

## Eli's Rehab Report

### READER QUESTIONS: Troubleshoot Your MBS Billing Hang-Ups

Question: I'm in a hospital setting, and we're having trouble billing Medicare for modified barium swallow studies. Specifically, we're getting denials for the CPT code that covers the speech therapy portion (92611) when the patient is in a nursing home or home health episode. Should I be billing this to the nursing home or home health agency?

-- Mississippi subscriber

Answer: It depends on where the patient is. If the patient is in a skilled nursing facility and resides in a Medicare-certified bed, then consolidated billing rules apply. The SNF must bill the Medicare contractor, and you bill the SNF for the MBS. No contract is required between the hospital and the SNF.

If the patient was under a home health episode of care when the MBS was performed, unless you have a contract with the home health agency, the home health agency is under no obligation to reimburse the hospital for the MBS.

Your Medicare contractor will not pay you for the MBS since the patient was under a home health plan of care at the time of the MBS. You can also call the home health agency and see if the case was still open or if they discharged the patient prior to the MBS.

-- Reader Questions were answered or reviewed by **Rick Gawenda, PT**, director of PM&R at Detroit Receiving Hospital and president/CEO of Gawenda Seminars. Have a billing, coding, or compliance question? Send it to the editor at [www.lindseyr@eliresearch.com](mailto:www.lindseyr@eliresearch.com).