't even report these codes, but if you're a physician, a non-physician practitioner, or audiologist, who can report these codes, keep alert. In addition, note that 95992 is not a timed code. The descriptor states "per day," which means you can only bill one unit per day per discipline.

Don't miss: On a slightly separate note, CMS also mentioned in the Final Rule that it has added the Category III CPT code, 0183T (Low frequency, non-contact, non-thermal ultrasound, including topical application[s], when performed, wound assessment, and instruction[s] for ongoing care, per day) to its code list of PT, OT and SLP services.

Beware of Potential ICD-9 Issues

Regardless of which CPT you report for CRM, make sure your therapy diagnosis is solid. "There is an ICD-9 code for BPPV (386.11), but therapists can't report that because it's a medical diagnosis," Horton points out. Unfortunately, there's no great functional ICD-9 code for therapists to use, so many providers will simply report 781.2 (Abnormality of gait).

But that's not even a great choice because although the patient may have initial dizziness when standing up, if he just has a straightforward case of BPPV, he doesn't really have a functional gait disorder, Horton explains.

Another option: There is also 780.4 (Dizziness and giddiness). Or, you can code the 386.11 -- if a physician performs the CRM and it's payable by the insurance payer.