

Eli's Rehab Report

Reader Questions: Navigate Therapy Cap Exceptions With New ICD-9s

Question: How should I submit claims for Medicare Part B therapy cap exceptions now that many 2007 ICD-9 codes are obsolete? For example, dysphagia (787.2) is an obsolete code as of Oct. 1, but that code is on CMS' list of automatic process exceptions to the therapy caps. If I submit a claim with an obsolete code, it could be denied -- but on the other hand, my Medicare intermediary may not recognize the new codes for dysphagia and could start kicking in the therapy cap. What's your suggestion?

Virginia Subscriber

Answer: If the patient has dysphagia, you do need to use one of the six new codes that went into effect Oct. 1. In addition, use modifier KX if the dysphagia is causing the patient to require continued skilled therapy services above the cap. Modifier KX (Requirements specified in the medical policy have been met) is what tells the Medicare contractor that the patient requires skilled therapy services above the cap -- not the ICD-9 codes. However, you still need to report the most accurate ICD-9, and your documentation must support the diagnosis of dysphagia, that the treatment is still medically necessary and that the patient has yet to reach maximum functional improvement.

-- Reader Questions were answered by **Rick Gawenda, PT**, director of physical medicine and rehab at Detroit Receiving Hospital and owner of Gawenda Seminars.