

Eli's Rehab Report

Reader Questions: Watch Out -- Your LCD May Oust Physiatrists From Billing a VFSS

Question: In an inpatient hospital setting, a speech-language pathologist is performing the physiological portion of a video fluoroscopy swallowing study (VFSS). A radiology technician is present to administer the fluoroscopy, but a radiologist is not present, and there is no formal fluoroscopy interpretation. A physiatrist, however, is present to supervise, monitor and assist with the test.

Now our facility is reporting 74230 (Swallowing function, with cineradiography/videoradiography) to reflect the use of the equipment, resources, etc., as well as the SLP's participation in the test. The physician is reporting 92611 (Motion fluoroscopic evaluation of swallowing function by cine or video recording), because that is the test he is performing. Our current documentation does not meet the criteria of a fluoroscopy interpretation, but, rather, it mirrors the SLP's notes with his observations, diagnosis and treatment plan.

Industry standards offer guidance for when a radiologist is involved, but I'm not aware of any for situations when the radiologist is absent. Also, this state's LCD and some of its commercial payers do not allow billing by a non-radiologist for 74230 and 92611 in some cases. With all that said, what is the appropriate way to report all the services in a situation like mine? Also, if the same test was performed in the office or outpatient setting without a radiologist, and the SLP performs the test in collaboration with the physician, would we only report 92611?

New Jersey Subscriber

Answer: First, if your state or LCD or payer policy says the radiologist should be performing the test (as opposed to the physiatrist in your example), then the physiatrist is probably out of luck, and the hospital needs to adjust its testing to meet requirements. In addition, you would have to look at the scope of practice for the physiatrist and determine if he is allowed and qualified to perform this test.

In the outpatient setting, the radiologist would bill 74230 for the medical interpretation and diagnosis component, and the SLP would bill 92611. If your state and LCD allow the physiatrist to perform the VFSS, the physiatrist would bill 74230, while the SLP would bill 92611. As far as the inpatient setting goes, you don't get reimbursed separately for a VFSS -- you are either reimbursed via DRGs for the acute inpatient hospital stay or via PPS in the IRF setting.