

## MDS Alert

### What Do You Think?

The following Q&As have been provided courtesy of **Rick Gawenda, PT**, principal of Gawenda Consulting and Education ([www.gawendaseminars.com](http://www.gawendaseminars.com)).

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. To subscribe, call 1-800-508-2582.