

Eli's Rehab Report

Reader Questions: Crack the CPT Code for VitalStim Usage

Question: I'd like to add VitalStim to our therapy services but want to know more about billing and coding first. Does Medicare reimburse for it? If so, what code should we use, and does it include the electrodes? If electrodes are not included, could we ask the patient to sign an Advance Beneficiary Notice and charge them for the electrodes?

-- Florida subscriber

Answer: Medicare and most third party payers do not knowingly reimburse separately for VitalStim due to its lack of efficacy and because the payers consider it investigational. If, however, you use VitalStim in conjunction with other reasonable and necessary interventions to address swallowing and feeding dysfunctions, you would include these services under CPT code 92526 (Treatment of swallowing dysfunction and/or oral function for feeding).

Billing for VitalStim electrodes, in my opinion, is not the correct way to go. I suggest having the patient sign an ABN for the VitalStim and bill for the VitalStim under G0283 (Electrical stimulation [unattended], to one or more areas for indication [s] other than wound care, as part of a therapy plan of care) and modifier GA (Waiver of liability statement on file) added to that code on the claim form for Medicare beneficiaries. The GA modifier lets your Medicare contractor know you expect them to deny the service and you have had the patient sign an ABN. Once denied by your Medicare contractor, the patient is legally responsible for your charges. This can be a gray area, so I recommend you contact your Medicare contractor if you have any questions.

-- Reader questions were answered by **Rick Gawenda, PT**, director of finance for Kinetix Advanced Physical Therapy, Inc. in Valencia, Calif., and president/ CEO of Gawenda Seminars & Consulting.