

Long-Term Care Survey Alert

What Do You Think?

The following Q&As were provided courtesy of **Rick Gawenda, PT**, principal of Gawenda Consulting and Education (www.gawendaseminars.com).

Question: Does the Medicare program reimburse for CPT® code 95992, Canalith Re-positioning?

Answer: CPT® code 95992 became payable by the Medicare program on January 1, 2011. This code is a per day so regardless of how many times the patient receives canalith re-positioning interventions or how long the treatment lasts, providers may only bill 1 unit of 95992 per day.

The Medicare program did not recognize 95992 in 2009 and 2010 and had instructed providers to bill for canalith re-positioning under CPT® code 97112, neuromuscular re-education during those years.

Question: Can you be reimbursed for other one-on-one codes on the same day you bill 95992 to the Medicare program?

Answer: Effective April 1, 2011, the Medicare program did create new CCI edits when billing 95992 on the same day as any combination of 97110 (therapeutic exercise), 97112 (neuromuscular re-education), 97140 (manual therapy) and 97530 (therapeutic activities). If a provider bills any one or combination of 97110, 97112, 97140 and 97530 on the same day, they are also billing 95992 [and] providers must append modifier-59 [distinct procedural service] to the one-on-one codes on the claim form in order to be reimbursed for all services provided.

Documentation must support the need for each service billed and that the services were provided at separate and distinct times of each other.

Question: What CPT® code should a speech language pathologist (SLP) use for a re-evaluation?

Answer: The answer depends on the insurance carrier. If the patient has Medicare Part B, the appropriate code to bill for a re-evaluation would be CPT® code 92506 if the re-evaluation focused on speech, language, voice, communication, or auditory processing. If the re-evaluation focused on feeding and swallowing, the SLP would bill 92610 for the re-evaluation.

If the patient were non-Medicare, S9152 (speech therapy re-evaluation) is recommended for the time spent performing the re-evaluation. This code can be found in the HCPCS Level II coding book. Whether or not an insurance carrier reimburses for a re-evaluation with this code will be payer specific as well as benefit specific. If in doubt, verify benefit coverage prior to providing the service.

Question: Will the Medicare program reimburse for multiple evaluations during the same episode of care? What about non-Medicare payers?

Answer: The Medicare program will reimburse for multiple evaluations performed during the same episode of care assuming documentation supports the need for each evaluation performed. It may not be that uncommon for a SLP to perform a speech language evaluation on one date of service, bill CPT® code 92506 and be reimbursed and on another day, perform an evaluation of swallowing and pharyngeal function, bill CPT® code 92610 and be reimbursed.

For non-Medicare payers, the answer is payer specific. Providers must verify benefit coverage prior to providing the services to see if they will both be reimbursed when provided on the same day.

Editor's note: The preceding Q&As by Rick Gawenda were previously published in Eli's Rehab Report. For subscription information, call 1-877-912-1691.

