

Eli's Rehab Report

SPEECH SPOTLIGHT: Get Straight Answers to Your MBS Billing Questions

Tip: You cannot repeat MBS evals -- and get paid -- without a solid reason

Stay on top of CMS' modified barium swallow billing do's and don'ts. Here is the experts' take on when you can bill a re-evaluation of a modified barium swallow (MBS) test.

Don't overlook: Note that when coding any MBS re-evaluation that there is no specific CPT for a "re-evaluation." You would simply use the evaluation code, [CPT 92611](#) (Motion fluoroscopic evaluation of swallowing function by cine or video recording).

Use 'Eval' Logic for 'Re-Evals'

Perhaps the best way to determine the need for a re-evaluation is to remember why you would give an initial evaluation. How it works: A speech-language pathologist does an initial evaluation to determine if the patient can safely ingest food and liquids and to determine what treatment techniques or positions would be beneficial. Ultimately, "the information from this study allows the SLP to develop the treatment plan," says **Janet Brown, MA, CCC-SLP**, director of healthcare services in speech-language pathology at ASHA.

With that in mind, the SLP wouldn't do a re-evaluation unless she found a need to change the treatment plan. Reasons a new treatment plan might be necessary could be the patient is getting worse or the patient seems ready for more challenging food textures, Brown says.

You might also see cause for a re-evaluation in the case of an acute-care situation. Suppose the patient had an MBS that determined an unsafe oral feeding condition, but his swallowing function improved after a week's time. Then, a re-evaluation could be justified to determine if the patient is now ready for oral feeding, Brown says.

Kicker: Once the patient's in under Medicare Part B, "he is presumably not so acute, so you would need a solid justification, like 'NPO' (nothing by mouth)," Brown says.

Bottom line: If you need to do more than one MBS evaluation, you must have a good reason that would influence the patient's progress. Ask yourself if the patient would suffer any harm if you didn't have the information from an additional MBS, Brown says.

Changes in Condition Are Key

Think of it this way: Deciding whether to do another MBS evaluation is like deciding whether to do a general reimbursable therapy evaluation or re-evaluation, such as 97002 (Physical therapy re-evaluation) or 97004 (Occupational therapy re-evaluation) -- you cannot perform one at just any time and expect to get paid. Plus, MBS tests are no small ordeal, so you would only want to do one if it will help you form a truly beneficial updated treatment plan.

Payer policy: The Medicare Benefit Policy Manual clarifies in Chapter 15, 230 (d) on page 147 that "re-evaluation of patients for whom speech, language and swallowing were previously contraindicated is covered only if the patient exhibits a change in medical condition."

In the meantime, watch your local coverage determinations for more specific coding guidelines. For example, Medicare carrier Noridian Administrative Services notes that for any MBS evaluation, "these tests must be ordered by the patient's

attending physician. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code."

Tricky: Don't get too caught up in the Medicare Benefit Policy Manual's wording that discusses therapy evaluations and re-evaluations in chapter 15, 220 (A) on page 117. Although most of these statements can apply to MBS evaluations, this language refers to therapy evaluations and re-evaluations in general. For instance, CMS recognizes that "some regulations and state practice acts require re-evaluation at specific intervals," and this would not make sense for an MBS, Brown says.