

## Eli's Rehab Report

### Report These Codes Directly to the SNF

#### Most diagnostic, therapy services are subject to consolidated billing

Medicare includes hundreds of services in its consolidated billing requirements -- here are the rehab-related services you need to be aware of.

For Medicare beneficiaries in a Part A covered stay: You must report the technical component (with modifier -TC appended) of the following services directly to the SNF for reimbursement:

1. 95860-95870 -- Needle electromyography ...
2. **CPT 95872** -- Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied
3. 95875 -- Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)
4. 95900-95904 -- Nerve conduction, amplitude and latency/velocity study, each nerve ...
5. 95921-95937 -- Autonomic function tests, evoked potentials and reflex tests.

**If you treat Medicare beneficiaries in a Part B stay:** You must arrange with the SNF to collect payment for the following services. Note that the following codes do not split into "technical" and "professional" components, so you should bill the SNF directly for the global fee.

6. 95831-95834 -- Muscle testing, manual (separate procedure) with report ...
7. 95851-95852 -- Range of motion measurements and report (separate procedure) ...
8. 97001-97755 -- Physical medicine and rehabilitation services
9. 97799 -- Unlisted physical medicine/rehabilitation service or procedure.

The CMS Web site [www.cms.hhs.gov/medlearn/snfcode.asp](http://www.cms.hhs.gov/medlearn/snfcode.asp) provides a full list of the services that fall under Medicare's consolidated billing requirements.